

“IT’S BEEN A ROLLER COASTER OF EMOTIONS”
A PHENOMENOLOGICAL STUDY OF THE LIVED EXPERIENCE OF COUPLES’
FIRST-TIME PARENTING AND THE MOTHERS’ RETURN TO EMPLOYMENT.
A NEW ZEALAND AND MALAYSIAN STUDY

BY

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Abstract

The purpose of this study is to examine New Zealand and Malaysian couples' lived experience of first-time parenting and women's experience of returning to work. Although each member of the family has different individual experiences of a particular event, families make decisions about parenting, employment, and childcare collectively. First-time motherhood and fatherhood have been researched separately, and motherhood, extensively from a variety of disciplines. However, the holistic study of the lived experience of first-time parenthood and employment from a couple's shared narrative is still sparse. This research explores the shared experience of both parents after the arrival of a first-born, thereby adding a new perspective to the existing literature.

In this thesis, I utilise an original synthesis of transcendental and interpretive phenomenology, guided by the works of contemporary phenomenologists Max Van Manen and Clark Moustakas. This phenomenological framework and methods aim to unpack the shared experience into two components; the essence and the peripheries. The essence of the experience is shared by all the participants, whereas the peripheries are socially and culturally dependent. Transcendental phenomenology serves to filter out the essence, and interpretive phenomenology investigates the peripheries. As part of the phenomenological analysis, I adopt epoché or bracketing through a written personal narrative. In addition, twenty-four longitudinal dyadic interviews were conducted with eight first-time parent couples from Malaysia and New Zealand. Each couple was interviewed three times to capture the experience before, during, and after the mothers' return to employment. Following this, focus group interviews with three separate groups of eleven mothers were conducted to validate the analysis.

The thesis findings show that the lived reality of first-time parenthood for twenty-first-century couples in Malaysia and New Zealand, including breastfeeding and return to work, is an adventure into the unpredictable and the unknown, and a constant learning and emotional experience. The overall experience for the participants was a negotiation between the dissonance of the ideation

and idealisation of parenthood, and the lived reality of parenthood. The landscape of parenting beliefs surrounding the family affects the families' expectations and experience in a significant way because families make employment, childcare, and feeding arrangements pre-birth based on these beliefs and expectations. A series of recommendations is generated based on the thesis findings. Among the recommendations of the thesis is further exploration into shared couple narratives for a better understanding of familial life experience for first-time parents.

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Contents

Abstract	ii
Acknowledgment	iv
Chapter 1: Introduction	1
Background of Study.....	3
Greater body of literature and this study	6
Overview of Chapters	8
Chapter 2: Phenomenological Framework and Method.....	11
Phenomenological framework	11
Background.....	12
Interpretive and Descriptive phenomenology.....	13
Essences and Peripheries.....	14
Phenomenological reduction	18
Method	19
Ethical considerations and Human Ethics Application.....	19
Recruitment	24
Participant demographics	27
Data Collection and Analysis	30
Chapter 3: Personal Narrative	43
How did you feel in the first few weeks of giving birth? What was the experience like during that time?.....	44
Did you breastfeed? How was breastfeeding for the first time like for you?	57

How did you feel about yourself in that first few weeks of delivery?	60
What was your plan after having the baby?	62
What was your plan for when you return to school? How did that make you feel?	63
What was the first day of returning to school like? And the days and weeks that followed? ...	67
What changes have there been? In terms of your daily routine, how you would go about your day, or how you feel about yourself, your baby, your spouse.	68
Did you manage to follow through with your plans?	69
Do you feel differently now after a few months or returning to work/school?	70
Chapter 4: Structural descriptions	73
Malaysian Structural descriptions	74
Farah and Halim	74
Nurin and Luqman	83
New Zealand Structural Description	91
Sally and Brian	91
Eva and Steve	102
Chapter 5: The Experience	111
The Three Broad Areas of Study	118
Chapter 6: First-time parenthood and role changes	119
Literature review	120
Dominant ideals of motherhood	121
Motherhood identity	125
Fatherhood	129

Malaysian confinement practice	132
Data Findings and Analysis	135
Unpredictability and the unknown.....	137
Becoming mothers, fathers, and parents.....	143
Parenting identity; between parenting work and parenting ideals	144
Changes after the baby.....	149
Others.....	153
Discussion.....	155
Chapter 7: Breastfeeding.....	163
Literature review	163
Breastfeeding for the first-time.....	163
Breastfeeding culture and background	164
Infant feeding decisions and moral work.....	165
Expectations and experiences	167
Challenges related to breastfeeding.....	169
The role of others	171
Breastfeeding and employment	173
Data Findings and Analysis	177
Breastfeeding for the first time.....	178
Work and Breastfeeding	192
Discussion.....	197
Chapter 8: Employment	207

Literature review	207
Parental leave policies	209
Decision to return to work.....	210
Change in working arrangement	211
The contradictions between work and parenthood.....	213
Secondary childcare selections and considerations.....	215
Data Findings and Analysis.....	217
Maternity leave, paternity leave, and paid parental leave	217
The decision to return to work.....	219
Change in working arrangement and switching roles.....	223
Worries, anxieties, and considerations before returning to work.....	225
Childcare decisions and experience;.....	228
Back at work.....	235
Discussion.....	239
Chapter 9: Conclusion	249
Summary	249
Recommendations	255
Malaysian context in research	256
Malaysian context in Practice.....	257
New Zealand context in research.....	258
New Zealand context in practise.....	259
Contributions	259

Appendices.....	261
Appendix 1: Human Ethics documents (approval memo and application).....	261
Appendix 2: Dyadic interview flyers.....	270
Appendix 3: Focus group flyers.....	272
Appendix 4: Participant information sheet for dyadic interviews	274
Appendix 5: Participant Information sheet for focus group interviews.....	276
Appendix 6: Interview consent form.....	278
Appendix 7: Focus group consent form	280
Appendix 8: An excerpt from textural description.....	282
Appendix 9: BFHI Ten Steps	283
Appendix 10: Interview Guide	284
References	285

List of Figures and Tables

Figure 1 Data Collection and Analytics steps	30
Figure 2 Childcare Preferences, with the top being most preferred.	245
Table 1: Couple demographics.....	29
Table 2: The indecipherable cries	141
Table 3 Breastfeeding and milk coming late	188
Table 4 Changing work arrangements of New Zealand parents	223
Table 5 Changing work arrangements of Malaysian parents.....	225

Chapter 1: Introduction

In 2012, I was a 23-year-old recent graduate and mother of a one-year-old. Although the pregnancy was a surprise, at the time, it felt like everything had fallen into place and I could now finally be a stay-at-home mother. I was the queen of the stay-at-home mothering mountain: I breastfed, prepared organic home cooked food for my baby, I was stimulating his left and right brain, I was blogging my “adventures of motherhood”, and my child was happy and healthy. As much as I enjoyed being a mother, hitting all my targets, challenging myself, and watching him pass milestone after milestone, I was very unhappy with my personal life. Motherhood is hard, but it was not the difficulty of the mothering work that was making me unhappy. I had an emptiness inside of me, and I needed more. I wanted and needed to do something for me, but not a “day off at the spa” or a “holiday with my friends”. I wanted a “selfish” purpose, but combining work and motherhood felt problematic. It felt deviant, even when I whispered it to myself. In the spirit of C. Wright Mill’s sociological imagination, I began to ask, “why does it feel so difficult for me as a first-time mother to go back to work?”

The arrival of a first child and its impact on first-time parents can be observed and studied from different perspectives. Parenting research within medical sciences, nursing, psychology, anthropology, and sociology is dense and rich, but I chose to look at this topic as a sociologist as well as a researcher of motherhood and parenthood. The work-family balance has been a topic of scholarly discussion in different areas within sociology, both macro and micro (Barnett & Hyde, 2001; Hays, 1996; Oppenheimer, 1994; Parsons, 1949; Thompson & Walker, 1989). In this thesis, I explored the experience of first-time parenthood and the mother’s return to work among young parents in Malaysia and New Zealand from a couples’ shared perspective. With the rapid change in parenting ideas and practices in recent decades (Dermott, 2008; Fox, 2009), I chose to explore the shared experience of both mother and father in heterosexual families. Past studies have looked at the experiences of mothers and fathers separately, but there is very little work on the shared

nature of first-time parenting and employment experiences from Malaysia and New Zealand (Noor & Mahudin, 2016; Schmidt, 2014). The research is grounded in a phenomenological framework that is derived from a synthesis of transcendental phenomenology and interpretive phenomenology. As part of the methodology, data is gathered prior to drawing themes and reincorporating relevant literature. After I analysed the data, three broad areas of discussion were drawn from the holistic study of this experience, which include first-time parenthood, breastfeeding, and employment.

This thesis contributes to the knowledge of first-time parenthood by engaging in research of shared experience and doing a comparative study of western and eastern families. Eight couples were interviewed through three longitudinal dyadic interviews each ranging from ten to 24 weeks. Four couples were from Malaysia and four from New Zealand. Three focus groups were conducted with Malaysian and New Zealand mothers to validate the analysis of the couples' experience. By conducting a comparative study, what phenomenologists call the "essence of the experience" and "the peripheries" (which I discuss in Chapter 2) are made perspicuous. A key focus of this research is to separate the shared experience of first-time parenthood and return to employment into its essence and peripheries.

The main research question for this thesis is "what is the shared experience of first-time parenthood and the mothers' return to work among young Malaysian and New Zealand parents?"

The sub questions are:

1. What is the experience of first-time parenthood for Malaysian and New Zealand parents?
2. What is the experience of breastfeeding for the first time?
3. What childcare choices are available for mothers returning to work? And how do parents make these choices?
4. What is it like for the family when mothers return to work?

Background of Study

Malaysia

Malaysia is a multi-ethnic country made up of 67.4% Bumiputera (composed of Malays and Orang Asli), 24.6% Chinese, 7.3% Indian and 0.7% other ethnic groups from total of approximately 30 million people as of 2014 (Department of Statistics Malaysia, 2013b, 2014). Within the past 50 years, there has been several major changes in the demographics of women in Malaysia. Firstly, the mean age of first-time mothers has increased from 22.3 years in 1970 to 27.6 years in 2015 (Department of Statistics Malaysia, 2015). Secondly, the percentage of labour force participation of women in Malaysia has also increased from 46.4% in 1986 to 54.1% in 2015 (Department of Statistics Malaysia, 2015). Thirdly, the minimum retirement age has increased from 55 to 60 years in 2012 through Act 753 (Kerajaan Malaysia, 2016).

Even though nuclear family households are increasingly common, extended family systems are still the norm in Malaysian society. In fact, there has been a decrease in the number of nuclear household from 65.4% in 2000 to 62.8% in 2010 (Department of Statistics Malaysia, 2013a). This change in household composition could be due to the inflation of housing prices in urban areas that has made it very challenging for young Malaysians to own independent properties (Ling, Leh, Mansor, Nur, & Mohamed, 2016). In extended family systems, a new mother generally has a lot of support; family members are more available to support mothers with housework and childminding (Al-Attas, 2016).

The changes mentioned above are affecting the contemporary mothering experience in a few ways. First-time mothers are also more likely to have tertiary degrees, and the debt of student loans as the number of female graduates increase. They may also be under more pressure to contribute to the family with the rising cost of housing. Furthermore, grandmothers now are more likely to still be working when a mother has her first child, so she is less likely to receive the same

type of support that grandmothers used to be able to give, especially in the first few weeks of parenthood.

In terms of healthcare, the public sector provides family clinics where mothers can visit for monthly check ups and mothers are all given a baby book which contains their pregnancy record to ease the process of delivery if mothers deliver elsewhere. Mothers can go to available public family and children clinics available in each area, but they may give birth in a private hospital or a public hospital within the area of a completely different city from where their parents may reside. The government family clinic provides nurse visits for mothers in the first few weeks. Nurses come to the house to check on the mothers and babies. The service is available for all mothers registered at the family and children clinic.

Some families prefer to engage with private healthcare providers for their monthly check ups and delivery. Private healthcare provisions include gynaecological and obstetric for monthly check ups and the delivery. Families may also choose to stay at the hospital longer than the recommended duration advised by their doctors after the delivery and to have their partners or significant others in their room during their stay.

As of yet, there are no published phenomenological studies on the experience of first-time parenthood and employment among young urban families in Malaysia. This study aims to update the literature, as well as explore, from a phenomenological and sociological perspective, the lived experience of young parents in 21st century Malaysia to uncover the contemporary ideologies and practices beneath it.

New Zealand

New Zealand is also a multi-ethnic population of approximately 4.24 million people, made up of 74.1% European, 14.9% Māori, 7.4% Pasifika, 11.8 % Asian, 1.2% Middle Eastern and Latin American, and 1.7% other ethnicity as of 2013 (Statistics New Zealand, 2013a). The mean age of

first-time mothers is 29 years old (Statistics New Zealand, 2010). As of 2013, 58% of all working-age women are in either full or part-time employment (Statistics New Zealand, 2013b).

New Zealand mothers' experience of pregnancy and delivery generally involves the support of midwives instead of obstetricians and gynaecologists as the lead maternity carer. A midwife is assigned to a particular family, and a family chooses a midwife from a selection of available midwives in the area. This assigned midwife will care and support the family throughout the pregnancy, labour, and for a short period after delivery. Normal deliveries are typically handled by midwives, with gynaecologists and obstetricians being available when needed. Several institutional supports are available for mothers such as Plunket¹ and antenatal classes².

In the past two decades there has been more literature on first-time parenting in New Zealand, on mothering and fathering (Abel, Park, Tipene-Leach, Finau, & Lennan, 2001; Brough, O'Driscoll, & Biggs, 2009; Glover, Manaena-Biddle, & Waldon, 2007; Hohmann-Marriott & McMath, 2012; Kahu & Morgan, 2007; McBride-Henry, 2010; Payne & Nicholls, 2010; Schmidt, 2008, 2014). Hohmann-Marriott and McMath's (2012) pilot study of the experiences of co-parenting among New Zealand mothers suggests the inclusion of both parents to better understand the father's perspective of co-parenting. This recommendation aligns with the research design in my study.

¹ Plunket is a non-profit national organization in New Zealand that provides free support for children under five years old. Support provided include parenting information, organising parenting groups and playgroups, as well as developmental assessments of children.

² Parents are advised by their midwives to enroll in antenatal classes towards the end of their pregnancy. These classes are spread over a few weeks. The New Zealand district health board provides free antenatal classes but some parents may choose to attend paid classes run by organizations such as Parents Centre. The antenatal classes generally, cover topics on pregnancy, labor and birth, how to care for the baby in the first few weeks and Perinatal depression.

Greater body of literature and this study

The study of motherhood and mothering in the greater body of literature varies widely in its discourse. Some of the more influential texts can be categorised within two perspectives, of nature versus nurture. Bowlby's (1952) work, for example, sides with the nature discourse, focusing on mother-child bonds as intuitive and natural. Mercer (2004), on the other hand, has published various studies emphasising the nurture side of the mother-child discourse. Mercer argued that women become mothers through the experience of mothering as a social experience with biological components. This understanding complements many social science scholars' views, such as Ann Oakley, Adrienne Rich, and Tina Miller, among others. Fatherhood as a study on its own has gained more attention in the past two decades with alleged change in the ideals of masculinity in relation to fatherhood and fathering practices (Dermott, 2008). In the past decade, there has been an emerging body of scholarship looking at the effects of the neoliberal perspectives on privatised risk management, and intensive parenting (Lee, Bristow, Faircloth, & Macvarish, 2014; Lupton, 2013). The Parenting Culture studies' scholars are also critically engaging in the discussion about changing parenting culture within the 21st century western society; some of the discussions include deterministic parenting, privatised childrearing, intensive mothering, and the change in the social construction of childhood (Lee et al., 2014).

Another component of 21st century parenthood that attracts scholarly attention is infant feeding. The encouragement and promotion of breastfeeding has been a global initiative in recent decades and there has also been an increase in the politicising of breastfeeding (Faircloth, 2013). The general focus in the last half of the 20th century was to reduce infant mortality (WHO, 2003). Past this point, healthcare institutions now place emphasis on improving breastfeeding initiation rates and promoting exclusive breastfeeding practice. In response to these efforts, there is also a range of work that is critical of the effects of politicising breastfeeding on parents, specifically mothers (Andrews & Knaak, 2013; Jung, 2015; Lee, 2011).

This thesis, because of its phenomenological orientation, endeavours to capture the experience of first-time parenthood from a position of minimal prejudgements by bracketing out, in as much as possible, social and theoretical discourse about the topics of first-time parenting, motherhood, and fatherhood. As will be further explained in Chapter 2, the study situates the literature review in the final stages of the thesis instead of positioning it earlier in the discussion.

With this research, I tried to capture the experience of first-time parenthood and employment among cohabiting heterosexual couples in Malaysia and New Zealand in the 21st century. In so doing, I follow the lead of Barnes (2010) who conducted a qualitative study of US couples through three longitudinal interviews, once during pregnancy, one at three months after delivery, and once after one year of delivery. Barnes (2010) looked at the experience of domestic work and the changes to a couple's experience as they become parents and return to work. The emphasis of Barnes' (2010) study was to look at the gendered division of work through "his", "her" and "their" stories. Tina Miller (2005, 2011, 2014) studies first-time motherhood and fatherhood experiences of UK parents separately and acknowledges the intertwined nature of couples' experiences as they become parents. Instead of looking at the "his" and "her" components of the experience, I endeavour to understand the shared experience of couples. Both Miller's (2005, 2011) and Fox's (2009) studies focus on the first-time parenthood experience, and both scholars started to interview couples before the baby's birth. For the present study, the mother's employment and return to work is the central focus.

The study of work and life has always been a focus for social scientists. Giddens's (1991) work highlighted the change in work-life dynamics since the arrival of modernity. Like other key scholars whose work I draw on in this thesis, Giddens notes that employed work and the importance given to family life is evolving and is subject to radical change. In this research, I further discuss this change and how it has affected the experience of first-time parenthood.

Overview of Chapters

The thesis includes nine chapters. The fashion in which the thesis is structured is in line with the phenomenological framework I have chosen to adopt. Hence, the organisational structure of the thesis deviates from more conventional ways of presenting doctoral research, in terms of literature review, methodology, findings, discussion, and conclusion. Chapters 6, 7, and 8 are the three broad areas of study. They each have comprehensive literature review, a findings and analysis section, and a discussion section.

The rationale behind this structure is to stay true to the thesis framework, and to gradually ease the reader into the discussion by merging the thesis findings with previous works in a coherent manner. In accordance with the method of phenomenological bracketing, the placement of description comes first for the reader, so that the reader is not introduced to prejudgements from the literature beforehand. Similar studies have also opted for this style of presentation (e.g. Barnes, 2010), placing the literature review alongside the findings within each chapter. This is consistent with the method Husserl, the “father” of phenomenological philosophy recommends, of bringing scholarly work within the field of study in the later part of a phenomenological work instead of the earlier parts (Vagle, 2014).

This first chapter introduces the thesis and the research, and provides a general background to the study. Chapter 2 expands on the phenomenological framework and methods. In the chapter, I argue for my choice of a phenomenological framework and how it has been beneficial to answering the research questions. The second section of Chapter 2 is the methods section where I expand and present the demographics of the participants, the ethical considerations, the Human Ethics application process, the recruitment, and the methods of data collection and analysis. I also highlight my contribution to the methodology and methods of phenomenological study in relation to the couples whose experiences I have examined.

Chapter 3 is the personal narrative chapter. This chapter contributes to the methodology as well as to the thesis data. It is a compilation of my personal narrative of the experience of becoming a first-time mother and returning to full-time university study. The rationale for placing it after the Methodology chapter is to allow the reader to begin reading the thesis with my bracketing in mind.

Chapter 4 is the Malaysian and New Zealand structural description chapter. In this chapter I include four selected structural descriptions from the Malaysian and New Zealand families. These individual descriptions are summaries of each couple's experience of first-time parenthood and return to work written in a chronological order.

Chapter 5 is "The Experience" chapter, which is a composite description of the essence of the experience and includes the synthesis of all the participants' data. This chapter contains the shared experiences of all or at least seven of the eight couples. It demonstrates the essence component of the experience being studied.

Chapters 6, 7, and 8 cover the three broad areas of study: first-time parenthood, breastfeeding, and employment. Each chapter is composed of a literature review section, a findings and analysis section, and a discussion section. I begin each chapter by reviewing prior scholarship in the area. Then I move to present data findings from my participants. Finally, I discuss the significance and contributions of this study within those areas. In chapter 6, I discuss the contemporary ideals of motherhood, fatherhood, and parenthood and how they may be distinct from each other. I also introduce the Malaysian traditional postpartum practice and its significance for the experience of first-time parenthood in Malaysia. Then I explain and identify the dissonance between the expectations and realities of first-time parenthood.

In Chapter 7, I explore the breastfeeding experience of first-time parents. The two main sections are the experience of breastfeeding for the first time and the experience of managing work and breastfeeding. I describe the cultures surrounding breastfeeding in both Malaysia and

New Zealand, how dominant cultural norms affect the mothers' and fathers' experience, and the fathers' experience of infant feeding. Next, I examine the available support for breastfeeding working mothers and how mothers experience this available support or lack of it. I also look at the visible and invisible work around breastfeeding and employment.

In Chapter 8, I discuss the topic of motherhood and employment. I include a small section of the father's return to employment but focus on the mother's return. The reasoning behind this is further explained in the chapter. I compare the parental leave policies between Malaysia and New Zealand and how parents chose to utilise the leave. I then identify the reasons mothers chose to return to work and explore the negotiations of childcare practices when mother's return to work. In the chapter, I also describe the changes to parents' work arrangements after the arrival of their firstborn and after the mothers' return to work. Furthermore, I connect the decisions of employment, work arrangements, and childcare choices with the dominant parenting ideals and attempt to answer why parenting and work in the 21st century is problematic.

In chapter 9, the conclusion and recommendations chapter, I summarise the overall findings of the thesis and suggest several recommendations in response to the research analysis. Finally, I highlight the contributions and the implications of my study for the broader literature in the field.

Chapter 2: Phenomenological Framework and Method

A research topic can be approached through various theoretical frameworks as well as a variety of methods. In qualitative and social research, the theoretical framework and methods guide the presentation of the phenomena being studied. An ethnographic study of first-time motherhood might focus on the cultural aspects, and a Foucauldian discourse analysis might focus on the power relationships involved in first-time motherhood and return to work, for example. Similarly, interviews with mothers and secondary analysis of mothers' participation in social media might yield different results.

It is, however, essential to identify and specify the theoretical framework from the very beginning, to clearly state the position of the researcher. The explication of a theoretical framework for a research project describes the lens through which the researcher will view the data. For this research, the theoretical framework, methods, and analysis are based on a phenomenological methodology that combines aspects from the work of two well-known contemporary phenomenologists: Clark Moustakas (1994) and Max Van Manen (1997).

Phenomenological framework

In studying human experience, phenomenologists hold that “truth” is best captured through the analysis of experience itself and from the perspective of the people that experience them. Moran (2002) explains the distinctness of phenomenology from other research frameworks:

Phenomenology is best understood as a radical, anti-traditional style of philosophising, which emphasises the attempt to get to the truth of matters, to describe phenomena, in the broadest sense as whatever appears in the manner in which it appears, that is as it manifests itself to consciousness, to the experiencer. As such, phenomenology's first step is to seek to avoid all misconstructions and impositions placed on experience in advance, whether these are drawn from religious or cultural traditions, from everyday common

sense, or, indeed, from science itself. Explanations are not to be imposed before the phenomena have been understood from within (Moran, 2002, p. 3)

Background

Phenomenology is a research method and a philosophy. Phenomenology as a research method is quite diverse. There are numerous ways to conduct phenomenological research on a particular topic and still unravel something new about the experience. Different phenomenological philosophies and methodologies will result in different descriptions. With this research, my intention was to capture the essence of the phenomena: the experience of the birth of a first child through to the mother's return to work from a couple's perspective. I also aimed to identify the ways in which social and cultural influences affect the experience for Malaysian and New Zealand families.

Phenomenology has developed and branched out extensively from the works of Edmund Husserl (1859-1938). Although the term phenomenology was used before Husserl's time, he is known as the pioneer of phenomenology both as a philosophy and a research method. Husserl's phenomenological philosophy is occupied with essences and intuition; a form of knowledge, according to Husserl, that precedes empirical knowledge (Moustakas, 1994). In this research, my standpoint is that knowledge of this experience is best captured through keeping true to the experience of the participants themselves. This has brought me to take on rigorous, methodical processes throughout the research, much like Husserl's idea of transcendental phenomenology (Husserl, 1999).

Husserl's ontological view of phenomenology is purely descriptive in nature. Husserl believes that phenomenology should be pure, in that it is free from interpretation and studied in its prereflexive state (Dowling, 2007; Lavery, 2003). The focus of a phenomenological exercise is to uncover the essence of a phenomenon in the study. The *essence*, according to Husserl is apparent, it has an immanent character (Husserl, 1999). Martin Heidegger, Husserl's student, developed what

is now known as hermeneutic phenomenology which is interpretive in nature (Dowling, 2007). Heidegger believed that experience and the experiencer could not be separated; the experience exists in the way that it does because of the history of the experiencer's past (Lavery, 2003).

Interpretive and Descriptive phenomenology

As stated above, the phenomenological method that is adopted in this research is guided by Moustakas' (1994) and Van Manen's (1997) ideas. Moustakas' (1994) work on phenomenology is rooted in Husserl's concept of transcendental phenomenology. Transcendental phenomenology seeks to maintain the value of thought and reflection while looking at the phenomenon through a state of pure subjectivity (Moustakas, 1994), which is particularly helpful in identifying the essence of the experience. Transcendental phenomenology requires the researcher to set aside prejudgements and preconceptions of the phenomenon being investigated, in a systematic and disciplined manner, to be completely open, receptive and naïve to the input of the participants (Moustakas, 1994).

Van Manen (1997), on the other hand, includes both an interpretive and a descriptive phenomenological methodology in his writing. Interpretive phenomenology focuses on the "interconnectedness of experiences from the context within which those experiences occur" (Spencer, Greatrex-White, & Fraser, 2015, p. 1078). Descriptive phenomenology focuses on expressing, in a detailed manner, the meaning that the participant wishes to convey without making interpretations to get to the essence of the experience (Ahlborg & Strandmark, 2001). These two perspectives collectively have been critical in the description of the essence of the experience as well as the identification of the peripheries of the experience for research participants in this study. By *essence*, I mean a universal, or common feature of an experience that makes it "what it is" (Van Manen, 1997). By *peripheries*, I mean the other parts of the experience that are not part of the essence. The term periphery will be expanded on later in this chapter. Transcendental

phenomenology, interpretive phenomenology, and descriptive phenomenology will also be further defined and explained in the following paragraphs.

There are merits in both transcendental phenomenology and Van Manen's methodology for this research. Moustakas (1994) provides a systematic description of a phenomenological study with definitions of Husserl's theoretical concepts. Van Manen (1997) includes a hermeneutical method that is both descriptive and interpretive, and also complements the works of Husserl. This research, therefore, synthesises several phenomenological methods. Husserl's concepts and the idea of transcendental phenomenology, discussed below, guided me to focus on the essence of the experience and present it in the most descriptive way possible. The hermeneutical method allowed me to identify the social and cultural influences of the experiences and to exercise a more rigorous dialogical process. A dialogical method originates from the work of Hans-Georg Gadamer (1975) in which the researcher and the participant engage in dialogues to achieve an understanding of the experience. The dialogical process is essential not only in the interpretation of the data but also in the strengthening of the description of the essence. In this thesis, I also applied some of the methods suggested for hermeneutical phenomenology to my data analysis to achieve a more concrete description of the essence of the experience.

Essences and Peripheries

I suggest a phenomenological framework that includes both the extraction of the essence and interpretation of the phenomenon. Moving forward from Husserl's focus on identifying essences and Heidegger's focus on interpretation, which are both valuable, I suggest the synthesis of both objectives, one that complements each. Identifying the essence of a phenomenon is crucial because it makes the peripheries of an experience more conspicuous. Arguably, a simple analogy of this could be a winter coat. The essence of a winter coat is its utility to protect the wearer from cold. However, across time, technology, social status, and cultural influences, the appearance or style of the coat will vary. By identifying the essence of the winter coat, we can then observe more

visibly the peripheries of the winter coat (for example, its length, weight, texture, and costs) and suggest ways in which to improve the winter coat based on the appropriate settings.

Husserl developed what is known as transcendental phenomenology that introduced major concepts such as intentionality, noema and noesis, and phenomenological reduction, which are central to this research (Moustakas, 1994). *Intentionality*, in phenomenological terms, is composed of noema and noesis (Moustakas, 1994). *Noema* is the phenomenon; how the object of consciousness appears to our consciousness. *Noesis* is the meaning of the phenomenon to us (Moustakas, 1994). The lived experience, through a phenomenological lens, is constructed by the consciousness (Ferguson, 2001; Van Manen, 1997).

Intentionality is the existence of an object in the mind in an intentional way and involves both the act of being conscious, and the object of consciousness (Moustakas, 1994). According to Husserl, as cited in Ferguson (2001), intentionality is described as “being conscious of something, as a cogito, to bear within itself a cogitatum” (Husserl, 1950 p. 33 or in Ferguson, 2001). That is to say, individuals are always conscious of an object, but consciousness here refers not to awareness or mindfulness. It is the existence of an object of focus in the consciousness - an emotion, a thought or even an imagination. Husserl (1999) argues that an experience is made out of an outward component as well as the inward component. For example, this can be explained in terms of the experience of a mother holding her baby for the first time. The baby and the mother are both physical objects that exist outside of the mind, and there is also the projection of the outside in the mother’s mind; that is, how it appears in the mother’s mind which is taken in through the mother’s senses. There is also a third feature, the mother’s interpretation of the object in focus her noesis. The appearance of the baby in the mother’s mind exists in her consciousness in an intentional way, such as the room that she is in, the temperature, the smell, the physical appearance of her baby, the sense of touch, and so forth. For the father, midwife, nurse, or doctor that might be in the same room during the experience, their noema would be different, as they are looking at

it from a different perspective. The mother's interpretation of this experience of holding the baby for the first time is the noesis part of her intentionality.

This study collects and identifies the relationship of the noema and noesis from the participants' experience of becoming parents and returning to work. The noema and noesis in the research, from the participants' point of view are considered as one description. The present research does not focus on the reasons behind the construction of the noesis for each participant because that would require further extensive research on its own. This study is transcendental and not exclusively hermeneutical. It does not go back and forth to try to interpret the 'why' of the noesis, which is a key element of a hermeneutical method (Lavety, 2003). I do not further analyse or question the reasons behind my participants' feelings or definition of their experiences, such as how their previous experiences, perhaps in childhood or youth, brought about the feelings that they have with the phenomena in question. For example, why some participants feel that breastfeeding is important. However, I do compare the social and cultural structures and policies that may have an influence, or may have contributed to the differences or similarities, between the experience in Malaysia and New Zealand.

I acknowledge that social and cultural aspects of the birthing experience play a significant role in how and what mothers and fathers experience. Equally, social norms and mores that surround parenting and working parents too, will influence the lived experiences of parents. Birth and transition to parenthood are cultural in many ways, and I believe that it would be naïve as a social scientist to discount the relevance and meaning of social and cultural influences on the experience. In fact, I agree with Heidegger that experiences are, to a strong degree, influenced by socio-cultural background, part of what he labels as being-in-the-world (Heidegger, 1962).

The phenomenology of Husserl is valuable in this research because it suspends all prejudgements, presuppositions, and interpretations to shed light and to focus on the phenomena, the experience itself. One of the reasons that this study was conducted with couples from different

countries is to capture the description of the experience that transcends other social and cultural ties. Malaysia and New Zealand have distinct parenting cultures and landscapes, so an analysis of the experience of first-time parenthood and return to work from two very different settings provides a better focus on a shared experience.

Transcendental phenomenology is valuable for this research because of its concepts of phenomenological reduction and the thorough consideration of horizons. *Horizons* are the structures that build the experience and they are endless and unlimited from a phenomenological perspective (Moustakas, 1994). Identifying the invariant horizons that are overtly expressed by the participants builds upon the essence of the experience. The removal of non-universal horizons is part of the process of identifying the essence of the experience. However, the focus on essences alone is not sufficient. This research is progressive, not only through extracting the essence of the experience but also through identifying the peripheries - which are more clearly the outcomes of social and cultural influences and are potentially more amendable to change and improvement. A more critical sociologist may choose to focus on the peripheries alone, but in this thesis, my methodological objective is phenomenologically oriented. The extraction of the essence of the experience through Moustakas' (1994) method in a way highlights the peripheries of the experience. Relating back to Husserl's intentionality, this thesis can be said to be my noema and noesis.

I propose the term *peripheries* to mean the parts of the experience without which the essence would not change, but individually, or together, they influence the experience. Phenomenologists have often used the term horizons or peripheral parts to view and understand the components of an experience that are other than the 'central' parts. Merleau Ponty (1962) maintained that "the inner horizon of an object cannot become an object without the surrounding objects becoming a horizon, and so vision is an act with two facets" (p. 68). By identifying the essence of an experience, we are then able to identify the periphery components of the experience.

These peripheries are aspects of the experience that can be interpreted and improved. The periphery components of the experience become more overt and apparent as I compare the experiences of mothers from two different countries: Malaysia and New Zealand.

Phenomenological reduction

For this research, I maintain the transcendental phenomenological method through the meticulous use of phenomenological reduction. *Phenomenological reduction* is a process that reduces the phenomenon or experience to find the essence of the experience (Moustakas, 1994; Van Manen, 1997). Phenomenological reduction is exercised through bracketing or epoché and imaginative variation. *Imaginative variation* involves questioning the experience to identify what are the essential components of the experience (Moustakas, 1994). *Epoché* is a Greek word which means to put aside all prejudgements and preconceptions, to look at something with an open mind and fresh eyes (Moustakas, 1994). In a phenomenological study, the researcher establishes and makes clear what her judgements are regarding a certain phenomenon. Van Manen (1997) suggests using personal experience as a starting point.

My narrative is a major part of this research's bracketing method, which is an essential component of phenomenology. However, many researchers have used this term quite vaguely (Gearing, 2004). For this particular research, I utilise Gearing's (2004) typology of descriptive (eidetic) bracketing, cited in Moustakas (1994). Moustakas (1994) explains that in bracketing, "each experience is considered in its singularity, and for itself. Within the brackets, the phenomenon is perceived and described in its totality". The documentation of my narrative allows me to bracket out my personal supposition and presumptions of the experiences of my participants.

It was crucial to capture my experience in its prereflexive state, before interviewing the participants, because memory, according to Husserl (1999), remains in the same tone as long as a new experience does not change it. I found this true for both my narrative and my participants' interviews. The experience, as it appears in the mind, changes tone as individuals have more related

experiences. During the early period of parenthood a lot of changes happen, so to capture the essence of the experience in this stage I needed to collect my narrative, and my participants' narratives in their prereflexive state. Individuals tend to reflect and remake the experience based on the contemporary stance they might have.

The framework discussed above, as a whole, has guided me throughout the thesis and helped structure the process in general. The methods section below illustrates how my phenomenological framework is translated into the design and procedures of the research.

Method

In this section, I expand on the methods that I have utilised during the process of constructing and undertaking this research, including the concrete steps of the limitations, improvisations, and my experience in general of the methods used. These methods reflect the theoretical framework of this study. The first section covers the ethical considerations. The second section expands on the recruitment experience of the research. The third section is a description of the participants involved in this research. In the fourth and final part of this chapter, I outlined the research design, methods of data collection, and data analysis.

Ethical considerations and Human Ethics Application

The major ethical considerations that were involved in the planning stage of the research included the recruitment process and consent, safety and comfort of participants during and post-interview, and the depiction of participants in the thesis in ways that protected each participant's privacy and confidentiality. In addition, I needed to consider my own safety as the interviewer, and the maintenance of a pleasant environment during interviews.

With qualitative autoethnographic work, the main ethical concerns include ambiguity between the researcher and the researched, risk of harm (for example, psychological or emotional) to the identifiable characters, confidentiality and informed consent (Harrison & Lyon, 1993;

Mellick & Fleming, 2010). Understandably, there is an issue of confidentiality regarding the other characters of my narrative including my husband, son and family members, by virtue of my experience being made public. Even though the adults included within my narrative gave verbal consent, my child did not have the capacity to do so at the time of the research. Although it may not be conspicuous at the present, it needs to be addressed that there may be some psychological or emotional risks in the future, such as embarrassment. This is not my expectation, and I have discussed this with my husband, and we will address and handle the issue should the unlikely happen.

To address some of the other ethical concerns, the personal narrative used within this research has clear perimeters. Firstly, it is used as a bracketing source, and not the only or the central source of data. The phenomenological methodology and method used in this research, as explained earlier in the chapter, acknowledges and clearly identifies the role of the researcher as not being separate to the research. The bracketing method and the availability of the narrative in the thesis in its original form also allows the reader to situate the researcher. Secondly, the main emphasis and concern of the narrative is my experience as a mother and not about the description of the other characters. Thirdly, it has a clear timeframe, with a focus on specific experiences, beginning with the birth of the child to the eight weeks after the mother's return to work, similar to all the participants. There are no visible risks of defamation, harm to their professions, possessions, or social life. With these considerations accounted for, I did not see a need for the personal narrative to be a part of the ethics application.

The research received approval from Victoria University of Wellington Human Ethics Committee (HEC) (#20365, May 15th, 2014) for the distribution of flyers, and the collection of data through dyadic interviews and focus group interviews in Malaysia and New Zealand (see Appendix 1). The ethical guide for this research conforms to Victoria University of Wellington's

Human Ethics Policy and Treaty of Waitangi Statute through the acknowledgement of the four principles: partnership, protection, participation, and practice (see Appendix 1).

The nature of phenomenological research gives substantial authority to the participants and the narrative of the participants' experience is considered as "truth". I gave full disclosure of my intentions for the research in the participant information sheet before the participants gave their consent. Participants were given control over their participation, such as the amount of information they wished to share and the ability to indicate if parts of the descriptions I annotated from the interview data were inaccurate or misinterpreted.

One ethical consideration surrounding the recruitment process was the design and distribution of the flyers. The flyers (see Appendix 2 and 3) are designed to be inclusive, not targeting only a particular group of mothers. Images and wording included in the flyers for mothers were carefully considered, with heterogeneous images of mothers from different groups included. I distributed them to places where young mothers were likely to visit, such as community centres, supermarkets, and Plunket centres, as well as online mothering groups.

Participant information sheets (see Appendix 4 and 5) were given to each participant along with the consent forms (see Appendix 6 and 7). I sent the participant information sheet and consent form to all interested individuals who came forward to participate. I reminded the participants about the participant information sheet and consent forms through email before the arranged interview date. Before beginning the first interview, I introduced the research and encouraged the participants to ask any questions they might have. I also explained the consent forms and ensured the forms were signed. Among couples, both husband and wife were given separate forms to complete, to note that they individually agreed to participate.

Throughout the data collection period, my primary concern was to maintain the utmost comfort for my participants. Interview locations and times for dyadic interviews were decided by the participants. The couples were each interviewed three times. Further discussion on this will be

provided in the upcoming data collection section. Participants chose the times for each interview, within the three time periods stipulated by the study design. Fourteen of the dyadic interviews were conducted at participants' homes, and ten interviews were carried out at cafes. I travelled to two states for one of couple participants in Malaysia because I understand that working parents have limited time and this couple wanted to be with their extended family during the weekends. Focus groups locations and times were predetermined before the recruitment of the participants.

Often the participants planned the interviews around their baby's nap time. I exercised the utmost flexibility when it came to the children of the participants. Babies were welcomed to all the interviews, including the focus group discussions, to ensure that mothers were at ease. Parents were encouraged to feed, or pause, if needed during the interviews to attend to their babies. There were instances when one parent needed to feed or take the baby for a short walk or carry the baby. We typically continued with one partner, or we conversed on other things. Some interviews were postponed because of a child's health and condition, although it was desirable to interview the participants within designated time frames, instances like this were given precedence.

In the event where the interviews were leading to an uncomfortable state between couples, as happened on five occasions, I diverted the interview to a different question. Some issues appeared to be sensitive between the couples, such as breastfeeding choices and contribution to domestic work. Although the data may have been important and interesting, the research had no intent to cause harm or friction within couples' marriages or relationships. It was, however, noted by two couples that the interviews had encouraged them to discuss issues that they would not have noticed or considered and because of this, their relationships as couples improved.

Kohā³ or a thank you token in the form of a shopping voucher was given to the participants for their contribution. The intent of the Kohā was not to pay the participants, but to express gratitude. As with social research, generally, the participants' contributions are valued at a greater price than the token given.

Participants in Malaysia were given flexibility with the language they chose to use throughout the research despite the recruitment calling for English speaking participants. Initially, I wanted the interview to be conducted in English to reduce discrepancies between the data from the two different countries. However, I have language proficiency in both Malay and English, and I understand that some terms are better understood in Malay. By giving the participants the flexibility to use their desired language, I felt the participants were more at ease, and it helped me establish a better rapport with them and made the interviews less formal.

Data from the interviews have been kept in the audio format under pseudonyms in my password-protected university computer. The audio and transcripts are only accessible to me and my primary supervisor, as stated in the ethics application, consent forms and information sheets (see appendix 1, 4, 5, 6 and 7). I will keep the audio recordings for five years after the completion of the doctorate for further analysis and publication of results. The hardcopy transcripts will be disposed using the University's secured confidential waste shredding services. The participants were made aware of this and gave consent before participating in this research. The notes written in my journals recorded participants' details under pseudonyms, and the consent forms have been kept in a securely locked drawer at the University. I have made sure not to label any of the files under the participants' real names. All further publications will carry pseudonyms. Pseudonyms

³ Kohā is a Māori concept based on reciprocity. The term Kohā used for this research does not carry the same meaning as the traditional practise of offering Kohā. The term Kohā here is used more in the colloquial sense; to reciprocate the participants' contribution, in this case, the researcher offers a thank you token in the form of a voucher and food and beverages during the interviews.

were selected by both participants and the researcher. Participants were also given the opportunity to choose to be informed about future publications.

Recruitment

The recruitment process, in general, was challenging in both Malaysia and New Zealand. The data collection period took longer than planned because the recruitment was unexpectedly slow. One of the bigger challenges that I faced during the recruitment process was the nature of the research that called for a very specific demographic with particular time pressures. The research called for couples, with first-time mothers within the age group of 20-28 years old, to participate in a longitudinal research project beginning prior to the mother's return to work through to the following three months. I had mothers wanting to participate, but with reluctant partners; mothers wanting to participate but had already returned to work; older mothers; mothers of more children, and families that could only commit to one interview. It would have been easier to adjust the criteria, but for this research I persevered to be true to the scope of study.

My original plan was to avoid promoting the flyers under my personal profile on social media to reduce the possibility of personal conflict. I was wary that young parents in my personal circle could feel obliged to participate. Their participation would also include sharing private parts of their life with me which could relate to people that I may know. This tactic proved to be unsuccessful; personal contact with organisations and individuals, in the end, yielded better results for recruitment.

Before I went back to Malaysia, I sent messages to acquaintances to spread my flyers through their social media pages on Facebook, and when I arrived in Malaysia, I sent flyers to clinics and community centres within one of the main cities in Malaysia. One couple agreed to do the interview before I travelled back to Malaysia. Upon my arrival in Malaysia, I had another three couples contacting me wanting to participate. Two of these couples later backed out; both mothers were keen to join, but the fathers were not. I then started contacting my extended social network

to find out if people knew anyone who might fit my sample and could help make my research known. Acquaintances and friends then personally asked these people if they were interested and if they would like to contact me. I also started distributing more flyers. I had two more couples contact me, showing interest in participating in the research. One later backed out after discovering that the research required a total of three interviews. I continued my initiatives, and several mothers showed interest in the research, but they did not fit the demographics of this study. Ten weeks before my return date, a couple contacted me and agreed to be a part of the research. Looking for couples to participate in Malaysia was especially challenging, but the focus group recruitment was much easier. I was able to find two groups of mothers within the same week I distributed the flyers.

In preparation for data collection in New Zealand, I started contacting Parents Centre before I left for Malaysia, and they instructed me to send documentation about my research in the form of an application. This application would then go to their next meeting, and they would distribute the flyers after that. I waited until I came back to New Zealand from Malaysia to submit this application because I would be away and would not be able to make contact with parents who may be keen. I sent in my application in January 2015. Initially, I did hear back that my application was going to be processed, then another email came, after I prompted them, saying that a different person was going to get back to me. I heard back from them, a year later, in March 2016, and from my understanding, the organisation is volunteer-based and therefore, did not have enough hands to manage my application at the time.

My supervisor Associate Professor Rhonda Shaw, suggested I contact Mothers Network Wellington. I sent my first email in November 2014, but it went unanswered. I then sent another email after a few weeks which I got a response from the group coordinator, Melanie Neeley, who was very supportive. Within a few days, my flyer was up on the Facebook page of Mothers Network, and another mothering group that had over 3000 members. I was added to the group. I recruited my first New Zealand participant from this particular post. I heard back from a few

mothers, but many did not fit the criteria or had unwilling partners. I continued with this method, along with the distribution of flyers to all Victoria University campuses and all nearby community centres, including Plunket centres in the Wellington region. I had two replies from the flyers, but once again, they did not fit the criteria.

I applied for a faculty grant to include my flyers in a breastfeeding magazine published by La Leche League. The grant was approved, and the advertisement was placed in the quarterly magazine. I had a few families contact me from reading the magazine, but none fitted the criteria for participants.

After March 2015, I began looking at interviewing families outside of Wellington region. Flyers were sent out around greater Wellington region, and in Masterton and Palmerston North at community centres, Plunket offices and family clinics. I received inquiries, but they did not translate to participants. In the end, all my New Zealand participants came from the online community. The recruitment experience for this research was particularly challenging.

I suggest the challenges occurred for several reasons. Firstly, I did not know the right platform and best ways to recruit in New Zealand. As an “outsider”, I am not involved with the mothering culture of the country. Even Plunket and Parents Centre did not yield any results. I talked to mothers I knew who gave birth in New Zealand and I realised, that generally, mothers in New Zealand have a more social mothering experience. Malaysian mothers typically are in their homes, and antenatal classes are supplementary. In Malaysia, social activities involving mothers are financially costly; mothers usually do not meet other mothers unless they are known to each other. Support in Malaysia is mostly family-centred, or with medical practitioners like doctors and nurses. The social network for Malaysian mothers is then familial in nature. However, I have found that mothers in New Zealand, more likely than not, know at least a few other mothers with children in the same age group.

Another reason for backing out of the study for many potential participants was the disinterest of Malaysian fathers to participate. The third reason could be that the nature of the study required a lot of commitment and was time-consuming. Making time to be interviewed was not a priority for many families. I had six potential couples who initially agreed to be a part of the study but then withdrew nearing their return to work date. They realised that they did not have a lot of time to be with their family. The time they would spend doing the interviews with me would be valuable time spent together as a family.

I found that the most efficient and effective platform to recruit was by word-of-mouth. The next best option was social media, and in this case, Facebook. In Malaysia, I found that publicly sharing the flyers on acquaintances' pages and having them share also worked. I avoided sharing on my page to reduce the possibility of recruiting people I knew personally or professionally in the past.

Participant demographics

For this research, two sets of participants were recruited with 26 participants altogether from Malaysia and New Zealand. The first set consisted of first-time parents and the second set consisted of first-time mothers only. I interviewed eight couples; four couples were from Malaysia and New Zealand respectively, with mothers aged 22 to 32 years old. The original intent of the research was to study younger mothers below the age of 28 years old. All of the participants from Malaysia and one from New Zealand were under 28 years old. However, the recruitment of this age group proved to be challenging among New Zealand mothers such that the remaining participants were younger than 32 years old, but older than 26 years old. In the recruitment section of this chapter, I suggested why the recruitment of this younger demographic proved difficult in the New Zealand context.

It was not my intention from the beginning to recruit from an identifiable ethnic or socioeconomic group. I would have benefitted from having a mixed sample group, but that was

not part of the objective, so it was not given any emphasis. The nature of the study required a great commitment from the participants, so I needed to be open-minded and flexible in regard to these demographics. I acknowledge this fact and understand that some of the sociocultural aspects will be heavily skewed to particular ethnic groups, socioeconomic groups, and even religious affiliations.

Mothers who participated in the dyadic interviews were expected to be returning to work within three weeks of the first interview. Of the mothers from the couple cohort: one worked from home, one was self-employed, and the remaining participants worked day jobs in offices. This mix was not intentional, but it ultimately contributed to a richer and wider description.

Mothers who participated in the focus groups were expected to be first-time mothers who had already returned to work within the same year. The mothers in the focus group were a mix as well: working from home, studying full-time, working with flexible working locations and time, and being self-employed. This demographic complements the demographic of the dyadic interview cohort.

The couples all had tertiary educational qualifications or professional qualifications. They were all heterosexual married couples in stable relationships wanting children, holding fairly stable jobs with regular hours, were entitled to a parental leave package, or could afford taking time off work unpaid, and could afford the commitment and time to participate in this research. Even though this was not the original intent, this meant that the cohort was strongly homogeneous in both countries. The table below includes the participants' demographics.

Table 1: Couple demographics

Couples pseudonyms	Location	Age range	Type of employment	Ethnic and/or religious affiliations
Farah (mother)	Malaysia	22-26	Private sector	Malay Muslim
Halim (father)		22-26	Private sector	Muslim with Mixed descent
Nurin (mother)	Malaysia	22-26	Self employed	Muslim with mixed descent
Luqman (father)		22-26	Self employed	Malay Muslim
Misha (mother)	Malaysia	22-26	Public sector	Malay Muslim
Rahman (father)		22-26	Public sector	Malay Muslim
Lisa (mother)	Malaysia	22-26	Private sector	Malay Muslim
Malik (father)		22-26	Private sector	Malay Muslim
Eva (mother)	New Zealand	26-30	Private sector	European descent
Steve (father)		27-30	Private sector	European descent
Sally (mother)	New Zealand	30-32	Private sector	European descent
Brian (father)		33-40	Private sector	Vietnamese descent
Kate (mother)	New Zealand	30-32	Public sector	European descent
Robert (father)		30-32	Public sector	European descent
Heather (mother)	New Zealand	30-32	Private sector	European descent
Dave (father)		30-32	Private sector	European descent

Data Collection and Analysis

To give a better representation of the data collection and analysis process, I have included a diagram below. The diagram illustrates the data collection and analysis process for each couple within this research.

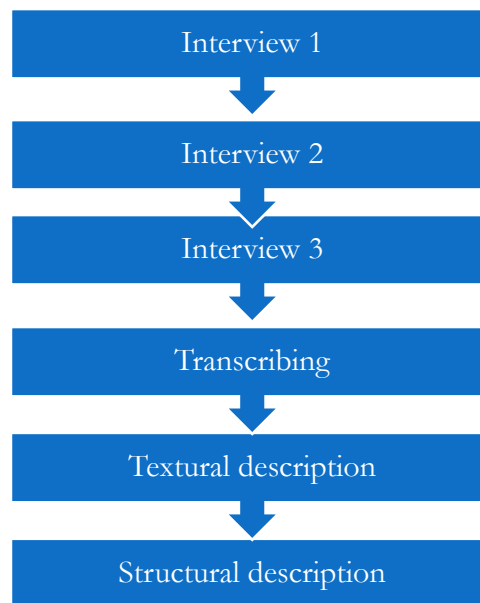


Figure 1 Data Collection and Analytics steps

Data collection

I collected data from three primary sources: my personal narrative, dyadic interviews with couples, and focus group interviews with mothers. Each section below expands on the design and process undertaken. As discussed in the methodology section of the thesis, the first stage of the research was writing a narrative description of my experience.

Personal narrative

As part of the research epoché, I firstly conducted a preliminary narrative inquiry into my experience of returning to post-graduate study. I am a first-time mother, and I am at the university on a daily basis much like a mother working full-time. I compiled my narrative during the first few months of returning to the university while the experience was still in its prereflexive stage. This

rigorous and emotional exercise resulted in a 13,000 word document which has been edited and forms the basis for Chapter 3.

The narrative describes my experience in detail, and with this data, I am able to analyse and identify many, if not most, of my preconceptions and judgements of the experience and its components. The identification of my presumptions of the experience was not immediate nor is it fully completed, but through reflections and experiences with the research, I am able to identify more and more of my preconceptions. I believe there may be other judgements that I have not yet identified, which is one of the reasons the narrative is included in this thesis. As a researcher, my experience with this study is a constant juggling of my position as both an insider and an outsider. I am a Malaysian, and I experienced the beginning of my parenting journey in Malaysia, but I returned to full-time study in New Zealand. In both countries, I find myself an outsider and an insider, and this has placed my narrative and position at a distance, but also makes me feel connected to my participants and their experiences. I am a working mother researching working mothers.

My narrative collection was conducted by answering the same guiding questions I asked my research participants. Nine questions in total were asked to capture the transition to motherhood and return to work. The personal narrative is unique and valuable because I started my narrative with no intention of including it in the thesis. I wanted it to be as honest and as descriptive as possible so that I could exercise my bracketing. The descriptions are detailed and comprehensive. Further editing was done to improve the grammar and explanation of certain cultural practices without any structural change. The narrative has remained in its prereflexive state since it was written in 2013 and has been a valuable tool to examine how my understanding of parenthood, parenting, and work-family relationships have since changed.

Dyadic interviews

After the compilation of my narrative, the second step was to retrieve data from the participants in its prereflective state. To obtain this, I conducted longitudinal dyadic interviews with couples. Dyadic interviews are interviews conducted with two participants. The dyad in this research is the couple who share the experience together. Three in-depth face-to-face dyadic (couple) interviews were conducted with each couple over the span of ten to fourteen weeks. The interviews were conducted (1) while the mother was still on leave or before returning to work, (2) in the first few weeks of returning to work, and (3) at six to eight weeks after returning to work. Couples were interviewed together during all timeframes of data collection. The dyadic interview method, as a form of data collection, is not typically used and when it is, dyadic interviews are often conducted within familial relationships (Morgan, Ataie, Carder, & Hoffman, 2013). The first interview was to establish rapport with the participants, but it also became the interview that captured the start of the couples' parenting experience. The second interview collected the experience of returning to work. The final dyadic interview was a platform for me to perform the dialogical method and engage in discussions with the participants based on the analysis of previous interviews. Finally, I exercised the dialogical method again by returning the description of the experience to the participants after it was analysed and written to validate my analysis and obtain further feedback.

Gadamer (1975) introduced the dialogical method in phenomenology, whereby the researcher goes back to the participants to discuss previous interviews (Dowling, 2007). Dialogue is a method of identifying truth by obtaining a common meaning (Gadamer, 1975). Gadamer (1975) emphasises the importance of dialogue or conversation to agree upon the object of study and not on the subject. The dialogical exercise helped me validate and strengthen the description of the experience. I looked for affirmation, or a "This is how I felt" response from the participant as I presented my partial data analysis to them in the final dyadic interviews, and the pre-analysed

dyadic interviews to the focus group discussions. The focus groups also served as a validation step for this research. After annotating the interviews, I sent the descriptions to the couples for final verification. I used interpretive phenomenology through the dialogical method of Gadamer (1975) not only to better interpret the experience but also to better grasp the essence of the experience.

During a dyadic interview, the participants can, and often do, co-construct their narrative, therefore, the nature of the relationship between the dyad is significant (Morgan et al., 2013). I used several questions to guide the interviews so that the participants could decide what was important about the experience as a couple. During dyadic interviews, similar to Seale, Charteris-Black, Dumelow, Locock, and Ziebland (2008), I found that women were more prominent speakers than their male partners. However, when speaking about gender-related topics, the gender differences in their narration were reduced compared to the mothers-only group discussions. During the focus group discussions, mothers made more comments about the other gender – the fathers, but this was not visible with mothers in the dyadic groups. The mothers rarely spoke about fathers in general; when they did, they talked about their partners as fathers in a positive light. The narration of the experience on other topics was similar, but on gender-related issues the description was different. Additional separate interviews with mothers and fathers may provide a richer description of the gender experience in the family. Nonetheless, for the purpose of this research, a single narrative of the experience focusing on the mothers' transitions was the objective.

The experience of transition to parenthood is a shared experience (Keizer & Schenk, 2012), and the mother's return to work is also an experience that is shared by cohabiting couples. Although the mother is the one returning to work, the change affects the family as a whole. The experience is then best captured through the dyad (the couple). These interviews formed a shared chronicle (Eisikovits & Koren, 2010; Morgan et al., 2013; Reczek, 2014) as well as a negotiation process of understanding the experience of the couple. The latter result was unintended, but the participants have voiced that the interviews proved to be beneficial for them. The interviews were

a reflective exercise in a sense that it made the couples think about their previous experiences as a shared experience.

Having interviewed couples together and seeing the experience of both partners has been important. The negotiations that took place during the interviews for reaching an understanding of their individual and shared experience was particularly enlightening. Reczek (2014) argues that participants in dyadic interviews can sometimes take on the role of the interviewer, which was true in some parts of the interviews I did with my participants. In several instances, after I asked a question, one member of the couple would look at the other to divert the question to them, or they would also sometimes ask their spouse after answering a question to verify their narration of a particular event. An unspoken narration became apparent during these negotiations.

Example 1

Katie: That six weeks played a huge part at [sic] us being quite good at taking care of the baby. Would you say? (pause, looks at partner for confirmation). Robert can do everything to do with the baby...

Robert: Except for breastfeeding.

Katie: Except for breastfeeding.

Example 2

Interviewer: And did you take rest from doing some housework?

Sally: I think so. I did, didn't I? (looks at partner)

Brian: You couldn't do heavy lifting and stuff like that.

Sally: Oh yeah, another thing that happened to me. So, when she was born, her arm was up like this (demonstrate an uplifted arm).

The dyadic interviews also became a platform for participants to show appreciation and gratitude

to their partners for their efforts and achievements as parents and couples. The interviews in some ways allowed a small window for me to observe the family dynamics of the couples.

I also noticed camouflaging within the interviews. *Camouflaging* refers to instances when the narration is used explicitly to cover a different truth (Gadamer, 1975). According to Gadamer (1975), camouflaging is observable when there is apparent discrepancy during the conversation. The anomaly is so conspicuous that it cannot be disregarded. In one instance, Brian (father) said that the baby was just “happy and smiling all the time throughout every day” while the mother was at work. The origin of this camouflage is unknown, but it is evident that a baby will not smile for ten hours daily and it is a given that babies cry throughout the day. The topic of discussion at that given point was Sally’s concern for the baby’s wellbeing now that she had returned to work.

The first dyadic interview lasted between 60 to 110 minutes. The second interview lasted between 45 to 90 minutes. The final interview lasted between 60 to 110 minutes. The first interviews were mostly conducted one to two weeks before the first day of the mother’s return to work. The second interviews were conducted one to three weeks after the mothers’ return to work. Originally, it was intended to be carried out one to two weeks after return to work, but the time constraints for some of the families did not allow this. The final interview was undertaken six to ten weeks after the mothers’ return to work. All the interviews were unstructured but guided by the three broad areas of the study: parenthood, breastfeeding, and employment (See Appendix 10 for interview guide). There was an allowance for expansion of scope during the interviews. For example, I did not plan to look at the confinement practice among Malaysian mothers, but I did ask questions regarding it.

The first interview session served to gather demographic data as well as to collect experiences of transitioning to first-time parenting and plans for the mothers’ return to work. The first interview, which was originally scheduled to be the shortest interview lasted much longer as

the participants were willing to share more descriptive details of their experience of first-time parenthood than anticipated.

The second interview focused on obtaining the experience of returning to work. During this interview, I focused on capturing the prereflective experience of both the mother and father as the mother returns to work. I expected this interview to be the lengthiest interview. However, it was the shortest. I noticed among most of my couples that there was more tension in the second interview. They were still negotiating their narratives, with the mothers typically leading the interviews. There was also a sign of tension and fatigue among the couples; from my observation, they appeared less cohesive compared to the first and final interviews.

In the final interview, all couples appeared more cheerful and happy than in the second interview. The final interview focused on updating the situation of the participants and engaging in a dialogue to reflect on the experience. The third interview was the most emotional for me and for some of my participants, as we looked back on the experience as a whole. Some of the participants noted the change in their views and outlook on parenthood, breastfeeding, and employment. A short quotation from the final interview with Sally and Brian is included below for illustration.

Sally: It's [the interviews have] been quite good for our relationship because its things we wouldn't have talked about.

Brian: Sometimes you just get through day by day, and you do not get the time to think about it. So, this research sort of gives you the time and makes you think about this and brings it up to the surface. Being a parent, you just have to learn, and so you do not get the time to think about things, it's a good research to be a part of.

Sally: It's a privilege to be a part of the research.

The interviews made them aware of the partner's experience, and this lead to positive change in

their life. The interviews were also a time of reflection and negotiation which they would not have had, or would not have intentionally put aside the time for, otherwise. Following the dyadic interviews in each country focus group discussions were arranged.

Focus group discussions

After the dyadic interviews in Malaysia and New Zealand, I conducted three focus groups of only mothers, one with New Zealand mothers and two with Malaysian mothers. This was to validate the data that I had collected and analysed to confirm that I had captured the essence of the experience. Although I interviewed parents together, the primary focus of this study is mothers. I found the focus groups to be particularly enlightening because there were more discussions surrounding the role of husbands and in-laws in the experience than were included in the dyadic interviews. The focus groups had two roles: to validate the essence of the experience and to add another dimension that would not have been discussed otherwise. Bradbury-Jones, Sambrook, and Irvine (2009) argue for the use of focus groups in phenomenological research for this latter reason. Although focus group interview is not a popular form of data collection for phenomenological study because of the possible influence a participant might have on another's narrative, it is beneficial for its ability to open up new perspectives (Bradbury-Jones et al., 2009). The primary use of focus groups in this research was to exercise phenomenological reduction through the validation of invariant themes.

Phenomenological Analysis

Van Manen's (1997) and Moustakas's (1994) writings on phenomenological analysis are compatible, except that Van Manen (1997) includes hermeneutic reflection in his analysis. It is worth noting that in his writing, Van Manen did not specify the particular steps for conducting analysis because he believed that there is no rigid way of conducting a phenomenological analysis. Moustakas' modification of Van Kaam's method of phenomenological analysis includes seven steps: (1) horizontalization, (2) reduction and elimination, (3) clustering and thematising invariant

constituents, (4) individual textual description, (5) individual structural description, (6) validation, and (7) a composite description that synthesises each couple's meaning and essences of the experience. For the final step of the phenomenological analysis, I included my personal narratives into the synthesis.

Horizontalization is the process that acknowledges that every statement is of equal value, in that "each horizon will add meaning and provide an increasingly clearer portrayal..." (Moustakas, 1994, p.125) to the description. Each expression from the participants' texts was considered carefully to understand the meaning that it holds. The process of horizontalization is important because the researcher considers the data carefully to allow different horizons to emerge without preconceived ideas of themes. *Reduction and elimination* involves selecting constituents or horizons that stand out the most (Moustakas, 1994). During this stage, I reduced all recurring or overlapping horizons and focused only on the constituents that persist. I also eliminated any vague horizons that were not clearly expressed by the participants. These persisting constituents were then identified as the invariant constituents. Moustakas (1994) explains this stage as the researcher observing "significant, relevant, and invariant meanings that provide living descriptions or highlights of the experience" (p.130). I highlighted and noted these in a printed copy of the transcripts and the textural descriptions, as well as in my research journal. The second step was to revisit the transcript on a different day and go through the horizontalisations again. This time, however, I added tags into the transcripts using NVivo nodes, or written notes.

Clustering and thematising the invariant constituents requires the exercise of imaginative variation. I considered if each invariant constituent was a part of the essence or if they were a part of the periphery of the experience. The invariant constituents were then clustered together to develop bigger themes. For each constituent that remained I verified that they were overtly verbalised by the participants. I considered the importance and significance of each constituent and its relation to the structures of time, situation, circumstance, and culture among others, which

helped me to narrow down the structures of each couple's experience. Most of the interviews had a similar pattern, and I identified which section of the interview was focusing on the three broad areas of the experience: parenting, breastfeeding, and employment. These were the main sections I established.

Once imaginative variation was conducted, I annotated textural descriptions for each couple to represent each interview. The *textural descriptions* signify the three parts of the experience: becoming parents and preparing to return to work, return to work, and working-life as the everyday. These textural descriptions are crafted with the participant's words as the majority of the description. The quotations are the primary content. They are, however, not included in the thesis because of word constraints, as each description ranged from 4000 to 8000 words. A portion of one of the textural descriptions is included in Appendix 8. Key parts of the text from the participants are included in the thematic analysis chapters (Chapter 6, 7, and 8)

The textural descriptions were then synthesised into one structural description for each couple. The *structural descriptions* hold the most prominent structures of the experience for each family. *Structures* are the invariant horizons or constituents of the experience for each couple. These structural descriptions are included in the thesis with some specific information of the participants removed to ensure their privacy and safety. As mentioned earlier, I retained the adjectives and descriptors used by the participants as much as possible.

A further contribution to the phenomenological field of research was adding an additional two-part validation step. The first step was to conduct focus groups in both Malaysia and New Zealand based on a preliminary analysis of the structures of the experience. The focus group's intent was not to collect new data, but to validate structures of the experience and to discover possible gaps in the data. The second validation step was the return of the structural description back to the dyadic participants. The couples were given time to consider if the descriptions represented the experience for them. The focus group narratives do not appear in the thesis as

findings, as they were used to validate the analysis of data collected from the couples. However, some of the focus group quotes that strengthen, reflect, or introduce opposing views of experience are included in some of the chapters.

A composite description was then compiled with a mixture of all the participants' descriptions. This single description includes structures that were invariant to all couples, including my narrative. This was also the point where I reintegrated my narrative into the study. This final description is presented in *Chapter 5: The Experience*. It essentially holds the essence of the experience shared by my participants and me. I present the peripheries in three chapters (6, 7 and 8) based on broad areas of this study: First-time Parenting, Breastfeeding, and Employment.

I followed Moustakas' (1994) seven steps to guide the analysis and utilised Van Manen's (1997) approach to identify and isolate and strengthen the themes. A theme according to Van Manen is (1) the experience of focus, meaning, and point, (2) intransitive; it is not an object one encounters in a text, (3) a form of capturing the phenomenon, and (4) at best, a simplification (Van Manen, 1997, p. 87). Further, he suggested several methods of isolating themes: a holistic or sententious approach, a selective or highlighting approach, and a detailed line-by-line approach. A holistic or sententious approach requires the researcher to look at the text as a whole and look for the sententious phrase that would best represent the text as a whole. The selective or highlighting approach requires the researcher to read the text multiple times and identify the statements that act as building blocks of the text. A detailed line-by-line approach requires the researcher to go through the text line by line, that is, sentence by sentence, to reveal the meaning of each one. Van Manen (1997) then suggests conducting collaborative analysis with the participants to strengthen the themes. I conducted collaborative analysis during the focus group sessions, during the final dyadic interviews and by sending the participants their structural descriptions and inviting them for further comment.

In Chapter 3, I present my written personal narrative as part of the bracketing method. The narrative includes a series of nine guiding questions and my answers to them based on my experience.

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Chapter 3: Personal Narrative

This chapter is a personal narrative of my experience of becoming a mother and returning to postgraduate study. I answered a series of questions that were the same guiding questions I asked my participants throughout the research. The narrative was written a few months before I started my interviews and as such, some circumstances and decisions have changed over time, but the objective of maintaining the narrative as it was written was to preserve my experience without the influence of my participants' versions of their experience. The exercise of writing and compiling the personal narrative was a bracketing exercise for this phenomenological research. I further explained this in the previous chapter on methodology.

The objectives of doing this exercise were: firstly, to physically compile my personal experience in its prereflexive state just like that of my participants and maintain it in its unaltered state. Secondly, to critically analyse my prejudgements and preconceptions of motherhood and returning to work. Finally, to be able to see how my views might or might not have changed with the compilation of the participants' experience.

The narrative sets the stage for the thesis because it starts off by providing the reader the stand of the researcher, my position, at the beginning of the research before presenting the experience of my participants. At the time of the writing of this narrative, I was a 23-year-old mother with a 22-month-old son. My husband was 26 years old, he left his position as a publication editor and a part-time teacher. We moved from Kuala Lumpur, Malaysia to Wellington, New Zealand. We came to New Zealand for the sole purpose of my study. I was to start a full-time PhD programme at Victoria University and my husband would take an extended leave until we were settled. Therefore, the first half of the experience was in Malaysia and the second half was in New Zealand. Much like my participants, so much has changed since then but I have kept it as it was originally written.

How did you feel in the first few weeks of giving birth? What was the experience like during that time?

During the first few weeks, I remember being overwhelmed with different emotions. I felt confusion, excitement, happiness, fear, sadness, uneasiness and empowerment. I was excited in the first week because we just had a baby, we wanted to get to know the baby, but we did not get to bring our baby home, or hold him because he had breathing problems and was placed in the incubator. I wasn't particularly sad or worried, at the time. I think I felt that he was not my baby, everything was very surreal.

I had just met my gynaecologist for our regular check-up a few days before, we knew I had just gone into full term, but we did not really think the baby was going to arrive so soon. We just came back from a short holiday and I was unpacking my bag when I realised there was a stain, I did not expect it to be the first sign of labour. My water broke that afternoon on our way to get the stain checked out, short and slow contractions followed and we were diverted to our designated hospital. As we arrived at the labour unit, we met my gynaecologist who was equally surprised to see us. She assured me that it will take quite a while before the actual delivery and that she has an invitation to attend, but will be back long before my delivery. She said she will be back at 10:00pm that night and assured that I would not be delivering until much after midnight. We settled ourselves into the labour room, I made myself comfortable and planned my day and night according to the timeline the doctor suggested. I told myself "I still have a lot of time". My husband called our parents and assured them that everything was alright and told them what the doctor had told us.

By the time I realised I was in labour and wanted to find out the possibility of pain relief, the nurse told us I was fully dilated and that the baby was engaged and ready to be pushed out. This was only three hours after we arrived at the hospital. I panicked quite a bit because we were not ready, my doctor was out and she wasn't going to be back until later that night. A substitute gynaecologist came into the labour room, she did not have a smile on her face. She was quite

intimidating, she put on her mask and gloves, sat in front of me. I do not remember her making any conversation or connection with me. I do not know at which point I had separated my lower body from my being because at that point I felt that the part of my body that was being attended by the nurses and the gynaecologist was not me. I had no control of what my body was doing or what was done to my body and I trusted that they knew what they were doing. It was as though the room had been transformed, the nurses moved about in such fluidity, the bed suddenly had things attached to it, a baby cart came in with its own set of equipment, and trays of metal things came out and was placed next to this doctor. It was like a show.

I did not have any sensation of wanting to push, I did not know how this pushing was going to help me in labour, and I tried to decipher the words as the nurses and this stranger of a doctor told me to push. They told me to let go of my husband's hand. I looked at him and I saw he was more frightened than me, I let go of his hand and gave him a small smile to assure him that I was okay and that everything was going to be okay. I was to hold on to the metal bar that they have set up. They kept giving me instructions to push, but I had no idea what they were referring to. At one point, I could see the facial expression on the doctor, she looked like she was annoyed at my inability to push. So, it was as if she had to take things into her own capable hands and stuck her hand in me and pulled our baby out. I remember for the first time that day, I said to my husband "it hurts", it was this incredible pain, I could feel every part of his body exiting me from his head, to his shoulder then his arms and finally his legs and feet, and just a moment after, split second almost, the pain was gone. They placed the baby on me for a bit, I remember how surprising it was, it was a beautiful moment and I kept telling my husband to look at our baby, he was looking at the baby, but I kept saying those same words. Look at him, look at him. They took the baby back and I could hear them sucking some liquid from him, probably from his nose or throat, because for a second I hear him stop crying and then he continued. They left us with the baby and I breastfed him for the first time. An hour later they took him back and let me return to our room.

I remember seeing my parents waiting outside the labour area, everyone just stood up simultaneously as we exited the door and my mother handed me a big bouquet of flowers. I do not know why, but my first thought was, “oh no, she must have bought them downstairs, it is so expensive to get flowers at the hospital, why would she do that”. She had the most worried look on her face “They will not let me in, I told them I am your mother, but they said only husbands can come in, I keep telling them I need to see you”. I smiled at her and she asked if I have given birth. Maybe because we did not have the baby with us or because she said I looked a bit too energetic for someone who just gave birth. We went back to our room, I was offered something to eat, but I realised at that point the confinement period had started. All I wanted to have was an apple, the only food I could keep down during pregnancy. There was just something comforting about having another apple. I hadn't eaten anything at all that day because we were fasting and I had forgotten about eating throughout the whole labour experience. They did not have any apples, but my mother assured me that I could have green apples if I wanted to, but my husband would have to go out of the hospital to get it.

It was a few hours of waiting before they sent our baby back to us. He was crying and I wanted to breastfeed him again when my husband said that his cry sounded different. We called the nurse, she checked his feet, they were all purple and she said she needed to take him back because he wasn't breathing properly. My husband was worried and anxious. I told him I needed to take this time to rest instead of worry because after this there will be many sleepless nights and the time off could allow me to recover from childbirth. We kept checking on our baby, my husband would make hourly visits to the nursery. I did the same from the second day onwards. We stayed at the hospital for a whole week, my husband had to go home to clean and bury the placenta⁴,

⁴ Cleaning and burying the placenta is a religious and cultural practice among Malay and Muslims in general. The specific way it is done differs culturally.

send our laundry home, and get new clothes. We did not have the heart to leave him in the hospital alone so we extended our stay even after the doctors told me I was ready to leave. We spent our mornings and evenings in the nursery, just watching him. We had many guests in the first few days. It was a happy occasion for everyone as he was the first grandchild on both sides of the family, he was also the first baby among our group of friends, but it was also quite disappointing because they all wanted to see the baby, but could not. We were sad too because we could not do anything about it.

Somehow, I felt empowered after the delivery. I felt like I was strong because not only did I survive pregnancy, I also managed to go through childbirth without any epidural or pain relief. I surprised myself mostly because I had always thought that I would not be able to go through the pain. The women folk in my social circle often describe first time deliveries as extremely painful and long. Most of the pregnant ladies I have talked to were afraid of going through labour also from hearing stories from the women folk around them and many had considered arranging for some form of relief; an epidural, laughing gas (Nitrous Oxide) or even a Caesarean section. I really wanted to go through natural birth, but I did consider asking for an epidural if it was going to be unbearable. It felt like an achievement, a rite of passage after the delivery. I felt like a strong woman.

Towards the end of the week, we were keen on going home so we were waiting on the paediatrician to sign the release papers. We would make sure we were there when he made the morning rounds and went to his clinic in the afternoon to ask if the tests came back and if we could bring our baby home. We really wanted to bring our baby home with us. The doctor released him, but he still had mild jaundice. We agreed to let the nurses come to our house every few days to check on his bilirubin count (for jaundice). It was not something that private hospitals normally offer, but the hospital we went to just started postnatal home visit services. We were happy to pay the fees to have them check on us because of what happened to our baby. It was comforting having the nurses come and visit, it was also a form of support for us, gave us confidence that we

were doing the right things. They checked his weight and umbilical stump and taught us massage techniques in case the baby became colicky. The first time they came they taught us how to bathe, dress and burp the baby. I found that it was useful, especially because they had nifty ways of doing things and my husband was really keen to learn. We were doing fine because I have had experience taking care of my younger brothers. My husband was keen to be a parent, to participate in child caring and everything that it involved.

We went back to my mother's house the first week. She insisted on taking care of me and the baby. I remember watching my mother and husband out beating each other to nappy changes and bath times, it was quite intense, but also amusing. Both of them felt that they were more deserving to be doing the child caring. I remember not doing much of anything because I did not want to get in the way of that. Some days it was challenging and sad to see one of them sad or upset.

Most Malay people practice post-natal confinement with a long list of varied do's and do not's that follow. My parents were still keen to have me abide by the rules of confinement, it was not really an option not to. My mother called a masseuse to come to the house the very day I arrived home and for the next six consecutive days. The masseuse gave confinement massages, herbal baths and made herbal drinks and lotions for me. I was not happy about it. I did not believe in the traditional humoral medicine and felt that it was bogus. I did not take any of the rules seriously and there were plenty of them. My mother was not happy and she kept pushing it on me and telling me how much I would regret it. Often she would say that I might not feel the effects now, but when I am older it will eventually catch up. Both my parents were on the same team, there wasn't a way out. I was basically under house arrest. I was not allowed to leave the house or the floor that my room was on for some 40 days unless I had to go to the hospital or clinic. This is the usual confinement period; my mother usually waits 60 days. I just felt like it was unhealthy

for a new mother to stay cooped up at home for more than a month. I did not follow the 40-day rule; I made many excuses to go out and convinced my husband to take me out.

The rules of confinement are based on humoral theory. I was only served food prepared specifically for postpartum women. Only “hot” and “dry” food was allowed, nothing “cold”, “wet”, “sharp” or with “wind”. “Hot” food included black pepper, ginger, honey, and lamb, “cold” food were mostly vegetables and some fruits. The only vegetable and fruits I had was spinach, apples, and oranges. Watermelon, seafood, and chicken were considered “wet” and pineapple was one of the “sharp” foods. I had to finish my meals while they were hot otherwise, I will get wind. Cold drinks and ice cream were not allowed. It was all about humours. Only hot showers were allowed, hair had to be dried and tied up tightly immediately after shower, socks had to be worn at all times to keep the body from getting cold and letting wind in.

Walking involved slow and small steps and I wasn’t allowed to go up or down the stairs. I was only allowed to wear a sarong (Malay skirt) from batik, pants were not allowed. I remember wearing a “modern” skirt and getting a comment from my parents. I had never worn sarong before and keeping it from falling down was a challenge because I did not know how to tie it. It felt like I could not do anything. Of course, I broke many of the rules, discreetly of course, and made my husband my accomplice. He would smuggle food in his bag. I felt bad because I did not like to go against my parents’ wishes, but I just felt so strongly against it. I felt like a rebellious teenager, but I was now a mother. I was always the obedient child, so it did not feel like me at all to disagree with them especially now that I was a parent myself. I tried to explain to them that most of the restrictions did not make sense, but I knew that it was not about whether it made sense to me, it was tradition and they believed it. My husband was my confidante. I would complain about it to him, I was afraid to tell my mother if I had some confusion about anything because it would usually end up with a disagreement. Even with all of that, we were all very happy. We were so happy to be with the new baby.

My husband and I were also very anxious. We did not sleep at all the first few weeks. We were so scared of SIDS (Sudden infant death syndrome), especially when he had some breathing problems earlier on. We watched him sleep every night, keeping some light constantly switched on. We kept looking at him breathe to make sure he was alive. We would wake in a panic to check on him in his crib when nothing was going on. Every cry was treated as extremely important, almost as if his life depended on it. This went on for a couple of weeks.

At first, I felt separate from my baby. I did not feel in the way that it was portrayed in movies or told in stories; where the mothers have special instincts that know when the child was in distress, even if she was in a different room, or the mothers that were smiling while they did all the diaper changes and bath times. I did not feel connected to him; I knew I loved him, but there was nothing magical about it. I did not feel warm fuzzy feelings when I breastfed him or changed him those first days at home. Everything was still very surreal. I saw my husband and everything was magical to him; the birth, being able to hold the baby for the first time, taking him home, the first diaper change. I felt bad. I missed the time when my baby was inside me, I felt very connected to my baby back then. After the delivery I felt like my baby was a different person, it was like we needed to get to know each other again.

I really wanted to feel “motherly”, but I was not sure what it meant to feel motherly. I felt bad because I did not feel motherly. I knew I loved my baby I just did not feel like how I imagined it would feel. Looking at my husband made me feel guilty and envious. He looked so motherly, so loving and did not mind taking care of both of us while having no rest for himself. He was self-sacrificing and he looked like he enjoyed it. I wanted to be strong and kind like him. All I saw in the mirror was a very tired, unattractive looking woman, not a glowing mother.

I remember needing to lose the baby weight quickly, but it wasn't because I wanted to. Even while at the hospital, my mother made a remark about my tummy. She said that she was worried because it had not gone down and said that I needed a masseuse and should come home quickly. It made

me very sad that day and my husband consoled me and was not very happy with my mother's comment. The masseuse would give me a full body massage which used a mixture of oil and some herbs or spices that had this very strong spicy smell, there were also hot stones wrapped in layers of herbs and cloth. I remember the smell from when my mother delivered my younger brothers. The masseuse used the heated stone which was wrapped in cloth on different “strategic” areas of the body in stages. I thought it was absolutely ridiculous, I enjoyed the massage and slept through most of it, but it left this very strong minty and spicy smell. I remember my husband and son would be nearby in case my baby needed to breastfeed in between. After the third day I started to express milk so that they would not have to wait in the room, it was quite awkward and I thought the smell was too much for the baby.

There were spices everywhere on the floor and my body after each massage and because the massages were after the bath it was an inconvenience. She would massage my lower abdomen supposedly reducing the size of my uterus and helping the recovery. She would explain what she was doing and constantly try to convince me how good it all is and how quickly I will go back to my pre-pregnancy size. She told me stories of what she referred to as “modern” women who do not believe and do not practice the traditional confinement period having many problems like flabby stomachs, joint pains and even “marital” problems, which she associated with the vagina not returning to its original state. I would nod and smile, I found the practices to be interesting, but it was not for me. It was not her fault. My mother must have told her about my lack of participation in the traditional practices.

The masseuse made my baths for me with a variety of leaves from seven different plants that she had just picked from her own orchard. She boiled them in our kitchen and brought it up into my shower and made me stand over the steam, she said it would help tighten the vagina, I almost laughed at her, but also felt very uneasy, she was there to teach me how to use the herbal bath. I just felt that it was too private and I was not comfortable about it. I did not appreciate it

and I told my mother I was not happy with the arrangement. I am a very private person and having someone teaching me how to bathe in person, was not acceptable even if it was therapy. The following days, she prepared the bath and let me take them alone. After the bath, I had to put more herbal paste on my abdomen and forehead and wrapped my lower body with metres and metres of cloth. It is to tighten the lower body and achieve the pre-pregnancy shape, it was like a corset. It was dreadful, painful and extremely uncomfortable. I would wear it for an hour just to please my mother. Despite my opinions, I did not want to make her unhappy. I knew how much it meant to her for me to have what she felt was the best. I knew it saddened her that I did not believe in it. I felt bad, but I just did not believe in it.

The third week, my mother was going abroad for my brother's graduation so I had to go to my in-law's house. I was quite excited because I was finally able to leave the house and I recalled my mother-in-law being less inclined towards traditional confinement ideas. She was always more critical of traditional practices and often very open minded. Clearly, the degree to which she was less inclined was still very traditional for us. I was still under house arrest with home prepared food. There were, however, fewer restrictions to what I could not eat and there was no one checking on whether I had my meal while they were still hot or whether or not I finished the soups. We did leave the house a few times, I just needed to go out and it got my husband into some trouble. We went out for ice-cream, but of course, we did not tell anyone about it. We felt like we were children. My husband was very upset.

The weeks at my in-laws' were a blur to me. I remembered being constantly half awake and half asleep. I was so exhausted. I think the exhaustion of labour and not sleeping the first few days of coming home finally kicked in and having to wake every hour or two did not help. I was not used to waking up so many times in one night and the whole breastfeeding thing. I was always engorged and I would have to express the milk because he was not ready to feed. My milk supply and my baby's demand were not synchronised yet because when we were in the hospital he was

bottle fed so I always pumped the milk an hour earlier and sent it to the nursery. My milk would come one hour earlier and he was not hungry enough to feed. So, my husband was always the one to feed him with a bottle instead. I was glad that I had my husband and that he took a very long leave to be with us during the confinement period. He took care of the baby whenever I needed to sleep. I do not think he had any rest for himself. He was feeding the baby, changing his diapers and bathing him. We had many visitors on my husband's side, but I can barely remember.

I remember crying at certain hours of the day. I was worried I had postpartum depression. I did not tell anyone except my husband. In Malay tradition or at least within my social circle, postpartum depression was considered "dark". I was not ready for another traditional therapy and I definitely did not want to give up breastfeeding. I was happy most of the time during the day and it was just some very brief moments of sadness. Later I realized that it was the breastfeeding that made me sad because apparently, I have D-MER⁵. It just overwhelmed me with miserable or fuming emotions just before the let-down because of the hormones. I felt so much better knowing that it was just a temporary hormonal condition, just because I was breastfeeding. I was still not ready to tell anyone else except my husband. I wanted to breastfeed and I wanted to appear as a competent mother. I was the first person to fully breastfeed in my family and many of them were saying how hard it was going to be and surrounded it with negativity, but I was not going to quit because of that.

I remember having the gynaecologists and nurses check my sutures. It was extremely embarrassing. I think the whole giving birth and confinement period was rather embarrassing. During labour, it felt less embarrassing because it felt like it was a life or death situation, but the other checks were uncomfortable. It felt like I wanted to run out whenever they said: "I am sorry,

⁵ "Dysphoric Milk Ejection Reflex (D-MER) is an abrupt emotional "drop" that occurs in some women just before milk release and continues for not more than a few minutes." (Wiessinger, 2011)

but we need to check your sutures now”. My gynaecologist was not present during my delivery so they substituted her with a different gynaecologist, naturally, when she came back she wanted to see how I was doing. That meant that I had to have more people check my sutures; my original gynaecologist, the substitute gynaecologist, and the nurses. They were polite and kind, I appreciated that, but I just did not know how to react. I never looked at the sutures myself. I was too scared. I just asked them if it was healing and if it was all right, they said it was okay. I was afraid to laugh, cough or sneeze because my mother said it could tear the sutures. I was also scared of going to the loo. I think it took months to lose that fear, but it took almost a year before I felt the same again; not constantly conscious of the sutures or the ideas that there needed to be a suture in the first place. I remember telling my husband to stay by my side during the delivery and to not ever, even for a second take a look at it. I just wanted us to not have to remember it being so bloody and gory. I was afraid my husband would be traumatised and might consider not having another baby, I was also worried he might have that image constantly embedded in his mind every time we get intimate.

I ended my confinement after 30 days because I could not wait until 40 days or 44 days. By the time it was 30 days I stopped abiding by most of the rules, but around my parents, some rules still applied. Some food was still on the no-no list, as was walking too quickly, and, not wearing socks. I remember my father scolding me like a little girl for walking too quickly and drinking orange juice for breakfast. It was very funny to me, but he was very serious about it. The first few days it was over all I wanted to do was go out. The act of just getting out of the house, lingering in shopping malls, taking walks in the park or just riding in the car. Going out with a baby was different, we had to think about logistics, and we had to go to places with feeding rooms and baby rooms. We had to think about the baby bag and whether or not it was equipped, we had to decide whether to bring the stroller or baby carrier. I had to think about breastfeeding-friendly clothes and nursing covers.

Dinners or meals outside were not the same, we could no longer have conversations or discuss the menu. It was always, “I will have whatever you're having” and “you eat, and I will hold the baby”. I missed our time, just the two of us. It was just the two of us for three years, now it felt different. Having dinners with friends had changed as well. We always had to leave earlier than everyone else, we could not laugh too loud while the baby was sleeping. Our friends were very excited because we were the first to have a baby so they were very kind.

I remembered when I was pregnant that I did not want to worry about my weight or my size because it was not realistic or healthy to be back in my pre-pregnancy shape and weight 40 days after delivery, but the pressure to look like a Anak Dara⁶ was constantly there. I had lost most of the baby weight by the end of the 40 days, I still had a few kilos to lose, but it was not about the weight, it was looking at me in the mirror, I remember crying once when I looked at the mirror because all I had were pregnancy clothes and pre-pregnancy clothes. I could not wear my pre-pregnancy clothes because my hips and chest had expanded and there was no way it was going to fit. I did not want to wear my pregnancy clothes because I wasn't pregnant anymore. It was very sad. I was also afraid of meeting people because they seem to carelessly make comments about people's weight and size. I remember visiting a relative's house and she complimented on how “neat” my body looked and said that her daughter, on the other hand, looked like a wardrobe after having a baby. She literally used the word wardrobe. It is not like she is a bad person, but women do that, that is almost always the conversation starter. I was not ready to be judged. I had just given birth and was still getting used to mothering. I did not want to have to constantly think about my shape, I kept reminding myself “I am breastfeeding, it'll soon get better, and breastfeeding people get back to shape much faster and easier”.

⁶ Anak Dara can be translated simply as a maiden, a virgin. A young unmarried lady that has not been through pregnancy or childbirth with supple skin and taut body. There are a lot of social and cultural expectations of an Anak Dara. The term Anak Dara can sometimes be used as an ideal, an ideal Malay maiden.

At the end of the second month, I felt proud and happy with myself. I was a young competent mother. I was able to take care of someone other than myself, someone's life dependent on me. My love for my baby had grown so much. We bonded and then I knew that my love for my child will grow and grow and that the "motherly" feeling grows with time as well.

I felt like our priorities had to change with the arrival of a new member. I knew that they had to because everyone else has been telling us, but experiencing that change was different. It meant that our world now revolved around this child. When I was pregnant I thought I wanted to use a baby monitor so that I could get things done while the baby was in the cot, but we did not do that at all. I remember we never left our baby alone at all. We were afraid he might get one of his limbs stuck in the cot or something bad might happen if we left him alone for more than three seconds. So, I had to make sure there was always someone with him even when I needed to go to the restroom.

In the beginning, I did not feel it so much, but when my husband went back to work I had to reach out to someone else. We were staying either at my mother's house or my in-laws' because everyone just felt safer that I and the baby were with other people. Somehow letting the domestic worker hold the baby was not an option at all. My husband felt that he was practically raised by the help that he just would not let it happen to our baby. We really wanted to raise our child on our own. Most of the time it would just be me and my baby with the maid at home so I would be rushing to the restroom and back. I thought as he grew bigger it would be easier, but he became mobile and that just made me even more worried that something might happen to him. But my mother was home more often then so I always reached out to her to hold him or watch him. I would be so happy when my husband got home from work, I would pass the baby to him and take a very long shower.

Dinner conversations if at all present had to be cut short for milk time, diaper change or sleep time. I never thought I would miss dinner conversation so much, in fact, any conversation.

My husband always stayed with the family during dinner to keep peace, but that made me quite sad after a while. I just felt left out.

When we had our son we had been married for more than three years and for those three years we were practically together all the time. We were doing the same courses at university and when we graduated we took on the same project until we decided that I should stop working because it was already very close to our due date. We had the same group of friends and had the same interests. When the baby came I just felt that everything changed. I was now “left” with the baby “alone”. It all started with the confinement period. I felt alone on most days because even during dinner time I was always in the room with the baby or in a baby room somewhere. If I was at dinner I never understood any conversation that was going on, so I could never participate in them. We could not spend a lot of time catching up with each other. When my husband got home, I needed my shower and then the baby needed to eat and sleep. When the baby slept, I needed to sleep because I could only get three hours of sleep at a time on good nights.

Did you breastfeed? How was breastfeeding for the first time like for you?

I had made so many plans to breastfeed I started planning early because I could not get much information from our mothers. My mother only breastfed me and my siblings the first week after delivery and my mother-in-law never really talked about her experience with infant feeding. My mother described breastfeeding as hard, painful and just impossible for her. She spoke of engorgement, painful nipples, and blocked ducts, but my husband and I were determined to make sure we breastfed fully for two years. I knew that it was the best thing I could do for my baby having read all the parenting books. In practice, breastfeeding for the first time felt awkward and to a degree, embarrassing. It was hard to come to terms with using your breast as a feeding medium and having people wanting to look at it all the time.

I breastfed my baby the first time minutes after delivery. I thought it was going to be just magical, but it was also a little confusing, I wasn't sure if I was doing it right and if the baby knew what to do, but then the baby just suckled. It felt a little awkward, but also quite miraculous. It was awkward because I had to put this new-born to breast and I wasn't sure that he would know what he needed to do, I could feel the colostrum come out and that was not something I have felt before. It was miraculous because my body could provide sustenance for another person and this person knew how to suckle without having learnt anything.

A few hours after delivery they sent him to my room; I wanted to breastfeed him for the second time, but his cry sounded different and my husband was worried something was not right. He was unable to breathe properly so the nurse took him to nursery. I did not breastfeed at all that night or the day after. I recall the nurse telling us that they gave him intravenous solution or something of the likes. We were worried they had given him formula, but they said that he was not ready to suckle and we would have to wait.

On the third day, the nurse told us that we could decide to choose from the formula available at the hospital or we could supply them with Expressed Breast Milk (EBM). We never considered expressing milk because we were worried about nipple confusion, but under the circumstance, EBM was the only choice we had because he needed to be kept in the incubator. We went down to the pharmacy and luckily, they had a breast pump, we immediately bought it. It was lucky they only had one model, otherwise, it would have taken us forever to figure out which one was the better option.

In the days when he was in the incubator, I had to express milk and let the nurses feed him. The first few expressions were confusing and to a degree painful, I wasn't sure how much I needed to express and into how many bottles, I was also not sure which speed to use on the pump. It did not take very long, I think it was two days until I was able to pump every two hours and send it to the nursery. At first, he was fed with a syringe, then on the fifth day the nurses said we needed a

bottle. So, there we were confused again, I had no idea what type of bottle or teat to use so that there would be minimal confusion. We never planned to use a bottle at all so everything was new and confusing. We spent half the day asking around and researching about it and when it was decided it was up to my husband to look for a shop that had the particular brand and model in stock. I did most of the baby shopping, my husband shopped for the bigger items like the cot, stroller, baby carrier and car seat, so he was anxious he would get it wrong so we wrote down the model and downloaded the picture on his phone.

Once the baby started feeding with the bottle we were very excited because it meant that he could breathe properly and it wasn't long before he could be out of the incubator and we could hold him. I was able to breastfeed him the last day we were at the hospital; we were very happy. I remember my husband taking pictures and videos of him because he was finally able to come out of the incubator. When we got home I was very excited to begin our feeding routine. The first two weeks we were just trying to synchronise his feeding time with my milk supply. I had a diary to keep track of his feeding times. I remembered being tired, but I did not mind having to wake every two hours to feed or express because I knew I was doing the right thing.

The first few weeks after delivery my mother and mother-in-law wanted to see whether I could breastfeed and women in general, especially the older ones, had no respect for my privacy. They wanted to literally see if the baby was really suckling. They would come very close and some even peep behind my nursing cover. The lactation nurse from the hospital also came by to our room a few days after delivery to see if I knew what to do. I did not mind it, but it was still very awkward having her touch my breast and nipple and manually expressing the milk.

It was even more awkward when people started discussing my breast almost like it was a public object. Whether or not it was sore or engorged, and if the baby was getting enough. I suppose they were just being concerned. I would not mind if I was the one who started the conversation, but that was mostly not the case.

I recalled having to be careful of what I ate because it might affect the baby. I had heard stories of constipation and diarrhoea in babies because their mother consumed the traditional herbs and it was too “hot” for the baby’s tummy so it would make them constipated. I steered away from the herbal medicines anyway, mainly because I was not sure what was really inside them and what effects they would have. I did not believe in the traditional practices and felt that if the biomedical doctors did not prescribe it then I would not need them. My mother kept asking me if I had given my baby some water. She was certain that milk needed to be supplemented with water. I told her that babies under six months should be fed exclusively on milk without water. She found that to be peculiar and thought that the baby would be constipated if he did not have any water to drink. I was not worried because I was not taking any of the herbal medicines and I knew I needed to exclusively breastfeed my baby. I did have to stay away from lactose because he started developing eczema every time I had cheese or milk. After a few months, I was back to eating cheese and he stopped having eczema. I kept notes if I had something different just in case he reacted to that. I did not eat anything spicy because I was afraid it might give him a tummy ache. The breastfeeding mothers I knew told me to do that.

The people around me seemed to think that I would wean my baby off in the first few months. They would always ask “Are you still breastfeeding?” or “When are you planning to bottle feed him?” or “Are you planning to wean him off soon?” or “You’re still breastfeeding?” This made me quite happy, knowing that we were beating the odds and still doing it. Many mothers I knew did not breastfeed or weaned off before the six month mark.

How did you feel about yourself in that first few weeks of delivery?

I had periods of self-doubt, gloominess, empowerment, happiness and fear. I was mostly afraid. Afraid I wasn't fit to be a mother, afraid my baby wasn't feeding enough, afraid he could not breathe and I would not be able to resuscitate him. I was afraid I was never going to lose all the baby weight, I was afraid my husband was going to always be the better parent.

I had read the books for the delivery, the postpartum period, bringing baby home for the first time and the first year. In fact, I felt like I would read all the books and articles that were recommended and more. I even subscribed myself to various parenting groups online. I knew what I had to do and what I was doing, but I was still afraid. I was not sure if I was doing the right thing. I felt like I needed some reassurance that I was doing all right. I was afraid my baby could not breathe, a few hours after his delivery he started crying, but it did not sound like how a baby would normally cry. We called the nurse to our room and she undid his swaddle and found that his feet were turning purple, so she quickly took him to the nursery. With that in our heads, we were always scared that it could repeat itself. I learned how to resuscitate a baby while on a first aid course, but I just felt like I could not do it if it really happened to my baby. I would wake in the middle of the night and look at his chest and checked his feet. My husband was doing the same. I was afraid his umbilical stump would get infected or he'd catch a fever or some kind of disease every time someone came to visit. We would sanitize the door knobs, surfaces, basically the entire room at the start and end of every day. I felt bad that we felt that way, but we have always been the sort of people who would rather be safe than sorry. I remember we checked his skin, stool, cries and expression every day because we were worried something might go wrong.

At first, I did not feel like a “mother”. I knew I was responsible for this baby, I knew I loved him and was taking care of him, but I just did not feel very motherly. My baby did not feel like he was the same baby he was when he was inside me. I remember missing being pregnant and having a baby inside me. It was like even when it was just me and my baby I would wonder about him. I constantly asked myself if I was really the mother of this child because I had very little idea of who this child was, as a person. There was very little that I knew about him. I felt like a mother could feel her child from inside, like she would have motherly instincts to know what he wanted and what he needed, but in that first week I had very little idea of what he wanted or needed. I wanted to feel more motherly than I did, but that slowly went away and I felt more motherly every day.

I also felt empowered and strong. I had gone through a normal delivery without any intervention. I was described as graceful during delivery and I personally felt like it went quite smoothly. I was still very energetic and positive at the end of it. I could take care of my baby on my own. Many first-time mothers within our circle usually let their mothers care for the baby. So it made me feel good about myself. I was happy with myself because despite all the uncertainties I was doing fine. My baby was all right.

I did not like my appearance in the mirror. I was so bloated in the last weeks of my pregnancy that it took some time to reduce the swelling. My face, feet, and fingers were very swollen, I wondered if they would ever go back to normal. I looked tired and flabby with stretch marks on my legs and buttocks. The stretch marks were red and they looked like I was scratched by some scary animal. I had used all the cocoa butter I could get my hands on, avoided scratching myself during pregnancy and tried my best to watch what I was eating during my pregnancy.

Looking at the mirror made me long to look like me again. I wished that I could just fix it. I wondered how I could gain so much weight when I never ate for two while being pregnant, I was swimming and walking on a daily basis and I had a very healthy diet. I broke down in front of the mirror once and just felt really awful. I felt miserable and sad. I felt bad that I was feeling so miserable about how I looked, but I just could not help it. I did not want to feel miserable, I wanted to feel proud, but I just could not. Some days I would go through our wedding pictures and our old pictures and wonder if I would ever look the same again. I was really looking forward to the confinement period to end so that I could start going on the treadmill. I hate the thought of having to go on the treadmill, but I really wanted to look the same again.

What was your plan after having the baby?

I had planned to be a stay-at-home mother and home-school my children which meant that I was going to have more children. I was supposed to do that and maybe start a small business

later on. Being a mother was on my priority list. I wanted to be a mother so badly and wanted to stay at home and take care of my child, but my husband and I were also very much inclined for me to further my studies. That was always something in the far future. Six months after the delivery, I started feeling bored and so I started a small baking business from home, baking for family and friends and sending some to a school nearby. It occupied my time, but I still felt bored and almost empty.

After a while, I became quite miserable staying at home and we both agreed that we would take the step to apply for postgraduate study. I was not ready to work, but I wanted to do something structured. The original plan was for both of us to do it together, but upon consultation and consideration, we decided that it would be better for only one of us to do it so we would not have to send our son to a crèche. I sent my applications secretly because we were not sure how our families would react. Upon acceptance, we hinted that we might be going, but we still had to look for a scholarship. It went very quickly.

All in all, our original plans changed a lot and we had to make new plans. We were happy with how it all turned out. My husband was happy he was able to be at home with our son, watch him grow and actually be a part of it.

What was your plan for when you return to school? How did that make you feel?

My husband had a working visa with him and with the amount the scholarship was providing we could never live like we did back home. We did not have to think about a lot of things back home, we never moved out of our parents' houses because both sides, mine and my husband's, wanted us to stay with them. So we spent the last five years rotating houses, my parents and his. We had already been given a car by my in-laws so all we earned went to our fuel, savings and daily spending. We did not mind the idea of having to spend less now that we had to live on our own. In fact, we were quite happy at the thought being able to be independent and run our

own home for the first time. My husband, who I think is a very practical man was thrilled by the idea of managing our funds carefully. We brought some of our savings with us because we figured the scholarship was not going to be enough and that my husband was not going to go back to work anytime soon because of how young our son was.

My husband and I never wanted to send our baby to a crèche. We wanted Haraz to spend his first few years with undivided attention from us. So our plan was to let him be at home with at least one of us. We had so many restrictions as to what he could be exposed to and what he could not, what he would eat, what his schedule was, what activities he would do during the day even the week. I would plan the themes for each week and plan activities around it. It was very specific to him. We loved how he had grown into such a wonderful child and wanted that to continue. I did consider changing things a little bit since our situation has changed, but my husband was determined not to send Haraz out just yet. So, if my husband decided to work, he would have to work after I got home from school. My husband's employment was not part of our short-term goals.

Since I knew my husband would be taking care of Haraz, all I did was go through with him the usual daily activities. It was not foreign at all because my husband has always been a hands-on father and besides breastfeeding, I think he could do it all. It was just about getting used to the daily routine and getting Haraz used to his father more than me. That was the hardest part for me, to not be number one. I felt like I needed my husband to be Haraz's number one, I felt like I needed to back off so that they could bond.

I would let my husband calm him down if he felt sad, kissed his knee when he fell down and soothe him when he felt scared. I would let them play, just the two of them and slowly walked out the room. My husband felt that it was not necessary. He felt that I should spend more time with Haraz because then I would have to leave him. It was hard and most days I felt bad, I felt like mothers are supposed to be mothering and mothering involves a presence. I felt like Haraz would

always be better off with me, I knew what was best for him and would not compromise that. I felt bad because sometimes I expected my husband to do what I would do.

I felt bad because there are times when I found myself lecturing my husband “Haraz needs to have some self-play time as well, but you need to make a conducive environment for self-play, do not just leave him alone, it should be directed self-play, he likes to play with his blocks, you could ask him about the shapes and colours, he really likes it, don’t forget to smile and occasionally compliment him when he gets them right, and don’t say no that’s wrong, instead tell him what the right answer is and ask him to repeat it, don’t forget to give him some water to drink during the day, it is easy to forget that. Try not to say no, instead tell him what you want him to do.” I would go on and on and my husband would just smile and laugh at me.

I was not really worried because I knew my husband is competent, we share similar values and the ways we have chosen to raise Haraz was agreed upon together. It was just that sometimes it was difficult not to be critical because Haraz means so much to me and I felt that whatever he was exposed to would form his potential self in the future, and that was very scary.

I was also very scared that Haraz was going to miss me and would not cope well without me. I planned to slowly “loosen” our bond so that it might not be too hard to separate every day. I did feel like I was over reacting. I felt like there are a lot of mothers out there who go to work and they do it every day, they seem to be coping well. I did feel like I was a very clingy and obsessive mother.

I planned to continue breastfeeding until Haraz was two, but I also planned to wean him off day-feeding because I thought it was already time and it would not go well with me returning to school. We did not want him to switch to a bottle because it was just too late. He was already eating well and we felt that it would be fine if he did not have milk during the day. Haraz was only bottle-fed in the first month because he was in the incubator and I was trying to synchronize his feedings with the milk-flow when we got home. So, introducing a bottle at this stage was not an

option and my husband was not fond of having a two-year-old in a bottle. I was also not ready to express milk at school, so the plan was just to breastfeed him at night.

At first, we planned the weaning off to be done before we left Malaysia, but the chaos of getting things sorted out took too much of our attention. My husband and I were also clinging to the thought of our son still being a baby. The idea of weaning him off felt like a rite of passage for him into toddlerhood and we just wanted to have our baby for a little longer. So, when we arrived in New Zealand, we decided to slowly wean him off by the hours I spent at school. I would give him milk right before I left and right after I came back, then we would reduce it to the evenings and finally just during night time.

In the days approaching my return, I felt like I needed to prepare everything for my child. Prepare his clothes, his food, activities he would do with my husband, books they would read, practically a timetable for them to follow. It felt like I did not trust my husband, but I did, I just wanted to make sure I wasn't making things difficult for anyone and there wasn't too much change. I did not think much about me, how I would cope at school. I just panicked whenever I had to think about leaving my baby.

I felt bad, I felt as though he might hate me for choosing school over him, for choosing my own happiness over being with him. I felt bad because I knew I felt I was the best person to take care of him. I felt like my husband would not be able to be a better parent than me because I knew my son so well and I felt I knew how to encourage his development. I knew what to do and when. I also felt bad for my husband because it is just not usual for a man in our society to be at home taking care of a child. I was supposed to be the one at home. So, I made sure I could help him with everything before I left so that he did not have to do more than taking care of our son. I kept asking him if we made the right decision if this was the right choice for our family, not just for me, but for all the three of us. He was very supportive and it made me very happy, but I was still feeling very guilty. I felt like they were sacrificing for me.

I remember as it neared I felt like I had nothing to wear because all my clothes were breastfeeding-friendly clothes that spelled “stay-at-home-mother” all over it. It made me question if I was more than just a mother, I had such a poor memory, my pregnancy brain never switched off and I was still forgetting things and could not remember simple things like phone numbers.

What was the first day of returning to school like? And the days and weeks that followed?

When I left my baby for the first time that day, I said the shortest, softest goodbye and sneakily ran out almost like I was literally running away. It felt awful, but I hurried to school so that I did not waste any time and could go home quickly to be with my baby again. There was also excitement, excitement to be me again, my own person and not “just a mother”. To meet other people who are not only mothers and do not recognise me just as a mother. I was excited to do something more than just mothering, to think of things that were more than just house chores and parenting. Everything was new on the first day, I was just getting to know people and place. I quickly went home once I did all I had to that day, I did not think of staying longer. I did not feel very different that day because it just felt like an outing. I arrived home and my son seemed to be doing just fine. I was happy that he was all right, but secretly I had expected him to miss me.

The following days and weeks became more real. I was actually beginning to do work. It was slowly building up into a routine. The days got more challenging. It was hard because I kept thinking about my baby and everything I saw reminded me of him. It took a lot of effort to focus on reading, to try to understand and remember what I was doing, to think as a person and not a mother. I finished my work quickly and always hurried home. Leaving home also became harder because Haraz was clingier; he was always making sure I was there, he always wanted a hug, wanted me to see what he was doing, what he was playing with. He’d look for me if I went to the kitchen or the bathroom. He started waking up at night panicking and looking for me. It was heartbreaking.

Every day I tried to wake up earlier so that I could get everything done before I left. House cleaned, dishes washed, lunch cooked, Haraz showered, activities planned. I felt like I needed to make sure that all my husband needed to do was watch our son. I also felt the need to spend some part of the morning with Haraz because when I come home he is usually tired and ready for bed. I felt sad because the change was quite drastic, from spending 24 hours with your child to spending 15 hours and of the 15 hours only 3 hours with him awake. It felt like it was not enough. I really felt like I was missing out on watching him grow.

I would spend the weekends cuddling him and play with him, but I realized that that made the Mondays harder to part. Then I tried to keep my distance, but that did not feel right. I chose to do the harder Mondays than not being able to be with him. It was not fun to keep my distance and I did not want to regret it in the future.

What changes have there been? In terms of your daily routine, how you would go about your day, or how you feel about yourself, your baby, your spouse...

It got easier, I did not feel so bad anymore every day, but some days were still very difficult especially when he cried and tried to hug me and cling to me. Often he would say “Hug Mama, hug Mama” and I just had to tell him “I have to go sweetheart” then he would cry and say “No! Hug Mama” and it just broke my heart, every time. It was so painful to leave your child crying because I could hear him as I walked down the corridor of our apartment. It was also very nice to be happily welcomed home and to have them come over to the university and have tea and cakes together.

I felt less guilty to my husband, very much less and I stopped doing all the preparations. We just equally share the load whenever we can. On days when I was in a hurry, I did what I could and left. When I was not I would help around more. There are days when my husband was not well and with spring he constantly got hay fever, so I stayed home on those days.

I used to cook lunch every day before I left for school, but I just did what I could. I did not feel the need to cook fancy lunches anymore. As long as they had something nutritious to eat, it was good enough for me. I felt like I could depend on my husband to prepare something for their meals. I was also less worried about how Haraz was developing because my husband was doing such a good job, teaching him to be independent. I did not worry anymore if he was reading the books I prepared, following any themes. I learned to let go of certain things. I learned to let my husband take the front seat when it came to taking care of Haraz and I did not feel guilty about it. I felt like we can both parent together, both of us have equal rights over what we want for him, but since he was spending more time with Haraz, he got to determine how certain things were done.

My husband then worked on Friday, Saturday, and Sunday. On those days I would be at home and so we did not have to send Haraz to a caretaker. This started with him working casually in the afternoon through to midnight on some days, but then it became more structured. When he worked I took over all the domestic work. It was quite a change because I was used to having the comfort of time. Life felt a little more hectic, but my husband felt better that we were no longer using our savings.

Did you manage to follow through with your plans?

I would say yes. We have weaned Haraz off. That took us two or three weeks. As long as I was not at home it was easier. It did get challenging on the weekends, but we would explain to him that he is a toddler now and he could only drink “mama milk” at night. There were some days when that did not work so we would have to distract him.

My husband was still at home while I was at school and I felt that he had completely adapted himself. He made a better stay-at-home parent than I ever was. He could do it all, the cleaning, cooking, washing and childrearing. Haraz was equally dependent on me and my husband,

there were many instances when he would get us mixed up, he would call me *Papa* and call my husband *Mama* and even occasionally call us *Mapa*. I no longer made plans or themes for them. I let them do what they want to, but I usually plan the weekends.

Do you feel differently now after a few months or returning to work/school?

Yes. I look at motherhood differently now based on my own experience and from watching and reading about other mothers. There was this constant confusion in me because I had always felt like a mother's place is at home and she should be at home unless her circumstances force her to work or go back to school for financial reasons or if she is the sole earner. Before I was a mother I could not understand the reason a mother would work if she did not need to. I used to feel the need to defend my decision to go back to school, it wasn't actually for other people, but for myself. I knew it was more challenging to combine mothering and school or work, but it was healthier for me because it made me happy and I felt content. I knew I could still be a mother even if I was not constantly at home or with my baby.

I used to feel like a mother is happiest if she stays at home and the only way I can be a good mother is if I am with my baby all the time. Even a few hours away would make me feel guilty. I remember whenever my husband would give me time off to go to the salon or do some shopping I would always rush and feel guilty about taking time out. I would make them come with me to the mall instead of staying at home and wait. When I first started to go to the office on a daily basis I felt guilty for my baby and my husband. I felt like whatever time I spent at the office should be put to good use. I used to pack lunch and eat it in my office. I would not leave the office until it was time to go home or if I needed to go to the library. Then I would hurry home. I still felt a little guilty sometimes, but not for going to school.

We got into a routine on most days. I woke up and got myself and my things ready. Haraz would wake up while I was in the middle of getting ready. Sometimes he panicked when he saw

that I was not there, he would try to find me and say “Hi Mama! Where are you going?” It broke my heart a little to have to tell him I was going to school every time, so when he did that on the weekends I was more than happy to tell him that I was not going anywhere and we were just going to have so much fun together that day. I got some form of breakfast ready for Haraz and if I was not too late, I made breakfast for myself and my husband. Then I made the bed and say goodbye.

I was mostly in a rush in the morning because if I did not leave quickly it got harder to leave. It would start with the book reading then block building and then half of the morning was gone. So, I left quickly and said my goodbyes. He did not cry anymore when I left, we could do proper happy goodbyes on most days, so that really made me happy. My husband was mostly in charge of lunch and he usually made sure there's extra for dinner. When I came home I just cooked for my husband, I am not sure if he didn't like his cooking, but he would always wait for me to cook something for him for dinner. I usually had what he prepared. I found it rather odd, but I was more than happy to make dinner for him. I got Haraz ready for bed and put him to sleep. Then we spent time together as a couple.

It was hard to find the time and be with each other as a couple because usually by the time Haraz slept both of us needed some alone time after a long day just to unwind. I thought my husband needed it more than I did. After spending the whole day with a toddler, I thought you would be just drained because he was at that age when he was always in the extreme with his emotions. I thought it was much harder for my husband because he wanted the house to be neat. I accepted that if you have a toddler you could expect to have the house neat all the time without losing your mind. I did not know how my husband kept his cool all the time. So I took over when I got home. It was almost like passing the baton. My boys were constantly grabbing my attention when I came home, it was quite flattering, but always so confusing engaging in two different conversations at the same time.

I was at ease most of the time now and found myself a better mother and wife after starting study again. I also felt much more appreciated because when I came home I could see that they missed me and they would use the time we had with each other well. I did the same as well; made the most of what time we had even if I only got to be with my son for two of his waking hours. I spent my weekends trying to make the weekdays easier for my husband, I did most of the chores and childcare during the weekend, I let my husband rest. I usually cooked extra so that my husband can just warm them up for the start of the week. I had to use my weekends well, often multi-tasking. I tried to combine chores with Haraz, got him involved. He seemed to enjoy it too. I knew that he was sad whenever I left and he still cried occasionally, but I suppose it was part of being a toddler. He would soon understand the arrangement.

The narrative which was part of my bracketing method has highlighted some of my prejudgements and preconceptions of motherhood, breastfeeding and work. Over the course of the study more of my prejudgements were made obvious. Firstly, I was a mother who believed in attachment parenting and the privatised and intensive mothering belief. I was and wanted to do everything for my child. I took the time to learn from expert guided resources. Secondly, I did not see a functioning relationship between work and motherhood. Thirdly, I chose to breastfeed and continued to breastfeed because I only wanted the best for my child despite how unpleasant it was for me. Fourthly, I did not see value in sending my child to a secondary caregiver. Finally, I felt that there was a high standard of doing things as a mother and a working mother. In the next chapter, I include four selected structural descriptions from the study participants. I have retained most of descriptors used by the couples. These descriptions will illustrate the experiences of the participants.

Chapter 4: Structural descriptions

“Before the baby we thought it was going to be simple, we thought it was going to be straightforward.”

This chapter is a collection of structural descriptions of the four New Zealand couples and Malaysian couples I interviewed. Each description compiles the significant and invariant structures of the experience of each couple derived from the first interviews through to the third interviews. The methods and steps that have been taken to produce these descriptions have been explained in Chapter 2: Phenomenological Framework and Methods. All names used in this chapter are pseudonyms and locations and certain specific details have been removed to protect the privacy of the participants.

I have selected these four descriptions as they illustrate the most variety in terms of employment arrangements. Each individual description below holds invariant structures of the experience of becoming parents and the experience of the mothers return to employment for each family. Part of the phenomenological methodology I am utilising for this research requires the compilation of textural descriptions into structural descriptions. Each of these structural descriptions is a synthesis of three textural descriptions, from three longitudinal interviews done with each couple. The descriptions include the experience without any quotations or text from the participants. However, each description captures the experience of the participants from their own perspective, maintaining most of the key descriptors and adjectives used by the participants.

Further analysis of the descriptions has been included in the upcoming chapters 6, 7 and 8 on the three broad areas of study that have included the participants' quotations. The structural descriptions have all been returned to each couple for verification. The participants have found the descriptions to be accurate and powerful. Many of the participants were moved and brought

to tears by how much the descriptions really captured their experience and reading it brought them back to the experience.

Malaysian Structural descriptions

Farah and Halim

Farah and Halim were both in their mid-twenties when the interviews were conducted. Both of them worked office jobs, Farah worked a 9:00am -5:00pm day job while Halim worked in shifts. During the interview period Halim was working night shifts. Farah was entitled to 60 days of paid maternity leave which she took. Halim was entitled to six days of flexi-leave, but he also had four days off which was part of his working arrangement, so he took a total of 10 days off.

Seeing the baby for the first time was love at first sight for Farah after enduring almost 48 hours of labour. She knew at that very moment she saw the baby that she was willing and ready to give up her life for the baby if she must. Halim felt that being a father gave him a sense of completion that nothing else had given him. He emphasised many times that Farah was the main character in this experience, she was the main actor and he was only an observer or a support person. Farah was not happy with this description, she felt that the experience on many levels was shared.

Establishing breastfeeding was a challenge for Farah. Halim was impartial about Farah's decision to breastfeed but he was happy to support Farah with whatever decision she made. Farah was adamant to breastfeed and really wanted to do it. She was devastated when she felt like she was not getting it right after the first two days. She remembered the doctor and nurses insisting that she kept going. The baby was crying a lot and she could not help, but she felt like she had failed and it made her cry too thinking that her baby was hungry and that she could not feed her.

The couple returned home a day after the delivery, they were both very excited. Halim recalled an overwhelming feeling. He was surprised when the nurse gave the baby back to them to

bring home, he wondered if the nurses were sure they were ready to be in charge of this baby. The drive home was particularly significant for both of them. They recalled how the drive was the moment that they both came together, that their differences in parenting views they had throughout their whole relationship had suddenly converged. They both agreed on the same values and same ideals. It was a magical ride in many senses of the word. The couple agreed that the baby was not theirs to own, but it was an *Amanah*⁷ that they had to take responsibility of, it was up to them what happened to the baby.

Halim was looking forward to finally getting some real sleep when they returned home, but to his surprise it did not happen. Both Farah and Halim struggled with their lack of sleep. They both realised that while they were grumpy about their lack of sleep they had both changed. They were more tolerant about it. Their first weeks of parenting was described as feeling left on their own. Farah felt like while she was at her mother's home and although her family members were present it was up to the two of them to care for the baby. The other family members were keen to look and play with the baby, but they were not really there to help with the caring.

Farah found that she needed more time to learn her baby's cries. She knew that there were more reasons causing the baby to cry other than just hunger, but she felt like she was struggling a lot with the breastfeeding in the first week. It was difficult learning to latch the baby on. Farah found that she was learning to adjust to her baby's routine at eight weeks, managing the lack of sleep, but she still had a lot to learn.

Farah and Halim moved to Halim's family home after a few weeks as they felt like there would be more support at Halim's home. Farah described feeling bullied in early motherhood as everyone felt entitled to give her advice and asked her to do things based on their beliefs. She

⁷ *Amanah* is an Islamic concept that relates to trust, moral obligation or responsibility. In this case the parent is given the *Amanah* to raise the child but not to have ownership of because no human can own another human.

recalled being told to lose weight or to give her baby water. In the beginning Farah would cave in and listen although in some instances she would not particularly agree with them.

Motherhood brought clear changes in Farah, even at eight weeks they both saw how much she had changed. Farah felt that the changes she noticed made her feel selfish because they were changes in her rather than in her mothering abilities. She noticed that she had lost the time and capacity to think about herself. They both noted that before the baby their life revolved around her and her wants and Halim was also there to fulfil her needs. Upon the arrival of the baby Farah struggled to take care of herself, she felt like she had no time for her hair or her nails. She had lost interest in indulging herself, it was all about the baby now.

Farah was also feeling a little miserable about how she looked in the beginning especially in the first week as she had expected to look smaller once the baby was delivered, but this was not the case. Farah's fear was that she was going to start looking unattractive after the arrival of her baby, she specified that she did not want to look like "Mak cik makcik"⁸. She felt fat and ugly mostly. She noticed that during the pregnancy she did not feel so big, but now that the baby was out all the "bulges" were more visible. She felt that her feelings are rooted in her self-esteem issues as well as outside pressure. She also had relatives recommending a masseuse which was supposed to help with getting back to her pre-pregnancy stage, but Halim felt like they were cheated. At eight weeks Farah realised that it would take her much longer to look like she did before and that she would need to start doing something to make sure this was going to happen. She realised that she deserved some credit for having brought a life into the world.

⁸ Mak cik refers to a middle age woman in Malaysia. It is a common title given to an older lady typically by those half her age or less. The literal translation can be aunty. It is expected for people regardless of familial tie to call an older lady by the title mak cik. Mak cik- mak cik is the plural form of mak cik.

Even though they were happy and excited there was a sense of sacrifice and loss for both Farah and Halim. Halim agreed, and they both understood that it was necessary that the baby came first before them. For Halim it was the baby and Farah before him. Farah too felt guilty because she was unable to care for Halim as she did before the baby.

Farah and Halim were both uneasy with her returning to work at two months. Farah felt like she wanted to extend her leave and Halim said he secretly hoped she would quit her job. They were both in a dilemma about the financial change if Farah decided to quit. Farah wanted to be a working mother when she was pregnant because she read somewhere that she need not sacrifice herself and her career for the baby. However, after the delivery she found herself wanting to spend more time with her baby. Farah also wanted to have that extra income to provide better quality of life for her baby and family. Halim agreed with this, he wanted to make sure that they were doing their best, he was not sure if the financial change would increase or decrease their quality of life.

Halim and Farah knew that if she quit her job they would need to cut down on their spending. They were both not keen to do that, Halim described them as having a well-to-do life and wondered if the benefits of her staying at home with the child would outweigh the material benefits and luxuries they would all have to let go. Having said that, Halim very much preferred it if Farah could care for the baby. He was not going to allow the baby to be taken care of by an outsider. His order of preference would be: Farah, his mother, then her mother. He insisted that the baby needed her mother and not a stranger. For him, it was not about the childcare cost. Halim did not feel like he could trust anyone to be a better carer for the baby than Farah herself. Originally Farah's mother had offered to take care of the baby, but now she has started working too. Farah considered what she considered a good childcare centre that she found, but she felt the costs were unreasonable. They also considered hiring a housemaid to help with the baby under supervision of Halim's mother, but they were both uncomfortable with this idea.

Halim's mother then offered to care for the baby for a while until they had their plans sorted. Halim's mother was going to take care of the baby while Farah worked and because Halim worked night shifts he would be at home as well to assist with the baby. Farah applied to work from home, but she was not sure how likely her application would be accepted as she was the only mother working in her company. She felt reluctant about going back to work and being separated from her baby. Halim was confident things would work out in the end despite their worries.

In preparation for her return to work, Farah planned to express milk and leave the EBM (Expressed Breast Milk) for the baby while she worked. Farah also wanted to come home during lunch for a feeding break, but Halim felt that this was not going to be easy as her office was quite a distance away from their home. Farah planned to have lunch at her desk so she could save some time, she felt that it was going to be something doable because she was very keen on breastfeeding. Her office did not provide specific time or space allocation, but she felt that it would be manageable as she could find a free meeting room.

Farah's first day of work was laced with tears. She cried a lot leaving her baby and on her drive to work. After two hours of being at work she could not stand it anymore, she missed the baby too much and asked for a half day from her superior. She came home and then told Halim about it. The second day was still very challenging for her, she was very sad, but she pushed through. Farah really missed her baby. She has found that the days got better, but she was still mostly sad about leaving the baby.

After two weeks of returning to work Farah found that work gave time and space for her. She had the opportunity to go to the toilet and settle her work peacefully without a crying baby in her arms. Although she was sad, she acknowledged that there are times when she felt that work was a better choice for her. She tried to work from home for a day and found that it took her much longer to finish a task when she was with the baby than when she was at the office.

Farah had also come to terms with her inability to come home during lunch break to breastfeed, in fact she realised that she was also not producing enough milk to sustain breastfeeding so they started supplementing the baby with formula. Farah felt disappointed, but she felt that this was the only way because her body was not producing enough. Halim noted that the family, especially Farah, was still going through the adaptation process. He understood that she was more tired than normal and that there were still issues and challenges that required attention.

Halim and Farah were both happy and thankful knowing that their baby was being cared for by Halim's mother, but they found that this brought with it a set of challenges as well. There were instances when their parenting and caring styles differed. Halim found himself as the mediator as he did not want anyone to be hurt. Farah found that the discrepancy in their styles to be particularly tricky as she wanted to keep a good relationship with her mother-in-law, but there were some things that she felt strongly about or against. Farah felt that this childcare arrangement was the best for them because she trusted her mother-in-law and knew that the baby was really cared for well. She felt that she would be feeling more anxious and worried if they had someone else caring for the baby.

They understood that the situation would have been different if they had hired or paid a caretaker instead. Halim's mother was doing them a favour and they definitely wanted to keep a peaceful relationship and so it made it hard for them to let his mother know about their preferred methods. Farah felt that Halim needed to be more involved if they wanted to have things the way they wanted. Halim did his best to care for the baby while he was at home during the day, but he found this to be challenging as he felt that the baby needed her mother and even if he soothed a cry he felt that Farah and the baby had a special bond because of the breastfeeding. He found himself doing so much to establish a meaningful and strong bond with the baby. He mentioned missing Farah too, he was learning to adjust to not having her at home as he returned from work in the mornings.

Farah found herself more exhausted with going to work as she was still the main person doing most of the housework. Halim helped with the baby, but Farah did everything else; other baby related work, cleaning the room, sorting their laundry and helping out with some of the housework in general. She got everything ready before she leaves for work, cleans and tidies their room, get the baby's things ready for the day then she left for work. When she came home sometimes she just took off her scarf and started taking over the childcare. Halim added that sometimes she did not even have time to pray. Farah insisted that everything was actually going all right and that she had no complaints because she felt that all mothers were doing it and it meant that there was no reason for her not to be able to do it.

They both felt that it was time they made plans to move out. Farah would really need to work for them to maintain their lifestyle and move out. They did not want to be a burden to anyone, especially Halim's mother because Farah was unable to do more of the housework with her working. She was cautious about putting stress on her mother-in-law despite the house having a housemaid.

Work was something Farah found was helping her. Farah noted the importance of the few hours she had for herself, it made her a better parent despite how guilty she felt voicing it out. Despite being tired and guilty she always came home feeling fresh and ready to be a better mother. Farah also felt that she was getting to know her baby better now. Farah no longer felt like she wanted to quit work although she felt sad when she thought about missing out on her baby's growth. Halim sent Farah pictures or videos of their baby while she was at work, most days she found this motivating and helpful, but there were instances where she questioned herself.

After the 14th week, Farah was working from home because her company was downsizing. They both found that this was challenging for Farah as she was being unfair to her work. She could not finish her deadlines on time and her quality of work was not as good as before. Farah felt that it could be because she was always distracted. She learned the baby's routine better and found that

she could work better at home than she did the first time, but it was not as efficient and as good as when she worked away from home.

Halim noticed Farah had turned into a more confident mother. She was not as anxious and she would not doubt herself as much anymore. Farah however felt that it was still a struggle for her to find balance between work and being at home with her baby. Halim understood that Farah needed to do more, she needed to be something more than “just a mother doing laundry”. He felt that she was meant to do more and meant for better things than just being the traditional housewife. He too wanted her to improve herself either in terms of her career or academic achievement. He felt that it was important for her to expand her mind and her confidence.

The baby’s feeding pattern had also changed with Farah being at home. They still supplemented breast milk with formula and Farah was now confident with her decisions. She felt like while she really wanted to fully breastfeed she should have also been kinder to herself. Halim could now help with formula preparation and feeding the baby. They found that this was better for them as a family as it allowed Halim to be more involved with the baby.

Farah realised that there was a lot of pressure on her as a first-time mother to breastfeed and she felt bullied a lot in the beginning of motherhood by her family members, friends, and the books and articles she was reading in regard to breastfeeding and other things. She expressed her dislike for the pressure that first-time mothers were put under and how much it made her motherhood experience painful in the beginning. There were so many standards that she felt she needed to fulfil and every time she could not, it made her feel like a failure. After being a parent for five months, Farah knew now that she was confident and that she no longer needed to succumb to other people’s standards.

Farah and Halim both enjoyed having the interviews because it made them reflect on their experience and gave them opportunities to find room for improvement. Farah described their journey as taking cues from each other and having the opportunity to mould their own family.

They found that it was time they moved into their own place to have an independent family, which would be organised by their values and choices.

Nurin and Luqman

Nurin and Luqman were both in their mid-twenties when the interviews were conducted. They are self-employed and work together on different business ventures mainly in the education field. During the interviews Nurin and Luqman were running an enrichment centre. They work full days on weekends with no particular schedule on weekdays. Their weekdays are often filled with business meetings and sourcing for goods. They both took a month and a half off work during the birth of their son.

Luqman and Nurin had the delivery at a private hospital. Nurin experienced some complications near birth which meant that she had to undergo an emergency Caesarean section. It really felt like an ultimatum for them because the doctor told them they only had 30 minutes to decide and if they chose to opt for vaginal birth there was a very high chance that both mother and child would not survive. With the Caesarean section, they had to wait a few years before the next one and they were devastated to hear this as they wanted to have children close together. Nurin and Luqman wanted a big family where their children would grow close together.

The first few nights at the hospital was hard for Nurin and Luqman. Nurin could not breastfeed in the beginning as she did not have enough milk and she was devastated, she felt like a failure. The baby cried for two whole nights while they were in the hospital and they finally called the nurses to ask for formula⁹ because they felt that the baby was hungry and they were at their wits end. Nurin was very sad and it made her cry thinking that she has failed. They were both devastated because they both wanted the baby to be breastfed. Luqman felt pity for Nurin looking

⁹ In Malaysia, especially true in private hospitals, parents are typically given the option and freedom to choose to formula feed or breastfeed. The hospitals have formula ready for parents who choose to formula feed.

at how tired she was, but he too was feeling very tired and sleep deprived and so they were just happy the baby was fed and calm.

Luqman emphasised the lack of sleep they experienced in the first week. They both felt sleep deprived and tired. The first few days were the hardest as they did not get any sleep and were woken up by a crying and hungry baby. The first few weeks were a challenging time for them. Nurin described it as painful both physically and emotionally. Nurin was finding it hard to adjust to motherhood, she felt as though she was not ready for motherhood. She described the experience as a journey and a challenge just for the two of them and that they did not really have anyone else except each other. Nurin felt like she was not prepared, emotionally. They had been a dyad for so long and having a new person changed many things. There was a clear lack of spontaneity, everything needed a plan and the plan was always around the baby. She was not sure if it was her hormones, but she missed her husband because she was always spending time with the baby instead of her husband. Their lives changed so much from the addition of a new member, from two to three.

Nurin and Luqman returned to their own home three days after the delivery. While they were at home, they felt unsupported even though on the third day Luqman's mother came to stay with them for few nights. They welcomed Luqman's mother to help, but all that she did help with was prepare meals. Nurin and Luqman felt like it was just the two of them and it was quite challenging. Luqman found it quite hard to do all the housework because Nurin had to recover from her surgery. They used to do everything together, the lack of company alone made the tasks more difficult for both of them. He also felt a little resentment towards her from having to do all the housework on his own especially because it so happened that there was a water shortage in the city during the time. So on top of housework, Luqman also had to get water and carry it around the house for various uses. After two weeks Nurin started helping around the house although she was advised by the elders to rest.

The first few days at home was also a period of adjustment around breastfeeding. When they first brought the baby home, Nurin tried to breastfeed him, but he kept waking up because she did not have enough milk, and so, they switched the baby back to formula. Nurin and Luqman would take turns at night, each trying to wake the other to do the feeding. Nurin and Luqman turned to the Internet to look for ways to increase Nurin's breast milk, they really wanted to continue breastfeeding. They bought several supplements which helped her with her milk production and by the fifth week the baby was fully breastfed. After the switch back to breastfeeding Luqman would take care of the baby in the mornings for a while so Nurin could have some catch up sleep in the morning. Luqman and Nurin were happy when the milk came in and they did not have to formula feed anymore, they did not enjoy having to prepare the formula and bottles. This was especially tedious if they were going out.

Nurin and Luqman did not want to follow the Malay traditional confinement methods from the very beginning, they did not believe in it. They would use the doctor's words to defend their decision to others who asked them about it. Nurin could not stand staying at home and not leaving the house for the recommended 45 days, so she left the house and started doing things normally once she felt her body had healed. When people came to visit, Nurin would put on her socks¹⁰ to avoid getting negative comments and having to explain herself. They did not believe in the confinement practice and felt that some parts of the practice were actually against their religious beliefs. When Nurin was pregnant someone had given them the confinement kit and they found a talisman in the package that was said to protect the child. This was against their religious belief.

¹⁰ Putting socks on is part of the belief of keeping the mother's body warm. The mother's body post-partum is considered to be in a cold state because of the loss of the hot blood during delivery.

Taking on parenting work in the beginning was tough for both Nurin and Luqman. Diaper changes, baths and getting the baby clothed and ready were done with both parents working together. They were worried that this was going to be their life. They considered changing their work arrangement to suit the family's new needs because they felt that there was no way they could work like they used to in this new circumstance.

The decision for Nurin to return to work was not really a question for them, they really wanted to work together and because they did not really consider what they do as work, it felt just like moving on with life together. Nurin enjoyed the life they had and what she did and the flexibility and freedom their business gave their life. They wanted to incorporate the baby and subsequent children into their lifestyle as well. This was their life plan and the main reason they went into education; they wanted to have their children with them and to watch and be with their children as they grow.

Nurin did not want to leave her baby under anyone's care, she was not keen on having her child cling to another person or form an intimate relationship with another person other than her and Luqman. So, they cared for their baby on their own ever since he was born and this was also the reason they did not get help¹¹. It had only been the two of them and no one else and that was what they wanted. Nurin and Luqman did not want to send their children to childcare centres because they felt that children or babies who were not raised by their own parents were lacking in some ways compared to those who were. They had seen a lot of these cases among the children they taught at their centre. The children raised at home by their mothers were better on many different fronts, temperamentally and developmentally.

¹¹ It is not uncommon for families in Malaysia to hire domestic help especially with or during the arrival of a new baby.

It was important for them that their child and children later on came from a family with present parents and so they wanted to maintain this lifestyle. They felt that children that came from dual-earner families where both parents were working outside the home were likely to be neglected and would then naturally have behavioural problems and even developmental lag.

Both Nurin and Luqman were worried about their first official day back because Nurin would be teaching the whole day and it was up to Luqman to keep the baby quiet. They were worried about what the students' parents would think because they had a baby at the centre. So, on the first day, Luqman kept the baby with him in the next room. They brought in toys and other things to try and keep the baby entertained and quiet during classes.

The first day of official work was a Friday night, it was only for two hours so that was quite easy. The second day was challenging, especially for Luqman. It took Nurin and Luqman over two hours to get everything ready in the morning before they left for the centre. There was so much that needed to be done and it took them quite a while to get the baby ready. Even bathing the baby was quite a task that day, it was still a two person job. The bottles, formula, water, baby bag and toys all needed to be prepared as well and they had to be brought up to the centre.

At the centre, it was Luqman's responsibility to make sure the baby was taken care of and not making any loud noises the whole day. He was cooped up in a room with no windows because they were worried the parents would judge them and ask them why they did not send the baby to a crèche. They managed to do this for a few weeks before anyone noticed they even had a baby in the office. It was quite boring, Luqman would go out for a while then he would quickly go in when the baby started making any sound.

It was a full day of teaching for Nurin. There were five minutes break every hour so she could see him. She missed the baby very much between those hours even though they were a room away. Every hour she would go to see him and it felt a lot longer from her perspective. Luqman fed him every two hours before the baby even started crying. Luqman was quite stressed that day

because he was anxious trying to keep the baby quiet and concealed. Nurin was so happy to be with the baby again at the end of the day, and so was the baby. Even though they were close in distance not spending the time together made Nurin miss her baby.

While at the office, the baby was formula fed, but after two weeks they mixed feeds. During class break time Nurin would breastfeed. Once they started to breastfeed fully, things became easier because they did not have to handle the bottles while at the office. After a few weeks the baby started crying and would not settle so then they took him out of the room. They did not care anymore what other people might think of them.

By the second month they were back at work, the baby was already a part of their lives and their routine. Nurin and Luqman would bring the baby into the classes if they had to and they were no longer worried about the perception of the students and their families. This worked for them and they felt that this was what their future was going to be like; they would always bring their baby with them on weekends to classes and on weekdays to meet clients and do marketing. They decided that they would only work with people who accepted their lifestyle because this was how they wanted to do things.

Now they could be ready in an hour before class, bring all the toys and his seat to school, but there were a lot more things to carry. Nurin would breastfeed the baby before they arrived at the centre, either at home or while waiting in the car. Upon arrival, Nurin would start the class and Luqman would feed the baby breakfast. During the short breaks, Nurin would breastfeed and Luqman would play with the students and Luqman was still mostly entertaining the baby during class sessions. They had recently bought a baby carrier and now both of them could carry him around while the classes were in session and this reduced the baby's crying exponentially.

Some days Luqman would have to go for training or workshops away, so they hired a new teacher to help out, but it had been quite a challenge because it was mostly Nurin who had to handle everything at the centre. She drove to the centre which was close to their home, then carried

everything from the car to the office, and handled parents who might want to pay fees and started the class as the new teacher had yet to learn how to do it. These sorts of days would be very challenging for her. Nurin also found it challenging to carry all the things in the morning along with the baby up to their second-floor office.

When the day ended at the centre, and Nurin and the baby arrived home they would be on the bed to breastfeed and rest, then Nurin would feed the baby dinner and bathe him. She entertained him if Luqman was away. It was quite hard to do anything because she had to keep an eye on him all the time. She had to do things one at a time because the baby wants her constant attention. The baby would sleep at 10:00pm, then Nurin would start washing the dishes, finishing up the laundry and starting the dryer, and folding and ironing the clothes. Every hour the baby wanted to breastfeed and he took short naps, so in between naps Nurin could not achieve much. She would sleep after midnight almost every night even though she was not able to get all the work done. The house would still be in a mess, the laundry still piling up and she felt stressed out if anyone wanted to come to the house. Before she slept Nurin planned to clean the house by waking up early, but she would be too tired in the morning.

On weekdays Nurin and Luqman attended classes in the morning then continued to do things outside during the day, at night they worked at home. When they went out it was quite easy, but at home it was harder to get things done as the baby was clingy with Nurin. The baby did not like to be on the bed and so Nurin found it hard to work at home.

To keep their routine, Nurin and Luqman planned the baby's vaccination in the beginning of the week so that if the baby got sick he has enough time to recover before the weekend classes. The other challenge they had was that things took longer to do because they had a child in tow; the marketing, getting banners and flyers printed. However, they were happy with their lifestyle. They did not feel like their constant work was stressful or time-consuming, it was their way of life and they enjoyed it.

The internet, their antenatal class and mostly, trial and error, were what helped them in their parenting experience. They learned things slowly. Nurin and Luqman found it was easier to “google” than to ask the people around them, they also felt they did not really have friends who had children and if they did, these people did not really share the same parenting ideologies with them.

It had really been a time of great change for their family and a time of learning. Everything was very shocking and difficult in the beginning, but it had become much easier now for them on the different fronts of care taking, breastfeeding and work by the time of the final interview.

New Zealand Structural Description

Sally and Brian

Sally and Brian were 29 years old and 35 years old respectively at the first interview. Their baby was 11 months old. Sally was on extended leave and she used to work in management with her core hours between 8:00am-6:00pm, but she would usually be at work between 7:00am to 7:30pm. Brian worked between 8:00am-4:30pm. They both worked in the city and they would commute together there and back. Since the birth of their baby, Brian had adjusted his hours to finish earlier and then do an hour or two at night from home. Sally too made changes to her working arrangement, she had now taken the position of a senior consultant. She still needed to do 8:00am-6:00pm, but on most days she might be able to go home at 5:30pm. She would be doing four days and have Wednesdays off, her employers were not entirely happy with her decision, but she wanted to focus on her baby.

Sally's birth experience was traumatic, and she felt that her midwife was not very confident because the midwife was a recent graduate and had little experience in the field. Sally was in pre-labour for three days and actual labour for 14 hours. The baby was not moving as much as on other days and Sally was worried that the baby would not be okay. Her baby was in distress with an unstable pulse and had to be suctioned out as the cord was wrapped around the baby's neck. The room quickly filled with experts, and as the baby was coming out of her, the baby's hand was raised and it ripped, her causing a big tear. Sally recounted that it was a hard time, but she would not change it. Despite all the hardship she was very thankful and grateful to have a healthy baby at the end of it.

The first moment she saw the baby she felt sorry for it, she was worried about the baby's head. She kissed her head and it was a very momentous feeling. She remembered thinking how much the baby looked like Brian. Brian was relieved because it was a long labour, he was happy, maybe not as relieved as Sally, but there was a lot of joy for him. The baby was planned and they

tried for nine months before they found out they were pregnant, and so the baby was their world, she was and is all they wanted.

Sally spent two nights in the hospital and went to spend three days in Kenepuru¹² after that. She found staying at Kenepuru valuable for her. The first few days were stressful for Sally because she could not feed her baby. She assumed breastfeeding was going to be easy, but it was not and she was worried she might not be able to breastfeed at all. Being in Kenepuru helped her learn the basics of taking care of her baby like identifying the cries and also the feeding. In the beginning she did not know how long to feed on each side of her breast or how to burp the baby. The nurses at Kenepuru were helpful with that.

Brian was not allowed to stay and Sally was not particularly happy that their family was not together in the first few days, but she knew that they would spend more time together soon and that she needed the support available at Kenepuru. Most of the first few days and weeks saw Sally struggling to adjust with breastfeeding and recovering from her traumatic birth. Their baby had tongue tie and did not know how to latch and so this made it very painful for Sally. She was dreading having to breastfeed her baby because her nipples were very sore.

The first week was quite hectic for both Sally and Brian. Brian was working intermittently during this period as he was the only one available to do the job, his superior was understanding, but he did his work when he could between going to the hospital to meet Sally and the baby and cleaning the house when he came home. Brian wanted to make sure the house was clean and safe for the baby so he disinfected all the surfaces because they had two dogs.

Sally had families living around the region and she joined a baby group and her antenatal group. She had some other friends with babies as well, so she did not feel isolated. Brian mostly

¹² Kenepuru is a community hospital that provides secondary health services.

associated with the same group of parents as Sally. However, they did not really have a lot of support during the early period. Sally's family lived nearby, but they did not really offer any help. Sally and Brian did however, have friends that sent food and ordered delivery dinners for them in the first week they were home. Sally had to return to the hospital again because there were complications with her stitches, which became a traumatising time for Sally, physically and emotionally.

The first few weeks were very daunting times for Sally as a new parent. Sally recounted the first few weeks as just figuring out how to feed her baby, she felt that everyone was doing it easily. She really wanted to breastfeed her baby. Sally wanted the best for her baby and she was fearful that switching to formula would increase the possibility of SIDS. Retrospectively, she felt that she was naïve in the first few weeks. At the time, she felt switching to formula would have meant that she was a failure that she had failed to breastfeed. They went to meet many different consultants to help her with feeding her baby. Sally felt like she had asked everyone about her feeding.

After meeting a lactation specialist she tried to use a nipple shield, but her midwife advised her to teach the baby to go back to breastfeeding. The baby would not feed without the nipple shield because she was used to the taste of the plastic. In the end Sally stuck to using the nipple shield because she felt that as long as she was feeding the baby and it was her milk it was going to be all right.

Going back to work was not something Sally was looking forward to. She thought it was going to be easier before she had the baby, but now that the baby was here it felt so much harder. Sally wished she did not have to go back to work and she would not go back to work if she could afford it. She had to work because her family needed her to contribute financially. Sally was also worried about going back to work because her baby was still breastfed to sleep for afternoon naps. Even though she was comforted that Brian would be taking care of the baby during the day, she still wondered if the baby would be soothed. So, they planned that Brian would take the baby to

her workplace if the baby would not settle during the day. Sally planned to express milk while at work, she bought the pump and all the necessary things. She planned to express milk three times and Brian would be able feed the baby with the bottle while she was at work.

Brian would be a stay at home dad because they decided not to send the baby to a childcare centre. Sally felt desperate. She did not want the baby to go to a day-care centre and so she thought about it and convinced herself that it was best for them to have Brian stay at home instead. It was financially worthwhile and it meant that the baby could spend time with Brian. Brian thought it was a good idea and it felt like it was the better choice. This was not their plan pre-birth, but they felt very happy with this decision. Brian's employer was flexible enough to let him work 20 hours a week with only one day at the office.

When the morning of the first day came, Sally cried for an hour thinking about going to work that day. She was really tired because the baby was grizzly the night before and she was dreading going. Brian helped with the baby while Sally got ready and Sally cried again before she left and as she was about to leave the baby held her hands out for Sally. It was such a horrible feeling to leave that way as she had never done that before. She decided to take the bus to work and parked her car near the bus stop. While she was waiting for her bus, she met a friend she had not met for a long time, and her friend gave her a ride to work. This made her feel better and made the morning feel quicker.

As soon as she got to work, her colleagues at work came up to her and gave her hugs and asked her if she missed the baby. So, she started to cry and it made it really hard and embarrassing for her. Sally knew that this was not like her at all, she was not one to cry at work, but some of her colleagues who were also mothers reassured her that things will get better and it will get easier. Her new team took her out to breakfast and briefed her on her tasks. They let her go home a little earlier that day and during the day Brian was sending pictures of the baby and the baby looked happy and not too upset and that helped Sally feel better. When she got home, the baby crawled

to her and it made her feel better, but soon after she became sad again because she knew she had to go to work the next day.

Before Sally's return to work, Sally and Brian were worried about the first day, especially surrounding the baby's nap as she was always fed to sleep. The baby cried and fussed a little bit that day, but Brian carried her around and she fell asleep in his arms. This made both Brian and Sally feel much more confident about their decision.

The videos and pictures Brian sent really made her feel reassured and relieved. Sally felt that it was nice that she got to have lunch and go out to get herself a cup of coffee in the city. It was good to have the opportunity to enjoy a cup of coffee without worrying about it getting cold or the baby wanting to pull it away from her. Once she was back at work, she was the same Sally that was working before the baby, and it was as though nothing happened. Everything went back to normal. She felt normal again.

The following days became easier for both Sally and Brian. They both got used to this new timetable. Sally never got to express milk at work. When she got home the first day her breast felt so full and sore, and as soon as she got home she fed the baby and then again that night. She figured that she had gone through the whole day without having to express and the baby never drank her expressed milk while she was at home so she was not going to express milk at work at all. Instead, Brian fed the baby other food and so the baby would breastfeed in the morning before work, after work and throughout the night. During the day, the baby ate food and drank water.

At first Brian thought staying at home was going to be a challenge for him and that it might freak him out, especially because the baby was used to being breastfed to sleep. He was also concerned that he might be bored out of his mind and that the baby would drive him crazy. The first day was quite challenging getting the baby to sleep, but Brian developed a routine with her, so it made their days easier. They now had a napping, and a morning and afternoon routine. Brian

took the baby out once a day to make things more interesting. Staying at home has been good for Brian, he enjoyed spending the day with his daughter.

However, Brian went to work for the whole day on Wednesdays which was also like an escape for him, and he could be more focused at work. On the other days, Brian could not get much done during the day because while the baby slept Brian usually cleaned up the house. He typically finished his work at night between 8:00pm to 10:00pm. Brian caught up on his work during weekends or public holidays, but he tried to do work mostly at night. They tried to do things in the morning with family. Brian felt like some things had to be shortened now that Sally had started work and he acknowledged that Sally might have less time with the baby now, but they tried to do things altogether.

Sally was at home on Wednesdays, and the first one was really good because her sister came to their house and helped her with the baby. She got a lot done that day. The second Wednesday was hard, Sally felt that the baby had gotten used to Brian's routine and so it was really hard for her. The baby did not want to nap, and Sally could not do anything. She liked being with the baby, but she could not get anything done and it made her think about being at work although it made her feel guilty. It was surprisingly hard for her was to transfer the tasks between her and Brian. She felt like she did not have time to do other things.

Sally felt better about work now that she has started. She did not look forward to going, but she did not dread it anymore. When she was at work she felt like it was not too bad, she had built it up in her head that it would be worse. Working conditions had also improved so it felt much better for Sally. Working made her feel like she was achieving something other than being a mum. Going to work gave her a break from doing some parts of parenting that can be tiring as she felt like she was not doing something with her mind and she could not do standard adult things and talking to other adults. At work, Sally could do things other than baby related activities. Being back at work felt as if she did not take a year off, it felt good for her.

Sally also felt good about herself because going to work meant she dressed up. She would put on her contact lenses, with makeup and with her hair done and having her hair looking really healthy. When she looked in the mirror, she felt more confident, like a person, and she could walk down the street and not feel people seeing her as unattractive. When she went to work she did not look like a mum. She knew that she was a mum, but she did not look like a “mum” type mum.

Brian was managing most of the domestic work at home because he was mostly at home, but Sally did all the washing because she liked it to be done a certain way. When Sally was at home, she was mainly doing the domestic work. After the baby slept at night they would both do some cleaning around the house to get the house sorted again for the next day. The night clean ups were like a small restart button, but it was only surface cleaning, nothing major like washing curtains.

Things have changed a lot from before the baby in terms of domestic work. They placed less emphasis on cleaning the house when they used to be very particular about it. Before the baby Sally and Brian would spend Saturdays cleaning the house very thoroughly. After having the baby, usually one person would clean while the other watched the baby. They felt that spending time with the baby was worth more than cleaning.

Sally felt that Brian was doing a very good job at taking care of the house and managing groceries and dinners for the baby and the couple. She also felt that because Brian was more organised at this point, Brian was better suited at this job and she was better suited for earning money. Sally was happy because the baby did not have to be sent to day-care centre, money was not wasted and the baby got to stay in a safe and familiar environment.

Sally felt that while it was hard, it was the right time for her to start working again because she was feeling like she was not achieving anything at home. It was good and fun, but she sometimes felt like it was not good for her, because some days she did not even change out of her pyjamas. She knew that taking care of a child is hard, but compared to what she used to do, it felt to her that now she was ticking more boxes. She liked not going to work and not getting ready, but

the baby was getting so active that she could not do much in a day. When she came home from work now, she could spend more quality time with the baby and she was more interactive because she was so excited to see her baby again. Even though the nights were busier, Sally felt that she worked better under pressure because if there was not a lot of pressure she would not get a lot of work done at all. It was hard, but she felt more productive now being a working mother.

After being back at work for some time, Sally felt that she had a lot of respect for working mothers because she understood that it was hard work and she felt like she was so lucky to be in her situation. It had become the normal thing to do for her as most of the people around her were also going back to work, it had become less daunting. Being separated from the baby was hard and coming home tired and still having to mother was hard work. Brian and Sally had a new-found appreciation for single mothers who had to do everything on their own.

When she came home from work, Sally knew what it felt like to be Brian because she knew the desperation to give the baby to the person that comes home from work, but she also felt like she wanted to change out of her work clothes too. Both of them needed a time out and it would be a good idea to have some time for both of them, each should get 30 minutes a day to rest. Otherwise, Sally felt it would be easy to be resentful or offended with each other.

Brian felt that the baby was doing well and was not noticing the change that much. It looked to him that the baby felt like it was another day at home. Sally felt a little sad about this, but Brian felt that as long as one of them was at home the baby felt okay, the baby had a security blanket, whether it was him or Sally. Brian felt establishing a routine had made it easier for both him and the baby. Both Brian and the baby were happy to be at home together and Sally felt that it had been easier for her as well because they were always smiling in the pictures Brian sent her. Sally felt reassured that the baby was okay, and that way she knew she could enjoy work. Brian would teach the baby new things and show them to Sally when she got home, this made Sally very happy.

Sally felt like things would go well from this point forth. Her biggest fear was that the baby would start walking without her being there to see it. She had that fear of missing out on something really big, but she would rather have Brian see it than day-care personnel. Workwise, Sally was also feeling more confident in her career and she felt she would be more confident. She was looking forward to earning a big bonus so she could take the family for a holiday. It was a motivation for what they could do as a family. Sally also wanted to have another baby and because of that she wanted to save more so she could have a longer leave the next time around.

Sally knew that she was a good mother, but she thought that Brian knew how to organise the baby's routine better than her. Sally knew it was good for her baby to meet a lot of children as well, like day-care. That was why she took the baby to meet other babies too, but she thought it was invaluable for the baby to spend time with its parents, especially her dad. She knew there are a lot of different kinds of fathers out there, fathers that change nappies and fathers that do not, but she would be very happy to have her baby have a father that spends as much time with her.

In terms of housework, Sally wished she could clean the house for a whole day every now and then if she could just ask Brian to take the baby out for a while, but she felt bad for Brian because he has been at home with the baby the whole week and he needed to work and she wanted to spend time with the baby too. The house was almost always a mess, there was always a pile of clothes that kept piling up. Although Brian thought it would take them a few minutes to go through the whole house, the mess seemed to always appear again. The messy state of their house frustrated them because it is unlike them to have a messy house. Even though Sally did not like the mess, she would rather have it and have the baby than have a clean house without their baby. Sometimes they rushed around picking things up and cleaning while the baby was busy to keep the house in a less frustrating state, other times they just blocked it out.

Looking back, their plans with work were sort of rushed. They thought the baby was going to be in day-care, but Sally was anxious about sending the baby to day-care. Brian thought they had

made the right decision and it had worked out for the better. They found out that their friend's baby caught pneumonia while at day-care and it really made them feel better about their decision. Brian really enjoyed spending time with the baby because before this, they did not get to spend a lot of time except the weekends. Now, Brian got to spend a lot of time with his daughter and he felt like it is a good stage as the baby was more independent and could do her own things. Brian knew that they had made the right decision by not sending her to day-care, and Sally's work would be getting better too, but for him, work at the moment was to pay the bills.

Sally no longer breastfed the baby before work, and this gave her extra time to get ready and gave Brian and the baby an extra hour of sleep in the morning. Brian managed to give the baby soy milk after a month of trying. Sally's expressed milk was still in the freezer and she did not express anymore. It was sad for Sally that her breastfeeding journey was coming to an end, but she still breastfed the baby maybe four times a day when she was at home, between 6:30pm to 6:30am.

Everything had improved and was becoming easier in terms of parenting and returning to work. Although before the baby's arrival, Sally thought things would be easier, and it has proved to be much harder, she still felt that it was all worth it and she was happy to have another child. Sally felt that she would be a more confident mother because she knew what to do.

The previous struggle they had with the time Sally arrived home had now been improved. Brian worked later now instead of starting at 8:00pm, he would start at 9:00pm. Some days Sally would take the baby upstairs so that Brian could have some time alone. They were more willing to give each other time alone than getting annoyed at each other. They found that their communication as a couple had gotten better with the baby around, and with Sally being back at work, they were more organised and rational with their decision-making and how they did things.

Even though everything around their lives now revolved around the baby, they still tried to maintain their social life, especially for Sally. Mainly because now she was confident that the baby was settled with Brian. Brian was happy that staying at home proved to be enjoyable for him.

When he went to work on Wednesdays, he felt that that was his productive day. He looked forward to being able to focus on work, he did not despise spending time with the baby, but he liked to be in an environment where he can focus on work too. At work, Brian could have a coffee without having to make toast in between for the baby. They both looked forward to Wednesday because it was a nice break in the middle of the week for both of them.

The past year had been a roller coaster of emotions, the highs and the lows, but now it was steady, not so good, but not bad, and things have fallen into place and they were comfortable. The good emotions always outweighed the bad and for Sally and Brian it showed them how much they had changed and how much they love the baby.

Eva and Steve

Eva was 27 years old, and Steve was 26 years old at the first interview. Eva was working as a lawyer full-time before she gave birth to her baby. Since then, she had taken the 14 weeks paid parental leave and then resigned from her previous employment. She started taking her leave at 36 weeks pregnancy and had been doing a few odd writing jobs after the paid parental leave ran out. Even while she was working as a lawyer, Eva was already doing some freelance writing. At the first interview Eva had signed to be employed as a writer for 20 hours a week, and this meant that she could work from home.

Before they had the baby, Steve used to work at the office full-time. When the baby was born, Steve took three weeks of paid leave (sick and annual leave) including three days of paternity leave, followed by working entirely at home then slowly easing back into work. After a month of being at home, he did a day at the office once a week and then three days a week. At six months he was back at the office for four days. Steve started work at about 8:00am on some mornings, and he would come home from the office around 3:00 - 4:00pm to work a bit more in the evenings after the baby went to sleep to cover his hours. On Mondays the baby had swimming lessons, so he worked from home and took the baby to the lessons. Steve's work was quite flexible; he was able to work from home whenever he needed to.

Eva and Steve prepared themselves a lot before the baby. Eva liked to read about parenting and baby care and she takes a lot of effort to do her own study on what to expect and how to manage parenthood. The first week after the delivery was all a blur for Eva, it was difficult, but overall, Eva felt like it went pretty well. The labour was long and tiring, but it was relatively easy, and so it made her recovery really easy. The first few days were exhausting, and stressful because the baby was not gaining weight very well, so Eva and Steve were constantly managing the baby's feeding. Eva's milk did not come until the fifth day.

They were at the hospital for two days, and on the third day, they had to drive back to the hospital because the baby was born with teeth, so the doctor wanted to see her again. The first night at the hospital was all right, but the second night was horrible for Steve and Eva because the baby did not sleep at all. The first night at home was a lot better, the baby slept, but it was still exhausting because they had to wake the baby for feeds. The baby was sleeping in four-hour blocks, but they could not let the baby sleep because the baby did not wake herself for a feed. They had to make sure they fed the baby a lot. There was a schedule they had to follow, three hours between feeds in the day and four hours between feed during the nights. The baby was not gaining weight very well, and they had to continue doing this for two weeks.

Steve would feed the baby with a syringe after every feed with Eva. They filled the syringe with breast milk, and it was connected to a tube that went on Steve's finger and the baby would feed from the finger as it mimics the nipples. They did not want to give the baby a bottle fearing nipple confusion. Steve felt closer to their baby because he could feed the baby and it also meant that they were sharing feeding duties. For Eva, it was very strenuous because she had to express milk and feed almost continuously for the first two weeks. It was a very intense time for their family. They went to a class that familiarised them with breastfeeding, read about breastfeeding and how to latch the baby properly, and they also watched many videos about breastfeeding before the baby was born. Eva felt that this helped them put things into perspective, and persevere. While at the hospital Eva was given conflicting advice from the midwives at the hospital about infant feeding. Eva and Steve really appreciated their midwife because she had a very positive and inspiring approach. She was optimistic and reasonable about their feeding predicament and understood that Steve and Eva were doing their best to help their baby gain weight.

Eva and Steve found that it was hard to learn to care for a baby and to have to do it when they were not getting any sleep. To start off, Steve and Eva did not want any help, they specifically wanted family to come later so they could figure out their ways of doing things, but it also made

it hard that they could not get any help. Eva's mother came to visit when the baby was a little over two weeks old, and Eva really appreciated her mother's presence. Eva's mother worked with children, and this made Eva feel very confident and calm having her around. In the first week, they had friends come to drop off food, and they signed up for free meals for parents with new babies. Eva and Steve also had supportive parent-friends they met at the antenatal classes, and because Eva gave birth last, they were able to anticipate what the next phase was going to be like.

The first months were hard especially because they were worried about a lot of things. Eva and Steve did not feel like parents in the early days. They felt that there was little connection that they had with their baby. It was more about keeping the baby alive, fed, cleaned and rested. The baby's weight, in the beginning, was their biggest concern and stress. The language that was used surrounding babies that do not gain weight, "failure to thrive", made them feel like they were failing and it was horrible. Although their midwife did not use the term, but this was present in the resources they were reading. They were also anxious and worried about the little things, like if they fixed the diapers correctly, if the beddings on the bed was too much. Eva wanted to make sure that the baby was warm, safe and happy. They were worried about the possibility of SIDS as well, but these worries disappeared quite quickly as they realised how unlikely it was that something serious was going to happen. Eva felt that sometimes they will make mistakes, but these mistakes were small and could be fixed, the more they learnt how to do it the less they were worried. Over time Eva quickly gained confidence as she did more of the childcare than Steve. Steve was working from home and took up most of the housework. He found that it was harder for him to be confident around the baby as he did not have enough practice and so he needed some support from Eva to acquire those skills. Steve still felt that he was able to love the baby.

When Eva was pregnant, Steve was worried that he might not be able to establish a relationship with his baby, like that of a mother and child, especially because of the skin-to-skin touch of breastfeeding. The syringe feeding in the first weeks cleared up this worry for him, and

he knew that he was providing care and he managed to have the skin-to-skin contact through being a surrogate feeder. Steve was aware that he might not be able to be there as much because of the time constraint of being at work, but he was confident that he was helping. He tried his best to come home and play with the baby when the baby was still awake to gain some experience and give Eva a quick break. Eva and Steve both felt more connected when the baby started to interact with them and when they started having more activities to do together. This was after the baby started to make eye contact, smile and coo at them that Eva and Steve began to feel like they had a relationship. Eva found that it was about gaining confidence and learning to trust herself as a parent.

Eva had an original plan to take on a full year of paid and unpaid extended maternity leave. But while on leave, Eva realised she wanted to do some work but not legal work. When she was pregnant she was sure she did not want to work as a lawyer anymore, she thought about being a stay-at-home mum. After she had the baby, Eva felt she wanted to do something else, but also stay with the baby full-time. Eva liked having her own interest because for her, playing with the baby all day is not the same as working. She found both of them interesting, and enjoyable, but in different ways. Playing with a baby all day felt very narrow, especially when the baby was small. She felt that doing work was more intellectually stimulating, and she got to use the skills she had studied for, and gone to university for. As the baby gets older, Eva felt that playing with the baby became more intellectually stimulating, Eva liked learning about the baby's education, and development. The more the baby grows, the more stimulating it was for her as a mother. She realised that wanting to go back was wanting that intellectual stimulation. Steve anticipated this, and so, they knew she would go back to work eventually. Working helped break her days up a little bit, and Eva felt that working full-time would be monotonous as well. They both knew that Eva was going to need intellectual stimulation, so they kept their options open while Eva was pregnant, they could not decide as they did not know how things were going to change with the arrival of the baby. Whether or not she would want to go back to work immediately, or if she would not want to return at all.

While on leave, Eva was already doing writing jobs, and since then, she had been offered a 20-hour a week position as a writer. It was quite a spontaneous decision. They understood that this was going to be a bigger commitment. Eva decided to write from home so she could take care of her baby. Childcare was never really an option for Steve and Eva; it was always going to be one of them working part-time and caring for the baby. They felt that a lot of the money Eva would be making would go into childcare instead, and she felt that she could be a good parent and take care of her baby. They felt that after all, they chose to have the baby, so it would be best if they cared for the baby. Steve was willing to go part-time if Eva wanted to work full-time, although they both felt that it was unlikely. The flexibility of Steve's work hours had really made things easier for them. Eva would work on Mondays, when Steve took their baby to swimming classes, and on the weekends.

Eva was given a week of trial work and the week went well. They realised it was a real commitment but it sounded like something they wanted to do, and so Eva took on the job. Eva felt more tired after she started working as she had to wake up earlier and sleep later to do her work. During the day she felt like she was working from 7:00am to 5:00pm. The most tiring part was caring for her baby. Eva would wait for the baby to take a nap and quickly do her work, she would eat her lunch at the desk, and the days were really full. Eva felt that she was more tired now, the house was messier, but she was happier than before the baby and before working from home. Eva preferred this over working as a lawyer because working as a lawyer was not only tiring in terms of her hours but also very stressful. Eva did not enjoy the nature of her work as a lawyer and having to handle clients.

After the first few weeks of her job, Eva realised that trying to finish work during the weekdays was too exhausting as she was restricted by the baby's wake and sleep hours. Eva could only work while the baby was sleeping, and felt that it was too stressful because she never knew

how long the baby would sleep. She found that it is hard to do creative work and have to stop midway and try to continue it again when the baby took a second nap.

In the mornings, Steve would wake up first so that Eva could get a bit more sleep as she would have been awake at night feeding the baby. Steve would start making breakfast and then change the baby. He then took a shower and took care of the baby until 6:30am when Eva would wake. After Eva woke up, she fed the baby. Steve usually left home at 7:30am and came home at 3:30pm. After Steve left for work, Eva typically took the baby out for a quick walk around their residential area or a nearby park. When the baby napped Eva would try to do a bit of work or just relax and eat lunch, depending on how she was feeling on the day.

Eva would usually make dinner before or when Steve comes home and look after the baby. They would have dinner at 5:00pm and put the baby to sleep at 6:30pm. The baby would usually be asleep by 7:00pm, then Steve would continue his work and complete the house chores. Steve did most of the cleaning up at night. He did the dishes, cleaned the house, and on certain days of the week, he would do the laundry. Steve would listen to Podcasts while he did the house chores so he could have some time for himself too. He found that he had lost a lot of time for his own interests with the baby around, and so he had learned to do things when he could. Eva found that Steve was more thorough with cleaning and washing, and he enjoyed it more than her. Eva would continue doing her work or take a break between 7:00 -11:00pm, when they would both go to sleep. Eva and Steve were starting to think about hiring help with cleaning to make more time for the family. Eva would rather spend time with her family than do the cleaning.

Steve's work has been really flexible about him working from home, but his employer was concerned that he was not gaining as much experience as he was not in an environment where he can learn from his senior colleagues. Steve's colleagues all have families, and many of them work from home on most days too, so Steve and Eva, felt that his colleagues understood their situation. Steve also felt that they were lucky to have his job because of the flexibility it was giving him. He

had looked around and applied for other possible jobs, but none gave him the flexibility of fully working from home in the first month after the baby's delivery.

Even though Eva's job was flexible and she worked from home, it posed certain difficulties as well. Eva found that the hardest part about her work was not being able to Skype call her clients, or record her Podcasts when she was left with the baby alone. Steve would stay at home on those mornings and afternoons to take the baby out so that her crying or babbling was not heard. As such, they both felt that this arrangement was best. The other challenging aspect about Eva's work was the rigidity of her work hours despite it being flexible. Eva still needed to finish her 20 hours every week or risk not getting paid for the hours she did not finish. This meant that if Steve fell sick, Eva cannot take leave. She would still have to finish her work and have both Steve and the baby to care for and worry about while she worked across the room or in the other room.

At the final interview, Eva and Steve had a friend clean their house once a week in exchange for babysitting that Eva does for her child. Eva found that babysitting her friend's five-year-old was much easier than cleaning and taking care of her baby as the boy was more manageable and less intense. With someone helping with the cleaning, Eva found that their house was now cleaner because she had to make sure the floors and bench tops are tidied before someone could come and clean it. She now spent more time cleaning and preparing better meals for her family. Eva felt happier with this arrangement.

Ever since having the baby, Eva felt that she has become a happier person. She has learned to worry less and be more responsible. She was very protective of her baby and found that she put her baby's needs before her own; she noticed how if the baby was having a bad day she would be focusing on her baby and would forget to eat lunch. Eva felt that parenting has pushed her to a lot of limits, emotionally and physically and that it had taught her more about her abilities. She now knew her weaknesses and strengths. Eva was proud and confident of her body for its ability to grow a baby and nourish it, and her stretch marks were a reminder of strength.

Steve missed the time before the baby when he was able to spend more time pursuing his personal interests, but felt that since the baby was born, things had gotten so much easier. The baby had grown so much that they were able to have more time and stability. Ideally, Steve wanted to participate and help Eva more so that things were easier for her. Things were not always happy and perfect, and some days were easier than others, but they had learned to acknowledge and address issues and resentment quickly before it turned into a fight. Eva and Steve felt that because they prepared themselves well, through their readings, they have learned to manage parenthood well. They felt that they have become “snappier” at each other, but generally happier after becoming parents despite the challenges that parenthood had brought.

The next chapter is a composite description of the experience; that is, the essence of the experience of first-time parenthood and the mothers’ return to employment. This chapter has given full descriptions of four families that have shown the most varied working arrangements among the cohort. The reason this chapter foreshadows the more interpretive chapters (Chapters 6, 7, and 8) is explained as part of the phenomenological methodology in Chapter 2. I present the descriptive analysis before bringing the data back to a discussion of first-time parenthood and employment in Chapters 6, 7, and 8.

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Chapter 5: The Experience

This chapter focuses on the essence of the experience. The exploration of the essence of the experience and the process by which the essence is extracted from the data was explained in Chapter 2 on the phenomenological framework and method of this thesis. The essence refers to the composite description of the experience of all the participants. The writing used in this chapter is descriptive of the participants' experience and not of my own, and it is not a reflection of my position or my judgement. This method of writing stays true to the descriptive phenomenological writing suggested by Van Manen (1994), as discussed in Chapter 2.

The experience of becoming parents was something akin to going into the ocean for a dip for the first time. Parents saw the waves coming; they were worried but also excited, they knew the waves were coming, they thought they saw it all, and they could imagine it all. The longer they had thought about the ocean, the more they yearned to step in. They felt like they could almost feel it before actually going in. They heard people share experiences about it or they read extensively about it. They knew the sounds of it, they could see its wonders, and they might have also seen it to be endless. Sometimes they went in because they wanted to, sometimes they were forced into it and sometimes they did it because it seemed like it was time and everyone they knew had gone in.

They had the first feel when their feet touched the water, the pregnancy. Parents glowed with excitement, but sometimes it scared them as some of it was not as pleasant as they thought. The first wave came at them, and they choked a little. For most of them, nothing had ever felt so refreshing and drowning at the same time. Pregnancy was a time of dreaming, planning, and preparing. Pregnancy was a time of excitement but for some, also a glimpse of parenthood, sleepless nights, and challenges of balancing work and the pregnant body. They did not get to choose when the waves came crashing, but the waves came regardless. Another wave came and just as they were about to feel confident, it knocked them down again. The intense labour and indecipherable cries of their new-born were one of those waves. However, they enjoyed the water,

the buoyancy, and then came another wave. The waves drained their energy. The sleepless nights and figuring out how to feed their new-born, were more of those waves. Then they noticed the salty taste of the water, but they also saw the wonder that was the ocean, beneath them. Another wave came again; they noticed others around them, and they too were in the water for the first time. They looked at each other, some had gone through more waves than them, others less. The ocean was endless, the wonders that lived within were endless, and so were the challenges. Parenting was endless, the wonders that were within parenthood were endless, and so were the challenges.

Once they had gone into the water, they were changed forever. Although this analogy may fit the experience of first-time parenting, it is not quite it because parenting affects the physical body, the emotional and mental state, the experience of time, space, and relations. Unlike a dip in the ocean, parents did not have a choice of leaving.

Each story was distinctive, and every parent's experience of first-time parenthood was different and unique in their own way. It was important to capture and tell these individual stories as they contribute to the discourse of parenting in Malaysia and New Zealand even among a specific group. However, some parts of this experience were shared, mutual in nature. My findings in this research were shared among young first-time mothers who returned to work within a said period. There were important variables of this experience that made the experience universal to those who shared it. The universality of the essence may only be true under the circumstances of this study. Further research on the experience of a wider cohort will prove valuable.

First-time parenthood was a time of the unexpected. A time when plans were made to be broken, and realities were below and beyond parents' expectations. For most, parenthood was much harder and more shocking than they had expected, but it was not as shocking for others. Unpredictability was a feature of first-time parenthood; from the experience of pregnancy to delivery, and the weeks and months that followed. Parenthood was emotionally laden, painful as it

was beautiful; it combined the feelings of happiness, excitement, joy and loss, and self-discovery and self-loss.

Early parenthood was a time of change and learning. Restful nights changed to sleepless nights; parents found the lack of sleep a difficult part of the first few days, often longing to replenish their sleep. The next accompanying experience was learning about the baby and the baby's cries. Parents were unable to identify what each cry meant in the first weeks and often resorted to associating the cries with hunger. The lack of sleep and not knowing was one of the most defining parts of early parenthood. They did not know how to care for their baby, what the baby wanted, or what to expect on a daily basis. Parents had to continue functioning while being in a position of exhaustion and confusion.

The breastfeeding and infant feeding culture around parents played a big role in the experience of early parenting. Making sure the baby was fed was the main objective but because of the ubiquitous discourse around breast being "best", mothers often struggled to make sure their babies were not only fed but also breastfed. Breastfeeding for first-time mothers was figuring out something they had never done before under the pressure of a constantly hungry crying baby. It was also being in charge of and accountable for, but not in control of what happened to their bodies. Mothers wanted to breastfeed, and they were repeatedly advised to, and were confident that they could, but they did not always produce enough milk in the beginning. The first few days after birth were waiting for the milk to come, figuring out how to latch the baby, and managing sore nipples. Fathers played a more substantial part in infant feeding in the early days. They fed the baby using bottled milk with formula or expressed breast milk, assisted and supported mothers in finding ways to improve milk production, and bought supplies for expressing breast milk.

Fathers were actively involved in the decision-making and experience of infant feeding. Fathers educated themselves about the benefits of breastfeeding. However, when the babies were constantly crying in the early days, they struggled with the helplessness of not being able to sooth

the baby and often pressed the mothers to feed the baby at every cry. These episodes often left the mothers annoyed and frustrated. Fathers found feeding to be a special and enjoyable experience when they were given the opportunity to feed the baby using a bottle. Nevertheless, breastfeeding was much preferred not only for its benefits but also for its convenience for the fathers.

A strong breastfeeding culture existed in both Malaysia and New Zealand, and all families felt this pressure. Most parents preferred to breastfeed and some had strong inclinations toward maintaining breastfeeding. Mothers expected that breastfeeding was an innate ability that every woman should be able to switch on when the time came because breastfeeding was “natural”. This ideal was reflected in incidents when breastfeeding was challenging. The lack of milk supply in the first few days made them feel like they were failures. Their bodies were failing them as mothers, and it was devastating. The hourly cries made them desperate and they desperately wanted their bodies to work.

Returning home as a family of three was a daunting but exciting time for parents as the first wave of parenthood passes and sinks into reality. Parents living in extended families often did not experience this until much later when their parenting beliefs were questioned, and they had to stand by a decision that opposed the views of their extended family. For these families, the first few weeks focused on the mother-and-child dyad having the most amount of support. During this early period, mothers and fathers often accepted all advice and support given. It was in the second month that mothers and fathers began to find their own preferences. Intergenerational change in ideals often resulted in some form of friction among first-time parents and their parents. Even though filial piety is observed, first-time parents were adamant to maintain their agency in parenting decisions. Malay parents were particularly careful to be respectful and to display obedience and kindness toward their elder family members, especially their own parents as part of

their filial piety. Parents found that it was then that they had to learn to make their own decisions, trust their judgements, and be confident in their abilities to care for the babies.

Mothers were considered the main caregiver for the baby in the first few months with very few exceptions. Household chores were more shared. However, the arrival of the baby brought about change in the standards of cleanliness parents were happy with. In the beginning, most parents aimed for pristine hygienic state to ensure the safety and health of their new-born. Closer to the return to work, and after the return to work, families found themselves giving less thought to housework and subsequently lowering their standards.

Returning to work posed a lot of unknown variables for parents. Parents had to make decisions without having full knowledge, and often, full control over the outcome of their decisions. Parents often made decisions about work under time and financial pressures. The parents' workplace leave availability and length, as well as the flexibility of work, played a significant role in the experience of return to work. Plans and decisions about leave and return to work were made before the arrival of the baby. There was a lot of worrying for mothers about returning to work; they hoped that they had made the right plans and decisions, and that everything would be all right.

Paid work is important for both mothers and fathers as it provided them with the ability to do something outside of the familial circle and grow as an individual in the social, intellectual, or professional arena. To be acknowledged and have intellectually stimulating activities was considered healthy. Mothers enjoyed the component of paid work that involved social interaction, intellectual stimulation, and measurable achievements, unlike staying at home. Even though staying at home with a baby was emotionally rewarding, it often made parents feel like they had not achieved enough for the day. Mothers felt that they were not acknowledged enough for what they did. Despite not enjoying some parts of employment, all mothers and fathers found that employment offered more than financial benefit.

Returning to work as dual-earner couples for most mothers was a financial decision to support their young families, but some wished they had supportive working conditions. Mothers were always supported by the fathers in any decision they thought they might want to choose. If they wanted to stop working, fathers were supportive of this decision but reminded the mothers of the impact that decision would make. If they wanted to change their work hours and days, families would discuss this together, and fathers were supportive of the mothers' decisions. Among Malaysian families, fathers were still the primary financial providers regardless of the pay grade the mothers were making.

Paid work was exhausting but also a form of respite for mothers and fathers alike. All parents who had previously stayed home with their babies for whole days agreed that being at work was easier than being at home with a baby. Returning to work was a mix of responsibility just as it was a form of dread, escape, and trap. It was comforting as it was painful. Work gave mothers satisfaction that parenting did not necessarily provide, whether they worked from home, are self-employed or worked outside the home.

Families preferred parental care as the first choice of childcare when they returned to work. Among Malaysian families, mothers were the preferred parent to perform the primary care role and grandmothers were the second option. Although they were happy to have grandmothers care for the babies, there were many unspoken complications within this arrangement. Mothers felt guilty relying on grandmothers, whether it was their mothers or their mothers-in-law. Setting up boundaries and rules with grandmothers were most challenging.

Change was part of both the parenting, as well as returning to work experience. Parents adapted, and they reassessed their situation periodically. Just as parents felt they were about to be in control of things, another challenge came, but parents grew to be more confident in their decisions. They did not stay in a position of difficulty without finding ways to change. Even though the baby became an integral and important part of their lives, plans, and decision-making, parents

considered their personal preferences too. Learning to be confident parents was a part of the experience of becoming parents. Parenting became more of a norm every day; it felt like it was getting easier but it was also a constant learning process, and there were always new challenges that followed early parenthood. The experience of early parenthood was continuous, and it was dynamic.

Parenting was social in many ways; parenting ideals evolved through the exchange of stories between parent-friends, and parents obtained different types of support from others around them. Mothers found that they enjoyed the online support available today as it was more open and accessible than other forms of support. The availability of support and the ability to reach out to a greater audience meant they could find like-minded parents or others with similar experiences more readily.

The internet played a significant part in the experience of parenthood; it was a social medium that they turned to for support. The internet became the first source of information for parents, it was the fastest and easiest medium when parents had questions about parenting or their babies. Parents, especially mothers, found that the convenience of being able to interact with an understanding other through their mobile phones at any time of the day or night was the most appealing part.

The overall experience was emotional but positive, despite its challenges. All mothers spoke of their hardship but also included how it was all worth it. Despite the traumatising labour, stressful feeding experiences, sleepless nights, the messy home, or feeling unattractive, parenting was still worth it. They learned a lot but would not change a thing; there were no regrets. Dipping into the parenting ocean had been a rewarding first experience despite the unpredictability and challenges that came in continuous waves. Parents would not trade the experience, and many would like to have a second dip.

The Three Broad Areas of Study

The next three chapters discuss the main themes that have stemmed from the study, and are presented through three broad areas of the experience; first-time parenthood, breastfeeding, and employment. The individual chapters are then classified based on the invariant themes found through the analysis of the data in line with the phenomenological method in use.

These chapters include the textural and structural components of the experience; with participants' quotations presented within each invariant theme. Each chapter contains three main sections; a review of literature section, a findings and analysis section, and a discussion section. Although the thesis structure is not conventionally arranged with the literature review in a separate chapter all together, this arrangement is consistent with the phenomenological framework, as explained in Chapter 1 and Chapter 2. Read linearly, the reader can follow the phenomenological process of the thesis, starting with the bracketing of the researcher, followed by the experiences first, to reduce prejudgements and presuppositions of the experience. The reader then reads through Chapter 5: the essence of the experience, followed by these three following chapters. Alternatively, the thesis can also be read a chapter at a time as these three chapters are self-contained. Each chapter holds the literature review, findings and discussion within them.

The following chapters include the analysis and interpretation of the peripheries of the experience. The definitions of essences and peripheries have been discussed in Chapter 2: Phenomenological Framework and Methods. Additionally, each area of study is broad and extensive and arranging them with their respective review of literature and discussion sections is more sensible. This structure allows the reader to reflect directly on the literature, findings and discussion of the respective areas within the same chapters.

Chapter 6: First-time parenthood and role changes

“You need to go through it yourself.”

(Lisa, Malaysian mother)

Throughout this chapter I explore and discuss the experience of first-time parenthood, dominant ideologies, parenting identities, and the Malaysian traditional postpartum practice. The focus of this research is on the shared experience of first-time parenthood, and the mother's return to work, but from the shared viewpoint of the couple, which has not been typically documented in earlier literature. It supports the understanding that parenting is learned, and as such, the cultural and socioeconomic standing parents have affects and shapes the experience of early parenthood. As explained in Chapter 2, the framework of the research looks at the experience as a sum of two parts, the essence and the peripheries. The essence of the experience is a condensed component that is shared by all the participants, whereas, the peripheries refer to components of the experience that are very context dependent. These peripheries, both physical and ideological, such as institutional support and gender norms are significant parts of the experience that need more exploration. I propose an understanding and study of first-time parenthood that moves away from generalising first-time parents into one homogeneous group through the analysis of the peripheries. The analysis of each family's experience from this study has illuminated and underlined that the peripheries of experience are unique to individual families. Therefore, supporting the diversity of experiences between individual families.

In this chapter, I include a description of the traditional confinement practice of Malay mothers. In general, Malaysian families abide by a traditional postpartum practice. This period, known as the confinement period, is a significant part of the experience of first-time parenthood. In the literature review I will provide a background explanation of the traditional beliefs and practices, most of which have been studied through medical and anthropological lenses. However, there has not been any published research that looks at the relationship of these practices with the

experience of first-time parenthood in the twenty-first century Malaysia (Al-Attas, 2016). The significance of having the confinement section alongside the New Zealand data in this study not only highlights the importance of the peripheries but furthers our understanding of alternative practices undertaken by women during the postpartum period.

The experience of first-time motherhood of western mothers has been studied extensively from a sociological perspective, as well as other perspectives such as psychological and medical. Like the approach I have taken in this thesis, Adrienne Rich (1977), Ann Oakley (1981), and Tina Miller (2005) have all written in-depth accounts of the experiences of first-time motherhood that reflected back to the researchers' own experience. There have also been various other phenomenological studies on first-time motherhood such as Victoria Wynn Leonard's (1993) study of stress and coping and Claire Arnold-Baker's (2014) existential-phenomenological study of early motherhood. Also notable, is the study of dual-earners transitioning to parenthood by Medora Whitney Barnes (2010) which focuses on domestic work. Barnes' (2010) qualitative study includes a "his", "hers" and "theirs" perspective, and similar to the present study, data was collected through three longitudinal interviews with couples. However, Barnes (2010), Miller (2005), and Oakley (1981), began the first interviews before the arrival of the child, and the present study focuses on change at the point of the mothers' return to work instead.

Literature review

In general, the body of knowledge on motherhood, fatherhood, or parenthood can be categorised under several umbrellas; medical, nursing, psychology, historical study, and sociology. For this research, I focus mostly on qualitative studies originating from nursing, psychology, and sociology, as their descriptive and qualitative nature are in line with phenomenological method. There is a wide literature on first-time motherhood, and since the 1980s there has been a growing pool of studies on first-time fatherhood. However, there is not as much breadth and depth given to the single shared narrative of first-time parenthood among cohabiting heterosexual parents.

Additionally, there are very few qualitative studies on parenthood in Malaysia. Some parts of the Malaysian traditional postpartum practice literature draw on Singaporean studies. Singapore is a border country which separated from Malaysia in 1965 and still shares similar cultures and the same ethnic makeup as Malaysia. To date, however, there has not been any published phenomenological work on the experience of becoming parents for 21st century Malaysians.

Dominant ideals of motherhood

Feminist scholars have discussed dominant ideals of motherhood rigorously over the past decades, contributing to the growing discourse on subjective and realistic depictions of motherhood (Choi, Henshaw, Baker, & Tree, 2005; Hays, 1996; Miller, 2005; Oakley, 1981). A sociological study by Oakley (1981) explored the experience of becoming a mother through 223 interviews with 66 middle class British women over the course of three years in the late 1970s from an industrial city in Great Britain. Although Oakley's (1981) research and presentation was methodologically in-depth and insightful, the focus was given to mothers alone because, according to Oakley (1981), "it is the moment when she becomes a mother that a woman first confronts the full reality of what it means to be a woman of our society" (p. 1). Oakley (1981) argues that becoming a mother was something that happened over a long period of time despite the many life changes that happened within the short period of pregnancy and birth, denoting the learning process of motherhood. Dominant discourse on mothering that often depicts optimistic stories and is underpinned by ideals of good mothering. Contrastingly, Oakley's (1981) work includes subjective narratives of mothers. Furthermore, Oakley (1981) observed that mothers within her research found that identifying with the dominant cultural image of mothering was not a natural outcome of motherhood.

Later works, from UK as well, draw on this argument of dissonance between the expected outcome of motherhood and the reality of mothers' experience (Choi et al., 2005; Miller, 2005). This dissonance questions the grounds of dominant mothering ideals and challenges the theories

and ideas of mothering as a natural or instinctual outcome of childbirth. Miller (2007) points out that the words “nature” and “natural” which are often associated with motherhood and mothers are confused with “painless” and “instinctive”, yet mothers in Miller’s study found that the experiences of motherhood were more painful than they were told. Hays (1996) says that these ideas are built on “layers upon layers of socially constructed elaboration and reinforcement” (p. 13). Becoming a mother and performing mothering work such as childbirth, breastfeeding, and care work is expected to be natural for mothers (Oakley, 1981). Similarly, Choi, Henshaw, Baker, and Tree (2005) argue that women expected an effortless transition to motherhood because the dominant ideals of motherhood have been romanticised. Childbirth is documented as the first experience of the fragmentation of expectations based on the dominant discourse of motherhood being natural, because it is more painful and longer than expected (Miller, 2007). Furthermore, Choi et al. (2005) maintain that alternatives to the dominant ideal are invisible, and the discrepancy between the dominant ideal and the reality adds to mothers’ feeling of guilt.

According to Oakley (1981) the western myth of motherhood is threefold: children need mothers, mothers need children, and all women need to be mothers (p. 186). Hays (1996) likewise illustrates that mothering is seen as “one of the most important and meaningful things a person can do” (p. 126). Hays (1996) refers to mothering by western women in the mid to late 20th century as “intensive”, where parenthood is privatised and mothers are expected to be nurturing and selfless in the arena of mothering, but competitive and ruthless in the arena of work (Hays, 1996). A mother is expected to commit and expend energy emotionally, financially, and physically on her child (Hays, 1996). The mother’s life revolves around the most valuable and cherished being, which is her child, and her mothering has to be ‘expert guided and child-centred’ (Hays, 1996).

The parenting landscape of the 21st century, has been said to be a time of anxiety with the heightened management of risk (Lupton, 2013; Shirani, Henwood, & Coltart, 2011; Wall, 2001), which Shirani et al. (2011) have argued to be part of the neoliberal ‘grand narrative’ of intensive

parenting, where parents have to be solely responsible for their children. Good parenting is good risk management because the choice, blame, and responsibility fall on the parents (Lee et al., 2014; Lupton, 2013; Shirani et al., 2011).

Included in the features of a good mother are expectations around the maternal body, to give birth naturally and enable effortless breastfeeding (Fox & Neiterman, 2015; Reisz, Jacobvitz, & George, 2015). Moreover, good mothers are expected to continue to provide care even when they face the unrealistic demands of intensive mothering; mothers assert that they must “try their best” (Miller, 2007). In the 21st century, Douglas and Michaels (2008) described the perfect mother ideal as having evolved into the “new momism”, which can be described as a “set of ideals, norms, and practices, most frequently and powerfully represented in the media, that seem on the surface to celebrate motherhood, but which in reality promulgate standards of perfection that are beyond your reach” (p.4-5). It is necessary to note that studies mentioned above are centred on western ideals and cultures, mostly originating from UK, Canada, and US, which might not represent the ideals of family or motherhood in other cultures.

In a study of Thai mothers, good motherhood is a lifelong affair that involves sacrifices and unconditional love, caring for children’s emotional and physical needs, teaching and training children to be good, following local traditions, and providing good education (Liamputtong, Yimyan, Baosoung, & Sansiriphun, 1997). These tenets of good motherhood are similar to the aforementioned western ideals, with the addition of traditional culture, which emphasises that the ideals of parenthood are context dependent. The different ethnic groups living in New Zealand have also shown to have different parenting ideals. Among Pasifika families, nurturance is a trait of the mother and not the father (Cowley, Fairbairn-Dunlop, Paterson, & Williams, 2009). The difference in parenting ideals will be one of the focus points of this chapter.

Miller (2005) discusses the importance of authoritative knowledge in relation to the construction and negotiation of the transition to first-time motherhood. Authoritative knowledge,

according to Miller (2005), refers to the consensual or shared knowledge of knowing and doing as well as the dominating knowledge that is socially sanctioned (p. 29). Some of these texts include John Bowlby's work on the mother-and-child attachment (Bowlby, 1952) which has been the point of reference for parenting manuals and popular media (Hays, 1996). However, it has been heavily criticised by sociologists and motherhood scholars for its disregard of communities where the rearing of children is communal; and the emphasis on the bonds of mother and child as being natural and instinctual (Hays, 1996, 2007; Wall, 2001).

Several studies have reaffirmed the argument that mothering identity, and the bond and relationship between mother-and-child, is built over time and through practice, and that mothers do not have the inbuilt capacity to meet the child's every need (Choi et al., 2005; Laney, Hall, Anderson, & Willingham, 2015; Mercer, 2004; Oakley, 1981). First-time mothers have been attributed as having positive and optimistic expectations of motherhood (Lazarus & Rossouw, 2015). Miller (2005) explained that this is caused by some obdurate strands of the dominant discourse on parenting that still persist, despite mothers trying to exercise agency, maternal subjectivity, and challenging the optimistic stories.

An alternative perspective was presented by Urwin, Hauge, Hollway, and Haavind (2013). They argue that women become mothers through culture instead of exercising agency in the form of the self and culture binary. In their words:

Becoming a mother means inevitably to draw on and challenge the many voices that have their say about what is best for the baby and the way the mother does her mothering. Cultural values and traditions about how to care for and feed children should therefore not be regarded as something that "surrounds" or "influences" the mother and the child. (Urwin et al., 2013, p. 478)

Through the analysis of the infant feeding experience of a British Bangladeshi mother, Urwin et al. (2013) emphasised the affective relationship and links of external voices, internal

voices, and the mother's own voice. The mother constantly and continuously engages in a dialogical exercise as she becomes a mother. Urwin et al. (2013) demonstrated how culture and persons are interconnected in complex ways, and how exercising agency is a dynamic and constant process that intertwines with culture. They illustrated that the focus should be on how invested the mother is with the different practices and how such practices play a role in becoming a mother. Urwin et al. (2013) chose to focus on how a woman's relations with others and her child changes as she continues to become a mother.

Harrington (2002) identified that besides social surveillance, New Zealand mothers also employed self-surveillance or self-monitoring through guilt. Pākehā mothers in Harrington's (2002) study reported a feeling of compulsion and reflexive guilt in their performance of domestic tasks, including childcare, when it did not meet a certain standard. This standard of mastery or the standard of the ideal motherhood was described as "someone who was capable of complete emotional control, she did not lose her temper but could respond to her children consistently in an appropriate way" (Harrington, 2002, p. 117). Harrington's (2002) analysis is supported by Miller (2005) who explained that "self-monitoring arises in response to the continued dominance of morally underpinned discourses of 'good' mothering" (p. 142).

Motherhood identity

In this body of literature, the transition to motherhood has been described as a developmental milestone (Cronin & McCarthy, 2003), a psychological birth for mothers (Stern, Bruschiweiler-Stern, & Freeland, 1998), or marked by the introduction of a new constellation to the family system. The experience of becoming a mother has been presented in an assortment of ways; among others it has been described as a testing and challenging time (Tarkka, Paunonen, & Laippala, 1999), a period of great disruption (Nelson, 2003), a time of disequilibrium (Leff, Gagne, & Jefferis, 1994), and a time of change (McVeigh, 1997).

Earlier UK and US psychological studies often expressed motherhood as bringing about change to a woman's self-concept or her identity (Bailey, 2001; Darvill et al., 2010; Leonard, 1993; Mercer, 2004). For example, motherhood studies in the 1990s described becoming a mother as world-transforming and contributing to the formation of a new self for women (Leonard, 1993; Sethi, 1995). Leonard's (1993) phenomenological study described motherhood as an experience of transformation in terms of lived time and loss of control; mothers envisaged a different future with the arrival of their new-born and felt they had very little control of their current lives with the unpredictability of responding to an infant's constant needs. Sethi (1995) described this transformation in terms of "contradictions-tension-resolution-new-contradictions" (p. 242). The transformation according to Sethi (1995) can be divided into four categories for mothers: giving self, redefining self, redefining relationships, and redefining professional goals. The giving of self and of being selfless is a common theme in the literature during this period (e.g., see Hays, 1996).

Through a study of US first-time mothers and mothers of multiple children from different age groups, Laney et al. (2015) described that the process of becoming a mother involves fracturing or compressing their identities to make way for the mother identity. However, they also reported that some of those mothers that experienced a sense of self-loss, in turn had more satisfaction with their mothering identities. Further, mothers also developed an expanded sense of consciousness to include their infants; being conscious of what their infants needed and what their infants may be experiencing. Living as a mother for these women intensified their personalities and their personal experiences (Laney et al., 2015).

Some earlier studies highlighted that a mother's coping ability can be influenced by her personal characteristics as well as her baby's but the literature did not include a discussion of the dominant cultures of motherhood (Mercer, Kay, & Tomlinson, 1986; Pridham, Chang, & Chiu, 1994; Tarkka et al., 1999; Ventura, 1986). These studies from Finland and US point to an understanding of motherhood at the time, denoting that it is challenging and that there is a certain

standard that needs to be met. Additionally, most of the factors mentioned are often things mothers do not have control of, such as having social support, or less demanding infants. Feeling a loss of control in early motherhood was continued to be reported in Darvill, Skirton, and Farrand's (2010) study of mothers in the UK. Studies in the 2000s also started to look at motherhood as a period of anxiety, revolving around mothers being worried over caring for the baby, breastfeeding, and the baby's survival and development (Barkin, Wisner, Bromberger, Beach, & Wisniewski, 2010; Lupton & Schmied, 2002; Millward, 2006; Porter & Hsu, 2003; Tehrani, Bazzazian, & Nayeri, 2014).

In the literature, support is an important part of the experience of early motherhood (Abel et al., 2001; Howarth, Swain, & Treharne, 2011; Leahy-Warren, 2010; Tarkka et al., 1999). Support for first-time mothers can present itself in many forms, including physical support, professional support, appraisal support, and affirmation. Physical support is support given in the form of objects, items, or physical help. Professional support is support provided by personnel working in the professional field such as doctors, midwives, nurses, or lactation consultants. Appraisal support and affirmation is the positive assessment given by subjective authoritative figures through verbal interactions. Tarkka et al. (1999) argued that appraisal support and affirmation had a significant impact on a mother's coping ability, a point also illustrated by Leahy-Warren (2005) who demonstrated that appraisal support helped mothers be more confident in infant care. Women in a study by Wilkins (2006) identified that the support they wanted was how to find and provide optimal care for the baby, which again suggests that desired support is not necessarily physical. In New Zealand specifically, first-time mothers found that they needed continuous support from their husbands, family, friends, and their midwives to help make the transition more satisfactory (Howarth et al., 2011).

Interestingly for this research, an earlier New Zealand study by Abel, Park, Tipene-Leach, Finau, and Lennan (2001) discovered that social support differed between ethnic groups. Among

Pasifika families, moral and material support were assumed and offered, and fathers often took a secondary role during the first few weeks or months after the birth of a child (Abel et al., 2001). Whereas Māori mothers, living away from extended family and Pākehā mothers had less familial support (Abel et al., 2001). Among Asian families in Malaysia and Singapore, recent studies demonstrated that familial support is still ever-present (Noor & Mahudin, 2016; Ong et al., 2014). However, infant care and maternal health education learned through antenatal classes were in conflict with the cultural expectations of their families (Ong et al., 2014). Further discussion of the cultural expectations around mothering during the postpartum period is expanded on in the next section.

Swedish mothers in Ekström, Thorstensson, Hertfelt-Wahn, and Nilsson's (2015) study found that antenatal classes were helpful as they could connect with other mothers. The support they received from their midwives was a form of professional support which was differentiated from care and social support. For these mothers professional support needed to go hand-in-hand with social support, and mothers found that individual midwife meetings could not compensate for parental group meetings (Ekström et. al, 2015).

In a review by Plantin and Daneback (2009), studies on parents' use of the internet found that weakened social support from grandparents, friends, and relatives drove parents to look for information online. According to several researchers, 21st century parents chose search engines as their first source of information (Chae, 2014; Rothbaum, Martland, & Jannsen, 2008). In Johnson's (2014) study of mothers, online support and information searches were preferred because they provided surreptitious support that did not require any participation; mothers received support without having to engage in any active interaction. Furthermore, mothers felt emotionally supported through reading the shared experiences of others online (Johnson, 2014).

Most of the studies of parenthood, as illustrated above focused on the perspective of either the mother or the father. Even though these studies contributed to the understanding of

motherhood and fatherhood's experiences and ideologies, Miller (2011) and Premberg, Carlsson, Hellström, and Berg (2011) argued that parenting experience of fathers and mothers in heterosexual relationships are intertwined. Hence, studying them together is essential to understanding the family. Furthermore, different events of parenthood, such as childbirth, has been described as a mutually shared experience for couples (Premberg et al., 2011). Darvill et al. (2010) pointed out that mothers felt having children meant they were now a family, not just a couple, which is relatable to Sethi's (1995) concept of redefining relationships. According to Sethi (1995), mothers redefined their relationships with their partners; their relationship after the baby included being co-parents. However, Pederson (2012) argued that intensive mothering may have indirectly promoted 'new' fathering through the mother's encouragement of a more caring and engaging relationship between father and baby. As such, intensive mothering still outweighs fathers' involvement in co-parenting (Pedersen, 2012).

Fatherhood

Fatherhood is increasingly discussed in the field of social sciences as a separate topic on its own, highlighting its significance in the study of family life and masculinity, and the need to explore it as a separate stream of study (Dermott, 2008; Inhorn, Chavkin, & Navarro, 2014; Miller & Nash, 2016). In the 19th century, western fathers were engaged in a 'cult of success' and mothers in a 'cult of domesticity' (Nutting, 2010), but there have been notable changes since this time. Among Australian fathers, in a longitudinal study by Barclay and Lupton (1999), fatherhood meant being the primary financial provider, assisting with household work and performing nurturing roles which sometimes challenged their sense of self, their work, and their relationships with their female partners. Dermott (2008) argued that contrary to popular belief, the fathering ideal no longer included fathers being the financial provider for the family. Rather, studies suggest that fathers are now encouraged to be more involved by engaging in routine caretaking in addition to being financially responsible (Ives, 2014; Thompson & Walker, 1989). Likewise in Canada, Stuble,

Rojas, and McCroy (2015) emphasised that fathers are no longer expected to be focused on money and work, but to be caring, emotionally available, and expressive. The emphasis, or the shift of emphasis, on fathers as the primary financial provider is explored in the present study.

According to Premberg, Hellström, and Berg (2008) and Premberg et al. (2011), the essence of the experience of fatherhood in Sweden for the first year can be described through four themes: 'a process into the unknown', 'a mutually shared experience', 'to guard and support the woman' and 'in an exposed position with hidden strong emotions' (Premberg et al., 2011). Similarly, Asian fathers had reported that sharing their emotions and feelings are discouraged despite acknowledging that first-time fatherhood is a time of emotional change (Poh, Koh, Seow, & He, 2014). In addition to that, Premberg et al. (2008) also described the child as providing warmth and happiness in the family with the contact between father and child facilitated by engagement, and time spent alone with each other. It was also found that fathers experienced a deeper relationship with their partners. However, several studies had also reported fathers feeling a loss of spontaneity in their life because of the unpredictability and demanding nature of caring for babies (Johansson, Thomas, Hildingsson, & Haines, 2016; Premberg et al., 2008).

The transition to fatherhood in Sweden, as presented by Fägerskiöld (2008), is a time of 'changing life', leaving the realm of bachelorhood and being responsible for a child. However, in Fägerskiöld's (2008) study mothers were still considered the main parent, and fathers the supporting person, despite the almost equal share of childcare. Juggling work and family was difficult and, given a choice, fathers often chose work as they considered it easier than caring for a baby (Miller, 2010). In a phenomenological study by Kowlessar, Fox, & Wittkowski (2014), fathers in the UK described parenting as a learning process which begins with the experience of helplessness in the early days. Fathers then learned to work together with mothers to gain confidence and regain control over their parenting role (Kowlessar et al., 2014). For fathers, their 'invisible' experiences of pregnancy and the early days, where fathers had also simultaneously been

given less control, had been interpreted by several researchers as the reason fathers felt a delay in their identity transformation (Genesoni & Tallandini, 2009; Nolan et al., 2012; Stubbley et al., 2015).

Ives (2014) described the father's experience as being present but not participating. For example, fathers are expected to be present during the delivery and are then often asked to leave the hospital. Ives (2014) argued that there was an acceptance, not only among fathers but also from healthcare practitioners, for fathers to be less involved. Additionally, fathers tended to focus their attention on the mother, believing that care shown for the mother extended to the children (Ives, 2014). It is important to note that Ives (2014) and Kowlessar's et al. (2014) participants were mostly white British males who were in stable relationships and wanted to be involved fathers.

Unlike western families, which have been defined as patriarchal (Douglas & Michaels, 2005; Hays, 1996), in the Malay Archipelago matriarchy is also commonly practised (Karim, 1992). Although most Asian families are predominantly patriarchal, the complexities of power within the Malay family system are unlike those described within the western sphere (Karim, 1992). In matriarchal families, women have the power to make financial and familial decisions. According to Karim (1992), motherhood is a rite of passage that increases the social status of women. Mothers are considered the head of the domestic household, and fathers are the head of the outside world, each functioning in a complementary way (Karim, 1992; Omar, 1992). Depending on their religiosity, Malay Muslims also abide by some Islamic understandings of gender roles. For example, in these families, mothers are considered as the person with the highest status. The male figurehead is responsible for providing material needs for the family, and the family has no right over the woman's personal wealth, whether she is working or not. The higher status given to mothers and the protection of women's wealth based on the Islamic beliefs are held dearly among Malay families (Karim, 1992). Considering the date of publication of Karim's (1992) research, the situation in the contemporary Malay society may have changed. However, young Muslim families continue to navigate through religious, cultural, and contemporary ideologies to select what they deem ideal.

This complex web includes western influences of parenthood, the hegemonic nature of biomedicine, remnants of traditional practices, filial piety, and Islamic beliefs (Al-Attas, 2016).

For many Malay Muslims, the ideal father is the financial provider and moral teacher, who leads and teaches daily prayers and Quran recitations (Juhari, Yaacob, & Talib, 2012). Juhari et al.'s (2012) research of Malay Muslim fathers revealed that fathers drew upon their own fathers' involvement and the dominant fathering ideals in performing their own roles. Among Malay Muslims the responsibilities of fatherhood include protecting and leading the family in worldly and afterlife matters (Juhari et al., 2012).

Malaysian confinement practice

Traditionally, mothers post-delivery in Asian culture observed specific postpartum practices. The Malays call this *berpantang* (to confine), Thai mothers also practise confinement, the Chinese label it as doing the month, and the Japanese equivalent is the *Satogeri*. The key elements within these practices vary within regions, and even among families. They commonly include, but are not exclusive to, a period of confinement, maternal rest, the belief of hot and cold humors, dietary restrictions and recommendations, and the close-knit and participative relations with extended family members and local community. The postnatal period is considered a vulnerable period, and Malaysian mothers from all the three major ethnic groups are expected to abide by specific rules and understanding of the postpartum period. These are shaped by traditional and cultural beliefs, but practised alongside biomedical recommendations, with some compromises from biomedical practitioners and traditional practitioners that will be explained further on (Eshah, Mohamed, Aziz, & Bidin, 2012; Karim, 1992; Laderman, 1987a; Naser et al., 2012).

After delivery, mothers are considered to be in a cold state. Childbirth is associated with the loss of heat through the 'hot' blood leaving the body, which leaves the mother in a cold, vulnerable, and dangerous state (Eshah et al., 2012; Laderman, 1984; Manderson, 1981a; Naser et al., 2012). Her body is seen as dirty, cold, tired, and weak (Eshah et al., 2012). Not all of the

elements of the humoral system are present in the existing Malay practice of confinement, but the balancing of 'hot' and 'cold' continue to be popular (Manderson, 1981b). Accordingly, many postpartum practices are aimed at helping the mother keep warm, or getting back to the warm state, a state of homeostasis.

Post-delivery, mothers are generally expected to stay confined within the home to restore bodily functions and to avoid harm from the outdoor environment. The duration of confinement among the different societies might differ, but generally, mothers are expected to stay within the household for a period of time ranging from two weeks to, more commonly, 40 to 60 days. The purpose of the 40 days confinement period is to restore the mother's health, sexual prowess, pre-pregnancy shape, and to reduce risk of sickness or infertility caused by humoral imbalances of 'hot' and 'cold' elements (Eshah et al., 2012; Karim et al., 2003; Laderman, 1987b; Manderson, 1987; Naser et al., 2012). It is a time for rest, treatment, and cleansing (Eshah et al., 2012; Naser et al., 2012). During the postpartum period, mothers are relieved from day-to-day responsibilities and roles such as cooking, cleaning, intimate relations, and to some extent, childcare (Karim et al., 2003; Karim, 1992; Manderson, 1981; Naser et al., 2012; Ong et al., 2014). In a New Zealand study, Smythe, Payne and Wynward (2013) argued that a supportive dwelling space that gave special care to mothers helped women learn to mother, and gave them the opportunity to let go of the daily demands of housework and childcare when they need to.

In the literature surrounding the Malaysian confinement period there are a number of additional practices or treatments recorded. These included, but are not limited to: massages, bertungku (hot stones), mandi teresak (herbal bath), berdiang (roasting), berganggang (vaginal washing and steaming), and benkung (traditional corset) (Eshah et al., 2012; Laderman, 1984; Laderman, 1987a; Manderson, 1981a; Naser et al., 2012). Studies in the 1970s and 1980s in the northern region of the peninsular of Malaysia reported that most mothers observed confinement practices religiously, both in rural and urban areas, even when the mothers had biomedical

education and training (Karim et al., 2003; Laderman, 1987a; Manderson, 1981). However, Naser et al. (2012) and Eshah et al. (2012) suggested that the number of mothers foregoing the traditional confinement practices have increased in the 21st century. According to Naser et al. (2012), some mothers reported that traditional practices were non-beneficial, so they were selective in the adherence to the practice. Naser et al. (2012) and Ong et al. (2014) further argued that western imperialism may have precipitated individualistic behaviours in regard to traditional postpartum practice; women maintain practices that they deem beneficial and supportive based on western biomedical and postnatal practices. Additionally, technology has allowed easy access to other understandings of postpartum recovery (Naser et al., 2012). In Ong's et al. (2014) Singaporean study of first-time mothers from different Asian ethnicities, mothers reported that they followed the cultural practices out of respect for their elders rather than their personal belief. There has been little discussion on how these changes affect the experience and transition to motherhood (Al-Attas, 2016; Liamputtong, Yimyam, Parisunyakul, Baosoung, & Sansiriphun, 2005).

In a study of Korean mothers in New Zealand, DeSouza (2014) illustrated that the current biomedical system did not acknowledge and cater for mothers with traditional postpartum beliefs. Korean mothers also believe in the “at-risk” body, which is opposite to the western ideal of the empowered mother (DeSouza, 2014). Mothers in DeSouza's (2014) study felt like they were marginalised and unsupported because their beliefs were not taken seriously. Similar findings were reported by Doering, Patterson, and Griffiths, (2016) when they explored Japanese mothers' experiences of the postpartum period in New Zealand. The conflict between their beliefs and birth traditions and that of other New Zealand family members and the healthcare providers caused a struggle for these mothers.

Similar to Malaysian women, Japanese mothers are expected to rest and refrain from being active or doing housework, including cooking. However, while still in the hospital, midwives encouraged mothers in New Zealand to walk and return to their regular daily routine as soon as

possible (Doering et al., 2016). In Asian societies, babies often co-sleep with their mothers for emotional bonding, but this practice is frowned upon by healthcare providers in Australia and New Zealand as it is associated with increasing risks of SIDS (Doering et al., 2016; Liamputtong et al., 2005). Although the present study does not explore Asian postpartum practices in New Zealand, studying two diverse societies and practices highlights the existence of the peripheries. Further motivation to discuss alternative postpartum practice can be drawn from the present study.

Data Findings and Analysis

“The first few weeks were hard, but that was a time of maximum excitement.”

(Robert, New Zealand father)

This section of the chapter presents the findings and analysis of this study in the area of first-time parenthood. The three broad areas of study (first-time parenthood, breastfeeding and employment) intersect in some parts. Consequently, there will be references to other chapters in this section, particularly on breastfeeding. In the present study, the experience of first-time motherhood was found to be very much related to the experience of infant feeding. This section is presented in a temporal fashion with major themes as headings. The main subsections are titled “the unpredictability and the unknown”, “becoming mothers, fathers, and parents”, “changes after the baby”, and “roles and relations with others”.

The data findings from the Malaysian and New Zealand participants vary, not only because of the sociocultural background, but also because they were collected at different time frames. The Malaysian mothers, mostly, took on two to three months paid maternity leave. Hence, the interviews were conducted within those time frames. Contrastingly, the New Zealand mothers were mostly on extended leave (combining paid and unpaid) for at least eight months, therefore, they were interviewed much later than the Malaysian mothers. The starting questions given to all the participants at each interview were similar, as described in Chapter 2. The difference in the

time of interview meant that New Zealand parents spoke from their memory of early parenthood, but the Malaysian parents were still in their prereflective stage.

The second difference was the confinement practice, this traditional cultural belief imposed certain childrearing and parenting ideals; extended familial support is present and expected, childrearing was shared with other familial members, mothering was learned and taught within this period in stages, and there was a distinction between female and male realms within the family. Malaysian families enjoyed more familial support in the first few weeks which was intertwined with their beliefs in confinement. Postpartum mothers are considered to be in a weak and vulnerable state, they are expected to be relieved of any household duties, and must eat a particular diet for recovery. Typically, first-time mothers will return to their maternal home or have their mothers stay with them. The confinement period was governed by clear female and male spheres, and focused on the maternal figures; the new mother, the grandmother, and the confinement lady or female masseuse.

All of the Malaysian families received this support. Misha returned to her parents' home and stayed there for the duration of her confinement period. Lisa was staying in an extended family's household, she had her mother to care for her during the confinement period. Farah returned to her mother's home and then went to stay with her mother-in-law after the second week because her mother was still working and her parents-in-law offered to help. Nurin and Luqman returned to their own home but had Luqman's mother stay with them for a few nights. Mothers were almost entirely relieved from housework if they stayed with their parents or in-laws during this period. There was also a lot of help with caring for the baby. Grandparents, uncles, and aunts would generally watch over the baby during the day, to allow the mother to rest or for her to attend to traditional therapies such as massages and vaginal steaming. Lisa and Misha explained that they were solely responsible for caring for the baby at night, and during the day they had more support

from their mothers and families. This also meant that mothers had the opportunity to learn to care for their babies from observing their mothers.

Refusing to practise confinement not only meant that mothers did not follow the restrictions, it also meant that they forfeited the support that came with it. Feelings of isolation were brought up by Farah and Nurin who felt like they did not have a positive support experience. Farah and Halim, and Nurin and Luqman, had different ideas about parenting than their families, and this made them feel isolated during the first few weeks. Nurin and Luqman, in particular, did not want to do the confinement practice and felt like it was them against everyone else. Farah and Halim too, were very selective of how and what they chose to do in regard to the confinement practice. They felt like they did not have a lot of positive support because their families did not really help with caring for the baby. Both these couples used the phrase, “It really felt like it was just the two of us”.

The Malaysian cohort were all Muslims and there were instances when parents discussed how their religious affiliation influenced their outlook on their experiences. The first is in relation to the relationship of the parent and child. Parents talked about children as a form of *Amanah* (see page 75). As part of this belief, parents believed that they have the responsibility to raise their children to the best of their ability since they will be accountable for their parenting performance. The other concept was *Tawakkal*, this involved putting effort, making prayer, and leaving the end result to God; having good faith that God will give them what is best for them even though they might not perceive it as such at the time (see page 192).

Unpredictability and the unknown

“I felt confusion, excitement, happiness, fear, sadness, uneasiness, and empowerment.”

(Fatimah, Malaysian mother)

The time before and during pregnancy was a build-up of expectations and preparations for the arrival of a new-born, a new family member. Mothers and fathers prepared themselves for parenthood, they took steps and made plans. They read books, magazines, and online forums, joined online groups, talked to other mothers, and listened to the advice from healthcare professionals. They have heard about what mothering or parenting was going to be like or how others have experienced it. There was clear excitement in anticipation of their first baby for all these couples, but the reality of parenthood was not as expected. These mothers and fathers found that motherhood, fatherhood, and parenthood can only be understood and felt through experience. These experiences varied and the circumstances each couple found themselves in were not the same for any of the families. Lisa, a Malaysian mother, said, “You need to go through it yourself (laughs) because every child is different.” For Nurin and Luqman, parenthood was a “shocker”, but for Heather and Dave, parenthood was “not as shocking as we thought it was going to be”.

The mark of parenthood for my participants was characterised as experiencing the unexpected. It was about learning to accept and manage the unexpected, and losing their sense of control over plans from both the very beginning of parenthood and at each stage of early parenthood. The first few days and weeks for these families were filled with unexpected experiences and the unknown. Labour was one of the first experiences of the unexpected for many participants. Nurin and Luqman dreamt of having eight children all close together so their children could grow together, but it was not meant to be. Nurin experienced some complications, and their options were to either risk Nurin’s life or to have a Caesarean section. Luqman explained how quickly it happened, “She [the doctor] gave us half an hour [to decide]. For me, her [Nurin’s] life is more important”. Nurin told me:

We were devastated when the doctor told us about the Caesarean section. We wanted to induce normal delivery, but there was no dilation, and it was life threatening. I was really devastated because we wanted a big family, so now we can only have four or five [children].

Misha, another Malaysian mother, went to the closest hospital to her house which was a 35 minute drive away when she felt like she was going into labour but was turned away. A few hours later she went into full labour and had to deliver at a local family clinic in the early morning. Sally and Brian experienced a long labour which ended with the baby having to be suctioned out, “by the time the doctor had come in, he said, “Oh my gosh, the cord is obviously around her neck.” So, all of a sudden, it happened, really quickly, and she was suctioned out, but you kind of forget that it was hard, but I still wouldn’t change it, I am still pleased I got a healthy baby”. Sally and Brian had been trying for a baby for quite some time, and their baby was very wanted, so despite the many challenges at the beginning of their journey, they were still very thankful.

Upon seeing the baby for the first time, a few of my participants talked about love at first sight. The first look at the baby was talked about by many mothers. They remember vividly the moment they first saw the baby, which was a big part of the experience of becoming a mother for some of these mothers. Farah described it as “love at first sight”. She continued, “I never believed in that, [but] when I looked at her, I knew I was going to really love her. I know I can give my life to her”. Halim, her husband, asked her if she felt the same about him, to which she replied “with you, I needed to [get to] know you first.” It was a magical moment for Farah, discovering that she was in love with her baby the very moment she saw her. Katie felt a similar kind of experience. She expressed:

I felt that immediate kind of love for her, it was really incredible. I was really nervous about becoming a mother. I wasn’t too nervous about the birth, funnily. I was really nervous about what it would be like to take care of a baby, but as soon as she was born, it was like thunderbolts. It was a crazy time, but just seeing her after nine months of wondering what she would be like (smiles).

Lisa talked about how remarkable it was that the pain of labour disappeared as soon as she saw the baby. Similarly, in my narrative I wrote:

I remember for the first time that day I said to my husband “it hurts”, it was this incredible pain. I could feel every part of his body exiting me, from his head to his shoulder then his arms, and finally his legs and feet, and just a moment after, split second almost, the pain was gone. They placed the baby on me for a bit; I remember how surprising it was; it was a beautiful moment, and I kept telling my husband to look at our baby. He was looking at the baby, but I kept saying those same words, “look at him, look at him.”

The first few nights and days of motherhood and parenthood were marked with struggles with the indecipherable cries and infant feeding challenges. Getting to know the baby and the baby’s needs were big parts of the first weeks. Not only were new parents new to the parenting work, but they were also getting to know this new person, their new-born. The indecipherable cries were mostly thought to be because of hunger, but the parents were not certain if they were hunger cries because they felt that they did not know the baby enough to understand. Chapter 7: Breastfeeding, will give a thorough discussion on the challenges of infant feeding experiences.

A defining part of first-time parenting revolved around learning to feed, being tired, and not getting enough sleep. Compromised sleep patterns often began even before the baby arrived, either in late pregnancy for some mothers or the long labour that lasted for more than a day. In many of the narratives, it was the fathers that would first bring up the sleepless nights either to express their experiences, or their partners’. “Lack of sleep, to sum it up, lack of sleep,” was Luqman’s first response when I asked them about their first weeks of parenting. Dave, Malik, and Rahman also talked about how their wives were sleeping less now than before the baby arrived. These sleepless nights were considered the hardest times for these families.

The narrative of sleepless nights was more visible in families where the delivery took more than 24 hours. Most parents did not sleep for days in the first week. The mothers talked about their lack of sleep and feeling tired, but all spoke about getting used to the sleepless nights and

adapting to it over the course of weeks. The lack of sleep in early parenthood made other parenting duties challenging, especially because there was so much to learn about parenthood. Katie said:

I think it has to do with days-old new-born, [everything] is so hard, and that breastfeeding is hard also [sic]. I found it so hard to separate out the things that I found hard about breastfeeding specifically, everything was such a change, and you're so tired, physically compromised because you have grown a baby, now given birth to it. I just found the whole thing is difficult.

Halim and Farah thought that when they came home from the hospital, they would be able to recover from the loss of sleep during labour. Heather felt she was functioning quite well in the first few days considering she had not slept for the 30 hours during labour. Mothers learned to adapt with the sleepless nights and the more they got to know the baby, and figured breastfeeding out, the easier it became. Farah said, "At first I was very cranky, I felt like, oh no, I can't sleep. [But] Now if she naps for two hours, I'm very grateful. Now, I'm used to it."

Getting to know the baby or the baby's cries was a big theme for the parents. The first few weeks and months were difficult because when the baby cried, they did not know why or what to do. The table below is a collection of quotations from parents about the indecipherable cries.

Table 2: The indecipherable cries

Eva	The first night in the hospital was fine, but then the second night in the hospital was horrible. She did not sleep at all, and she was crying, and I did not know what was happening.
Farah	[I] Need to improve, of course, but for now it's good enough, for example, every time she cries I think she needs milk, when she actually has other needs too. I just give her milk because I do not know what she needs. If I can know more about her [cries], some people know what the cries mean.
Sally	She would cry a lot, and I probably did not know to burp her properly at the time. I probably did not recognise what each cry meant when she was a baby. I could not fix it, and I could not tell.
Malik	The first week was weird, awkward when the baby cried. We did not know what

	to do.
Brian	Being a first-time parent and not knowing. Not knowing what to do, why she is crying. I think that was the hardest part. It's just the part not knowing that makes it difficult. Now that we know the baby's personality, it is much easier... the first two months is probably the most difficult part.
Katie	She would be crying, and we would look at her, and we would think what is wrong, could it be your nappy?
Misha	[when she cried] We didn't know what to do because she's our first baby. Even with my mother around, I didn't know what to do, and at first, I didn't really have milk.

The babies' cries were unrecognisable; parents did not know if it was hunger, a dirty nappy (diaper), or if it was something else they needed to worry about. Worry and fear were a significant part of early parenthood with these parents. Parents were fearful of diseases, pre-labour complications, post-labour complications, bumps in the road, the arrangement of furniture at home, bedding, threats of suffocations, SIDS (Sudden Infant Death Syndrome), co-sleeping, dirt and germs. Brian cleaned the house daily and tried to disinfect the surfaces because they had dogs and wanted to make sure everything was sanitised. Sally recalled the house smelling like disinfectant.

Waking up to check on the baby was also a common experience for some of the families, including myself. Parents worry that their child might suffocate, or choke in their sleep, in the first days at home. From my experience, I recalled:

I would wake in the middle of the night and look at his chest and checked his feet. My husband was doing the same. I was afraid his umbilical stump would get infected, or he would catch a fever, or some kind of disease every time someone came to visit. We would sanitise the door knobs, surfaces - basically the entire room at the start and end of every day. I felt bad that we felt that way, but we have always been the sort of people who would rather be safe than sorry. I remember we checked his skin, stool, cries, and expression every day because we were worried something might go wrong.

Becoming mothers, fathers, and parents

“If I had the chance of going through it and having her, or not going through it and not having her, I would go through it.”

(Sally, New Zealand mother)

The first day or days at the hospital were a supportive experience for most of the participants. They had a supportive environment at the hospital where they could reach out for help throughout the days and nights. Many of them did call for assistance when they felt they did not know what to do; a clear indication of reliance and trust that hospital personnel were there to aid them and support them. For example, Luqman and Nurin reached out to the nurse when they did not know what to do when they felt Nurin did not have any milk. Similarly, Heather, Katie, and Lisa called on the nurses when they were worried about their babies. Lisa called the nurses because her baby had hiccups, Katie because her baby was sneezing a lot, and Heather because she was worried her baby might choke on milk while laying down.

Halim said in a joking manner that he was surprised the nurse gave their baby to them and told them to go home. The ride home from the hospital was a significant part in the recollection of the parenting experience. Their new status as parents changed the way they experience car rides and the first car ride home was like a rite of passage. The parents were suddenly cautious about the bumps in the road, and the speed of their car. That short ride home and the conversation that happened in the car was a monumental part of the process of negotiating the parenting roles and their future as parents.

Farah and Halim both recalled clearly the conversation they had in the car about how they would go through parenting together, and how their differences about parenting beliefs had suddenly disappeared. The excitement of bringing the baby home was something they could not describe. Dave and Heather, and Lisa and Malik too, felt that the drive home was significant, they were more cautious of the little bumps in the roads and how it might affect the baby.

Once they were at home things were different for all the participants. Heather described the differences between home and hospital:

You sort of have the nurses on call. You think you will know how to take care of your baby, and it's all instincts. I think it's because our society has this right and wrong ways of doing things it makes you question everything, and you have all these experts in the hospital... You are just learning and second-guess yourself a bit. It's not until you are home and you are in charge, and you are making the decision that it's sort of becomes (pause) you are sort of taking charge. At the hospital, you don't want to make decisions. It was surreal.

Although the New Zealand parents had to start managing on their own after returning from the hospital, Malaysian parents had help and support from their families,

Parenting identity; between parenting work and parenting ideals

Although the labour experience meant the arrival of their babies, some of my participants found that becoming a mother, father, or parent was not something that happened in an instant or overnight. Mothers and fathers negotiated motherhood, fatherhood, and even parenthood differently and, over time, they saw these roles differently. Parents described the ideals of each role in different ways, and they tried to connect with these ideals to identify themselves or distance themselves from the labels of each role. Becoming a mother, father, or parent was a process of negotiation between their ideals, expectations, and experiences.

Fatherhood and motherhood brought about a feeling of maturity for many of my interviewees, especially the Malaysian participants. Halim said, "I feel more mature, I'm not sure what happened in the past few months, but I feel like I'm brought closer to my centre if that makes sense." Katie, a New Zealand participant, spoke about how becoming a parent held a more

respectable status for a working person because being a mother meant something more than being a young woman at work.

In the first few months, Eva and Steve did not feel like they were parents, or that the baby was their child. They described the first few months as just taking care of a baby, but not feeling quite like parents, not until the baby was more interactive with them. The baby's personality and interaction were building blocks of their relationship that made the ideal of motherhood or parenthood more real to them. Eva described it as:

I feel like it took a while to kind of register that we were parents now, because I think in the beginning, you are just focusing so much on the day-to-day of looking after the baby. For me anyway, I did not feel such a big shift in my mind in terms of I am a mum now, but I am just me, and I have to look after this baby. Not so much that I am a mum. I think it's like a different concept that you think of yourself as a parent, rather than just taking care of a child, which is different. I think for me, it took quite a while to actually feel like I was someone's mum now. In the beginning, we were actually, like were watching this baby, we were just watching it for a while (laughs).

I wrote something similar in my narrative:

At first, I did not feel like a "mother", I knew I was responsible for this baby, I knew I loved him, and was taking care of him, but I just did not feel very motherly. My baby did not feel like he was the same baby he was when he was inside me. I remember missing being pregnant and having a baby inside me. It was like, even when it was just my baby and me, I would wonder about him. I constantly asked myself if I was really the mother of this child because I had very little idea of who this child was, as a person. There was very little that I knew about him. I felt like a mother would and could feel her child from inside her, like she would have motherly instincts to know what he wanted and what he needed,

but in that first week, I had very little idea of what he wanted or needed. I wanted to feel more motherly than I did, but that slowly went away, and I felt more motherly every day.

Heather described a similar feeling, about parenthood, but she described her motherhood differently. When she talked about motherhood she said:

It's really interesting because I think I was absolutely fine when she was with me, because when she is with me I am her mum, but it feels weird to go out without her because when I go out without her, it's like I'm not. She forms such a big part of my identity when I'm out with her, that when I'm not working and I'm out, and she is not with me, that I feel really strange because I'm not her mum. I still, I guess I do not feel bad about myself or anything it just feels weird... it changes how you see yourself...

When talking about parenthood, she said:

I still do not look at us [as parents], I do not actually feel any different... she is just a part of our lives; she is just there all the time, you do not kind of, oh we are parents...The only different thing now, is if one of your friends has a baby. Now you feel like they are joining you on a journey. I don't know, I don't feel that different, I do not feel like our lives have changed that much. Our lives are a bit harder, and to do stuff, and we have to think about her more. I don't feel heaps different [sic].

There was a separation between mothering work, taking care of a baby, and feeling like a mother. When speaking about becoming a mother, Farah described the ideals of motherhood and how she has learned to take on these ideals. A mother is strong, mature, and selfless. She said, "I think I feel more mature [than before], I feel I need to be strong for her, it used to be all about me. I wanted this, and I wanted that, but I think now, all I think of is for her, what is best for her". Similar to Farah, Lisa spoke about strength, sacrifice, and selflessness. Sally and Brian too spoke of thinking about, and spending more money on their baby's things than their own.

Parents draw on the ideals of parenthood from different sources. Lisa developed her ideals from her own mother, and her description of becoming a mother revolved around mirroring her own mother's experiences. She recalled, "It feels like when it started in the labour room "this is how my mother felt." When I cannot sleep at night because the baby was moody "this is how my mother felt."" Eva too felt closer to her mother upon becoming a mother; she said, "Having my own baby made me appreciate how much more my mum had done for me, made me feel closer to my own mum, and it's cool."

For the Malaysian families, the arrival of a new-born was still considered mainly a mother's experience. Although New Zealand parents expressed that they shared the load of parenthood equally, mothers still performed the larger share of care and housework, as all the babies were fully, or mostly breastfed, and the mothers were the ones taking extended leave. The general rule was the parent at home would be in charge of most of the housework and baby care while the other parent went to work. This meant that the mothers were in fact doing the bigger share of the care work and housework because they took the extended leave.

Fatherhood was described with happiness and excitement; the ability to care for and be there for the baby, being a part of fathering work, and being responsible for the family. The arrival of a baby brought a lot of excitement and joy for these fathers. From Robert's perspective, "the first few weeks were hard, but that was a time of maximum excitement." Despite the struggles of infant feeding, the sleepless nights, and returning home alone at night, these fathers were very happy and excited about the arrival of their new-born. Brian spoke about the joy of the birth: "I was happy, but I could not say as relieved as her, as I did not go through the birth. I guess like any first-time father, a lot of joy." Malik and Rahman both expressed happiness with the arrival of their babies.

Among Malaysian fathers, the word responsibility was used more frequently and with more emphasis. The ideals of fatherhood among Malaysian fathers entailed first, being responsible for

the wellbeing of their family, and second, being the main financial provider. Halim clearly stated the roles between him and Farah: “I know the mother takes care of the child, I take care of the mother AND child. I think monetary [sic] plays a big role.” Malik, another Malaysian father, said:

“Responsibility. Yes, the excitement, but before this, I was taking care of one, now I’m taking care of two, to make both of them happy. Before marriage, we were just taking care of ourselves, we can sleep and wake up whenever we like, and we can go out without breakfast. Now, if we don’t eat it is fine, but we have to make sure that the other two has enough, we have a lot of things to learn to about.”

Most New Zealand fathers in the study had to leave their wives and babies at the hospital and return home for the first few nights. The separation from the mother-baby dyad is an odd experience for these fathers. For Dave, it was weird being at home and thinking about Heather and the baby at the hospital. Dave recounts: “it was surreal, the separation. You’ve been at the hospital for so long during the labour suddenly you go home, alone.” This was also true for Rahman, a Malaysian father, who had to leave Misha, his wife, and their baby at her parents’ home during the weekdays because she was staying with her parents during her confinement period. Rahman felt like he was a bachelor again while they were separated, a dreamlike feeling he said. “When I look at the baby I could not believe that we have a baby, and we could play with her, but when I come home, I just eat, sleep, work, eat sleep, work.”

Fatherhood for most of these families was a redefinition of the role of their own fathers. They embraced an intergenerational shift in their ideals of fatherhood and made a conscious decision to take a different role than that of their fathers. For example, they chose to be more hands-on and active in the day-to-day care of their children. All New Zealand fathers in this study were a part of every aspect of childcare, except breastfeeding. They changed their working arrangement with the arrival of their children to spend more time caring for them. These areas

will be expanded more extensively in their respective chapters, Chapter 7 on Breastfeeding, and Chapter 8 on employment.

Although there were some similarities for Malaysian and New Zealand father's experience with babies, there were also clear differences. For both, there was a stark and intentional intergenerational change; they all wanted to be more involved, and had different ideals of good fathering than their own fathers. All fathers thought about the wellbeing of the babies and their wives, now as mothers. However, the emphasis for Malaysian fathers was responsibility; the financial aspect and the invisible work that involves thinking about the baby's future and their partners as mothers.

Spending time caring for the baby alone also highlighted some differences between Malaysian and New Zealand fathers' experiences. Among Malaysian fathers, time spent with the baby was described as playing with the baby, or helping watch the baby, while the mothers do other things. Two Malaysian fathers engaged in the care of their babies for short periods of time while the mothers were at work, one with help from a grandmother, and they both found it to be stressful.

In comparison, the New Zealand fathers who were a part of this study appeared to take a more egalitarian role in childcare. They wanted to be self-reliant parents and often took care of their babies for at least a whole day once a week. Three of the New Zealand fathers I interviewed took care of their babies on their own for full days, at least once a week, and one father took care of the baby for four full days a week.

Changes after the baby

The arrival of the baby changed many things for the participants, the main themes discussed by the participants were the changing roles and its difficulties, the end of spontaneity, and loss and pain in terms of time and self. A big change in the first week for most couples was fathers having to take over the housework that mothers did. Nurin had a Caesarean section, and

she was recovering in the first two weeks, and unlike other Malaysian families, they did not hire or seek any other form of help. Nurin and Luqman wanted to do things on their own, and they did not want to follow the traditional confinement practice. Luqman found it hard in the first few weeks of his parenting journey as he had to take over all of Nurin's roles and so was doing all the housework on top of managing the water crisis that happened at the same time. Luqman said, "I felt alone doing everything on my own. How long is this going to be? We usually do everything together, laundry, hanging, [and] washing dishes."

Nurin was also finding it very difficult to rest. By the second week, although she had not fully recovered, she was ready to do something:

Once I picked up all the housework everything was okay again. After the second week, I started sleeping upstairs and then started mopping the floors, and everyone was judging me, telling me that "you should be careful," but it was just us. At the time it felt like, in this world, it was just the two of us.

Brian, however, did not find it difficult when he took responsibility for most of the housework after Sally had a traumatic labour and could not move in the first few weeks. Brian noted that he was already doing most of the housework when Sally was pregnant, so it felt like he was continuing that. Similarly, Steve had also picked up almost all of the housework while Eva was still pregnant and continued to do most of it even after the baby arrived. He felt that because Eva was already doing parenting work through being at home with the baby, and breastfeeding, it was his responsibility to do the majority of the housework.

Another common theme for parents was learning to care for the baby. Parenting felt like such a steep learning curve, as Katie explained:

I did not know how to put a nappy on but now it's something we do all the time, it seemed so simple, but even things like that felt really hard. I remember being so frustrated about

the layout for her room. Where would be a good place to place her change table? Often with parenting, you get to a point where you think you know what you are doing then the baby changes and you have to learn again. Parenting is quite humbling in that respect... I remember talking to my cousin about parenting; her baby was born a few days before our baby. When you've been working in a career type or professional job, you get to a point in your life where you feel like you're quite good about things, [and] you are quite confident about your ability to navigate the world, and then you have a baby. Suddenly, you are a complete novice at everything.

Some parts of parenthood involved pain and loss for some of the mothers and fathers. The pain of delivery and recovery were expected, but the actual pain and emotional pain that followed surprised some of the participants. Although this was not expressed by all the participants, it was vividly described by Nurin. The arrival of her baby made her realise that she was not emotionally prepared for the change parenthood would bring. She expressed "[the first month of parenthood was] painful. Physically and emotionally." Farah had a similar experience; she described her feeling about the change motherhood had on her:

I am more disorganised. Now that I have a baby I do not even have time for myself, [to] cut my nails, [take care of] my hair, my body. The attention is for my baby; I do not have time for him (husband). I feel guilty.

Lisa too talked about her feeling of the loss of time:

There is no such thing as taking your time first before doing work. Now, [you do] work whenever you have time. When the baby is still sleeping in the morning, I'll wake up and prepare everything. That is your moment. Otherwise, that's it. There is no such thing as following dramas on TV; it doesn't exist anymore. I don't even know what shows are on anymore.

The arrival of their new-born also changed relationship dynamics for the participants of this study. The participants described this as “what was two, was now three”. Once the baby arrived, the families found that their life lacked the spontaneity that it used to have. This was especially true with going out, and was more visible among Malaysian couples. Most of the couples talked about spending time together, and going out more spontaneously before the baby. Most of the couples had not gone out since the arrival of the baby, especially because the Malaysian couples were interviewed within the first three to six months of parenthood. Going out as parents required much more thought about the baby.

Another prominent change in parents with the arrival of their first-born was the transfer of priorities and consideration in their day-to-day routines and the big life decisions. Parents found that many of their decisions now centred on the baby. A simple decision to go out for dinner for Misha and Rahman was now a thing that required elaborate planning. The same was true for Lisa and Malik when they have to do some grocery shopping. Shopping, which used to be the mothers’ or fathers’ interest and pleasure, was now about shopping for the baby. Sally and Brian talked about how their money went into spending for the baby, and Brian was no longer concerned about the brand of clothing he had. The same was true for Farah and Lisa, they both spent their money and time to shop for their babies instead of shopping for themselves. Malik said, “Yes, now it’s always the baby first, she’s a baby you know, whatever she needs. So usually the mother will say, this and that, so okay, I just execute it.”

Even though babies became a major consideration and priority, especially in the first few weeks, many parents slowly took up taking care of themselves, and their interests, as the months passed, making plans for the future when they would be able to do things for themselves again. This was more visible among the New Zealand families, with Steve and Eva having their friends over on the weekends to have some leisure time together, and Sally making time to go out without the baby so she could do her own things. Steve was also looking forward to the near future when

he could return to having more time to delve into his own interests. In contrast, Malaysian mothers talked about sacrificing personal time to be good mothers.

Others

The category of others refers to different groups of people within the families' social circle that were significant participants in their experience of first-time parenthood. They include extended families, midwives, nurses, medical practitioners, friends, organisations, and the online community. Others were talked about as guides of "good" or "bad" parenting, support providers, and negative pressures.

The support and stories of other mothers were very important for mothers in this study. New Zealand mothers established friendships with other parents through antenatal classes which the fathers would join as well. Participating in active relationships to hear and understand stories of other mothers, or in passive interactions on the internet, through the availability of support from mothering forums and groups was invaluable, and was a big part of their mothering journey. Malik explained how talking to other parents was beneficial for them even if they were not going to follow the advice given to them. It gave them the opportunity to consider things. He said:

We ask those that are close to us. My father, my parents, my in-laws, sometimes our friends too, because we grow up together the same age and all. So sometimes I ask them, my baby is like this, and this, and they talk about their children too. So, it feels like I'm not the only one going through this, others are going through it too, so it doesn't feel weird. If we do not know, we'll ask. We can google and all, but sometimes we want human touch, so we ask people... To know whether or not it is practical, then we just listen. For example, we hear about people who wean off before six months, but some people choose to continue until six months, so we listen. If they do not have milk anymore what can they do, right? So, we listen. Sometimes we hear about babies who no longer want to breastfeed after six months, so we take note so we would not be surprised if it happens to us. We just listen.

Some fathers in this study noted how online support groups were such big parts of their lives. The availability of the internet on the mothers' mobile phones meant that they could always be connected online. Rahman mentioned, "Her [Misha's] support group is on Facebook, so she is always on the phone". Dave also mentioned how Heather was always talking about the mothering group, or her phone always gave out notifications.

Heather talked about the convenience of an online group being a wide range of people, meaning someone would always be online at any time of day or night to support each other. The online community was generally supportive, but there was a lot of social surveillance that happened whereby individuals online chastised each other for doing something against their own ideals. For example, pro-breastfeeding mothers penalised other mothers who chose to formula feed. Mothers tended to gravitate towards groups that were supportive of their mothering ideals. Misha felt that reading about other people's mothering experience online really helped her prepare for her own experience and now that she was a mother, she always felt the need to encourage others who were feeling a little down. The mothers in this study compared their experience, ideals, and performance based on the talk of others, a form of self-surveillance in response to what they observe.

Eva, a New Zealand mother, also had her mother stay with them for a while. This was a few weeks after the delivery, as Eva and Steve wanted some time alone, in the beginning, to learn and select ways of parenting without any pressure. Eva found that the time her mother was with her to be very beneficial and supportive. Eva and Steve also found that their midwife was a strong and positive support person for them in the first few weeks as she gave them guidance as well as independence. They felt supported but not pressured. New Zealand families had support from midwives that Malaysian families did not have.

Eva talked about their midwife: "She was definitely a huge help in a very confidence-inspiring-push-us way, and made us feel like we could do it, and everything would be okay... She

was really awesome”. Eva and Steve also enjoyed support from Bellyful¹³ who sent them fresh meals in the first few days at home. Sally and Brian, Katie and Robert, and Dave and Heather too, had friends and family bring food over to them. This form of support was appreciated as they really enjoyed having a fresh meal. Some of the parents prepared frozen meals for themselves in anticipation of the busy first weeks, hence, the appreciation for a freshly cooked meal.

Discussion

Malaysia and New Zealand have distinct social landscapes and unique multicultural backgrounds that impacted on the experience of first-time parenthood. The cross-national component of the research has highlighted the importance of these peripheries in terms of the experience of first-time parenting from two distinct geographical regions. The cross-cultural distinctions include the Malay confinement practice, understandings and practices of gendered parenting, and the ideals of good mothering and good fathering. The Malaysian cohort navigate their parenting life through tradition, religious beliefs, and modern ideals of parenting. Despite these differences, there are similarities in the Malaysian and New Zealand experience of first-time parenthood, as part of the essence of the experience as presented in Chapter 5.

The present study reinforces the view that becoming a mother, or a parent, is learned and therefore, requires time (Kowlessar et al., 2014; Miller, 2007; Oakley, 1981). During this transition, Malaysian and New Zealand parents navigate, weave, and challenge the dominant discourse of mothering and parenting, as stated in earlier studies (Miller, 2014; Oakley, 1981; Urwin et al., 2013). Although socially sanctioned and dominant ideals of parenthood as authoritative knowledge (Miller, 2005) were distinguished from parents’ own beliefs, the findings of this study support explanations made by Urwin et al. (2013) on managing different voices within and giving each

¹³ BellyFul is a community organization that provide meals for families that are sick or with new babies.

different weights. This was especially true for Malaysian families as they negotiated their cultural and religious beliefs with contemporary ideas (Urwin et al., 2013). Malaysian families considered their internal voices that include religious beliefs, understanding of traditional practices, and biomedicine, to comprehend their experience and make decisions such as which aspects of the confinement practice to perform or avoid, and whether or not to accept advice from their elders. It was clear that the beliefs they were most invested in shaped their narrative and decisions (Urwin et al., 2013).

Filial piety was another distinct character of the Malaysian experience (Juhari et al., 2013). Malay family systems often included grandparents, uncles, and aunties, and maintaining harmony between all of these members was important for them. Among the New Zealand cohort, their definition of family was more closely related to the nuclear family as opposed to the extended family practice. The distinction between the ways the participants define family adds to the discussion of first-time parenthood experience, as most earlier studies cited in this research did not explore this aspect (Dermott, 2008; Ives, 2014; Marsiglio, Lohan, & Culley, 2013; Miller, 2007; Schmidt, 2014; Urwin et al., 2013).

Additionally, the gendered experience of confinement separated mothering and fathering conspicuously for the Malaysian parents. Within the extended family system, fathers were often excluded from care work, their participation with their children was described as playing with the baby or helping the mother, and they believed that there were clear limits to what they could or could not do. For example, Luqman's response to his participation with the baby was "when the baby cries, what can the father do" (Rose, Brady, Yerkes, & Coles, 2015). Although the distinction of fathering and mothering was more subtle among New Zealand parents, these limits were still present. For example, institutionally, fathers were still expected to leave the mother and baby dyad at the hospital overnight. These examples continue to demonstrate fathers as having a secondary role in parenting (Ives, 2014). Additionally, the terms mother and father were used with specific

connotations and expectations among parents themselves. The effort to become a self-reliant parent for New Zealand fathers although seen as breaking the distinction was a proof of it because mothers did not talk about being a self-reliant parent.

Another notable cross-cultural difference was the role of religion in the Malaysian families' narrative, as all the Malaysian participants identified as practising Muslims. It was reflected in their narratives that their religious beliefs shaped and influenced their ideals of parenthood and how they manage parenthood, for example, the implementation of the concepts of *Amanah* and *Tawakkal* in parenting (see page 75 and 136). There was no mention of faith or religious affiliations by the New Zealand participants in this study. This comparison begins to answer Marsiglio's et al., (2013) call for research to observe eastern and western traditions of fatherhood or parenthood side-by-side. I would add that it is also important to look at the cross-cultural components of fatherhood and motherhood side-by-side, because in heterosexual parenting relationships the ideals and experiences of mothers and fathers are entwined (Hohmann-Marriott & McMath, 2012; Miller, 2005).

A good mother, according to the Malay cohort, is strong, selfless, and mature. She knows her child, and does an enormous amount of work including physical and emotional work for her child. She is responsible for taking care of herself, her family, and navigating her child's life, as the child's future depends on her mothering. These intensive mothering and deterministic parenting ideas fit those discussed by earlier studies of western mothers (Hays, 1996; Lee et al., 2014). However, unlike western notions of mother and child attachment, grandmothers and other family members are significantly involved in care work during the confinement stage, in some cases more than fathers. Among the Malaysian cohort, childrearing was not completely privatised to the mother and father, however, the intensive nature was still relevant.

A good Malay father is mature, responsible, and caring; he shares the responsibility of raising the child, and most of the time his part falls outside the primary caring role, which often

means he follows the rhythm of the mother when he is with the child. He is the family's financial provider and moral leader. He consoles the mother when she needs it and ensures the family's wellbeing. Being a responsible father and the financial provider were emphasised among the Malaysian cohort, similar to the studies of Barclay and Lupton (1999) and Fägerskiöld (2008). Malaysian fathers not only talked about being responsible for their babies but also for their partners who were now mothers (Dermott, 2008).

The distinction between the good mother and good father for the New Zealand cohort was less visibly spoken about. A good parent is self-reliant, they are able to care for the baby independently, and they spend a significant amount of hours caring for the baby, and interacting with the baby during their waking hours. A good parent, from the New Zealand perspective, do things for themselves too, they go out without the baby, and participate in leisure activities that are separate from the baby. Conversely, part of being a good mother among Malaysian parents is sacrificing their leisure time for the baby.

Two major themes of early motherhood were the lack of sleep and establishing a successful infant feeding routine (Henshaw, Fried, Siskind, Newhouse, & Cooper, 2015; Kronborg, Harder, & Hall, 2015; Shloim et al., 2015). The first few weeks were the hardest for most families because they wanted to physically recover from the long labour period, and many of them had not slept for a day or two. However, the new-born, whom they were getting to know and understand, cried every hour or two, and they did not know what to do (Laney et al., 2015). The cries and slow milk production, combined with a lack of sleep and being tired from labour was a package of anxiety, fatigue, and frustration for most families. Anxiety and worry played a big part in the early experience of parenthood (Barkin, Wisner, Bromberger, Beach, Terry, et al., 2010; Lupton & Schmied, 2002; Millward, 2006; Porter & Hsu, 2003; Tehrani et al., 2014). Families, returning home without strong support system, felt alone and uncared for; this was visible with Malaysian families that did not have grandmothers with them in the first few weeks. Similarly, New Zealand families,

that stayed at the Kenepuru Birth Centre, or had family members supporting them during the earlier days, found the transition to be easier. This finding supports the research of Smythe et al. (2013), who emphasise the importance of the early dwelling space as a nurturing environment, and rejects intensive parenting ideals as a model of contemporary parenthood.

Features that were exclusive to mothering identity and experience include internalised expectations of motherhood, birth experience, mothering work, and a sense of loss. Mothers often questioned their mothering identity because their experiences of motherhood did not fit the cultural image or ideal of motherhood that they had internalised (Oakley, 1981) including an expected nonphysical connection to their babies or “feeling like a mother”. However, they acknowledged labour as the start of motherhood. The experience of loss was more articulated by mothers than fathers; a sense of lost time, lost control, lost spontaneity, and self-loss (Darvill et al., 2010; Laney et al., 2015; Leonard, 1993); but articulating this sense of loss needed justifications. Quotations from mothers began or ended with how grateful they were because having children is still considered a gift (Hays, 1996). Their babies were gifts and thus the acknowledgment of hardship was related to ungratefulness.

Another clear difference between the New Zealand and Malaysian experience was the part mothering work played in the construction of their mothering identity. Mothering work for Malaysian mothers contributed to their mothering identity, but for two New Zealand mothers and myself, the mothering work felt separate from our mothering identity, unlike Laney et al.’s (2015) study. For these mothers, caring for a child was not perceived as a task for mothers exclusively, and the focus of the first few weeks was to keep the baby “alive and safe”.

Among Malaysian families, caring work was still primarily done by mothers; fathers are often excluded from housework and childcare as these are considered to be within the female-dominated domestic sphere (Genesoni & Tallandini, 2009). For the New Zealand participants, the notion of men being disruptive of the domestic sphere was the norm during their parents’ time.

Even though some Malaysian fathers still hold on to traditional ideals, there has been a significant intergenerational change for all the participants. Both Malaysian and New Zealand fathers expressed a change in their ways of fathering compared to their own fathers, reinforcing the shift in fathering ideals (Dermott, 2008). Fathering was described as a joyful experience even though taking care of a child was not easy (Miller, 2010). Most of the Malaysian fathers still used phrases like “watching over the baby” or “playing with the baby” when referring to their time with the baby, much like Oakley’s (1981) description of the western father in the 1970s. On the other hand, New Zealand fathers were keen on becoming self-reliant when it came to caring for their babies. Fathers’ involvement in caring tasks were considered commendable by their similar aged social circle, and many families wanted fathers who were more “hands on” and went against the traditional role.

Like Fägerskiöld’s (2008) study, all the New Zealand fathers focused on having individual relationships with their children. They also tried to do equivalent amount of visible work as their partners. I would argue that mothers still perform the larger share of “invisible” tasks such as mental responsibilities of parenthood including, but not limited to, thinking about infant clothing and toys, developmental progress, and infant feeding (Pedersen, 2012). In the case of two fathers, Halim (Malaysian) and Brian (New Zealand), even when they felt they did half, or more, of the caring work they still felt that there was a special bond between mother-and-child that they could not achieve (Rose et al., 2015).

Much like Pasifika families in New Zealand, most Malaysian families had extended familial support ready and offered (Abel et al., 2001). Among Pākehā families, familial support was available upon request, but more emphasis was given to the privacy of the nuclear family. There is a research gap in the area of how postpartum practices support first-time mother’s transition to parenthood (Al-Attas, 2016; Liamputtong et al., 2005). For example, the move away from the confinement practices will have a social impact on the experience of becoming a mother (Al-Attas,

2016). The next step would be to explore Malaysian families that are moving away from confinement practices, and alternative support that may be available and useful for them.

Friends with babies of similar age group were the most spoken about form of support for these families, especially for mothers (Ekström et al., 2015). These groups of friends were mostly friends made at antenatal classes among New Zealand families, and online groups for both Malaysian and New Zealand mothers. Additionally, reading about the experience of others online and sharing similar experiences was noted to be one of the more significant types of support (Johnson, 2014). These online groups have the ability to be more responsive and available compared to other forms of support, given that mothers can reach out to the group at any time of the day or night (Johnson, 2014). I recommend the Malaysian public sector provide subsidised antenatal classes for mothers, especially given that there may be more mothers opting out of traditional confinement practices. The antenatal class will not only fulfil its objective to prepare parents for the arrival of their babies, but also help them establish social support networks with other parents (Ekström et al., 2015; Nolan et al., 2012).

This study contributes to the body of knowledge on first-time parenthood by presenting a single narrative of cross-cultural parenthood from both the mother and father's perspective and highlights the significance of the peripheries of the experience as part of the phenomenological framework. The experience of early first-time parenthood for these participants is interwoven with the experience of infant feeding. Throughout the next chapter, infant feeding experiences will be discussed, with a central focus on breastfeeding.

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Chapter 7: Breastfeeding

“Of course it’s good, but there should be a choice.”

(Farah, Malaysian mother)

This chapter looks at the experience of breastfeeding among first-time parents, and the experience of breastfeeding and employment. All the participants were breastfeeding during the study period, but other forms of infant feeding, such as formula or expressed breast milk, were used by some parents to supplement breastfeeding. This chapter also discusses experiences with supplementary feeding strategies and the father’s role. In addition, this research highlights several trends surrounding breastfeeding and first-time parenthood in Malaysia and New Zealand including discussions about the influences of culture and religion on parents’ infant feeding decisions.

Part of this study explores the experience of breastfeeding from a shared perspective of cohabiting couples, looking at the negotiations of infant feeding decisions and practices. Throughout the chapter, I continue to discuss the contemporary landscape of breastfeeding experiences for first-time parents in New Zealand and Malaysia. The present study adds to qualitative data on breastfeeding and employment in Malaysia which is currently scarce.

Literature review

Breastfeeding for the first-time

This section discusses literature on breastfeeding and the experience of breastfeeding for the first time. The subtopics include breastfeeding culture in New Zealand and Malaysia; benefits of breastfeeding; breastfeeding as moral work; expectations and experiences; problems and challenges related to breastfeeding cessation; and the role of others in the experience of first-time

breastfeeding. I have also included a section on fathers and infant feeding as a subtopic in this section.

Breastfeeding culture and background

The World Health Organization (WHO) recommends that babies be exclusively breastfed for the first six months of an infant's life (WHO, 2003). According to Labbok and Krasovec's (1990) schema of breastfeeding definitions, exclusive breastfeeding can be defined "in the strictest sense, that is, no other liquid or solid enters the infant's mouth" (p. 227). Based on this definition, using other devices, or an artificial nipple is still considered as fully and exclusively breastfeeding as long as the content of the feed is purely breast milk. According to New Zealand researchers in the field, WHO recommendations have brought about a general increase in awareness, interest, and initiation of breastfeeding in New Zealand (Glover et al., 2007; Glover, Waldon, Manaena-Biddle, Holdaway, & Cunningham, 2009; Manhire, Horrocks, & Tangiora, 2012; Martis & Stufkens, 2013). There has been a steady increase in the past two decades in the implementation of the BFHI (Baby Friendly Hospital Initiative) and Ten Steps¹⁴ in hospitals in New Zealand and Malaysia (Labbok, 2012). In Malaysia, the National Breastfeeding policy was implemented in 1993 and the BFHI was implemented in 1997 (Fatimah et al., 2010). New Zealand formed its own New Zealand Breastfeeding Authority (NZBA) in 1998 and had the first three BFHI facilities accredited in 2002 (Jackson, 2005). In the past, Beasley and Trlin (1998) observed that New Zealand did not have a robust breastfeeding culture. However, recent studies suggest that this has changed and that mothers in New Zealand believe that they are expected to breastfeed and that there is a pressure to do so (Glover et al., 2007; McBride-Henry, 2010). Malaysia established its National Breastfeeding Policy in 1995 in line with WHO recommendation in the initiative to increase

¹⁴ The Ten Steps is included in the Appendix section, Appendix 9

exclusive breastfeeding rates in Malaysia. The rate of breastfeeding initiation has been at a steady high, at 94.7% however, the rate of exclusive breastfeeding has been at a steady low level. The percentage of exclusive breastfeeding in the first two months is at 26.7%, and it dips to a very low 6.1% at four to five months (Fatimah et al., 2010). This reflects the emphasis on neoliberal risk-management practices within the pro-breastfeeding sphere, where there is social surveillance and monitoring of breastfeeding numbers to ensure that breastfeeding, the less risky and “better” form of infant feeding, is increasing.

The politicising of breastfeeding, also termed as Lactivism is an emerging focus of critical social scientists (Faircloth, 2013; Knaak, 2006; Lee, 2011; Schmidt, 2008). The proponents of this debate do not reject breastfeeding or are anti-breastfeeding, rather, they talked about how lactivism has moved toward a more intensive direction. Lactivism, in part, has been argued to be part of the neoliberal concept of risk management and choosing not to breastfeed may be considered irresponsible parenting, placing moral responsibility on mothers more often than fathers (Faircloth, 2013).

Infant feeding decisions and moral work

Shaw (2004) argues that from a moral and ethical point of view, the mothers’ decision to breastfeed is more than a corporeal experience. Shaw (2010) identifies several perspectives on breastfeeding that incorporate ethical principles from key philosophical traditions. These perspectives are liberalism, utilitarianism, and communitarian ethics. Viewed from a liberal standpoint, breastfeeding is a choice mothers make on their own, or in conjunction with their partners. Breastfeeding is considered a choice if women (and their partners) have been given sufficient information to make an informed decision (Shaw, 2010).

There is a large volume of published studies on breastfeeding and its benefits for the health and development of babies both long term and short term, its benefits for mothers, and the economic benefits of breastfeeding (Binns, Lee, & Low, 2016; Leon-Cava, Lutter, Ross, & Martin,

2002; Weimer, 2001). One of the Ten Steps implemented through BFHI is to inform mothers of the benefits of breastfeeding. Deciding to breastfeed and breastfeeding initiation often involves planning, and is often done prenatally (Dennis, 2002; Earle, 2000; Sheehan, Schmied, & Barclay, 2013). Many mothers then choose to breastfeed because breastfeeding is closely related to the concept of being a good mother because of its many benefits for the baby (Glover et al., 2007; Marshall et al., 2007; McBride-Henry, 2010; Sheehan et al., 2013). Wall (2001) describes the choice to breastfeed as a moral obligation because “to choose not to breastfeed is to risk your baby’s health and to place your commitment to good motherhood in questions” (p 605). From a utilitarian perspective, this account views breast milk as a product and breastfeeding as a method of delivery (Shaw, 2010). Breast milk has been synonymously described as liquid gold by healthcare providers when speaking with mothers (Burns, Schmied, Fenwick, & Sheehan, 2012). Shaw (2010) further explains that it is important to recognise that breastfeeding is embedded in religious and cultural beliefs.

Breastfeeding choices and patterns vary between different cultural groups and by religious beliefs even within the same countries (Blum, 1999; Glover et al., 2009; Pang et al., 2016; Reitmanova & Gustafson, 2008). Among Malaysian women, Malays were more likely to breastfeed than Chinese or Indian (Amin et al., 2011; Awang & Salleh, 2000). Awang and Salleh (2000) reason that this pattern can be attributed to cultural and religious beliefs. In Islamic belief, Allah has prescribed in the Quran (Islamic text) on breastfeeding choices for Muslim families. Here is a component of choice and an active involvement of the father or father figure in the decision-making and active support which is illustrated in the Quran Surah Baqarah, Ayah 233:

Mothers may breastfeed their children two complete years for whoever wishes to complete the nursing [period]. Upon the father is the mothers’ provision and their clothing according to what is acceptable. No person is charged with more than his capacity. No mother should be harmed through her child and no father to his child. And upon the [father’s] heir is [a

duty] like that [of the father]. And if they both desire to wean through mutual consent from both of them and consultation, there is no blame upon either of them. And if you wish to have your children nursed by a substitute, there is no blame upon you as long as you give payment according to what is acceptable. And fear Allah and know that Allah is Seeing of what you do.

Although there may be religious influences to feeding decisions and experiences, urban Malaysian mothers often manage their decisions and actions based on the negotiation of several factors including but not limited to cultural beliefs, religious beliefs and contemporary scientific knowledge, especially when these ideas contradict (Al-Attas, 2016). The present study seeks to examine the possible relationship between breastfeeding experience and cultural or religious influences.

Expectations and experiences

Many mothers and fathers expected breastfeeding to be easy and natural, but according to various literature, the reality of breastfeeding was more difficult and painful than expected (Jordan & Wall, 1990; Marshall et al., 2007; Miller, 2007; Moore & Coty, 2010; Sheehan et al., 2013; Vogel & Mitchell, 1998). Faircloth (2013) explains that the term natural, when used with breastfeeding, carries with it several meanings; breastmilk as being “the perfect food” for humans; the extended length of breastfeeding as being a natural part of mother and child attachment; and breastfeeding as being part of human evolution (p.122). These ideas surrounding the naturalness of breastfeeding are seen to be problematic because of their negative moral implications for mothers (Faircloth, 2013). Breastfeeding, unlike popular assumptions, is not instinctive for mothers “but is implicated by social and cultural practices and knowledge” (Shaw, 2004, p.113). Hauck, Langton and Coyle’s (2002) phenomenological study of Australian mothers revealed that the women were in shock and disbelief at the problems they encountered during breastfeeding and that they were constantly looking for answers as they struggled to cope with the physical pain and emotional

exhaustion of breastfeeding. In another Australian study of first-time mothers, by Moore and Coty (2010), mothers reported feeling frustrated when they felt like they could not “get it right” and found breastfeeding to be a struggle. Struggle and perseverance is a consistent theme in the literature (Hall & Hauck, 2007; Hauck et al., 2002; McBride-Henry, 2010; Sheehan et al., 2013).

The role of others, ranging from healthcare professionals to family members affect mothers’ breastfeeding experience. Mothers often imagined the others’ gaze on them as more critical than it actually was according to Palmér, Carlsson, Brunt, and Nyström (2015). The benefits of breastfeeding and the emphasis given to breastfeeding is translated in the actions of others around mothers. This is visible through the surveillance of mothers by healthcare professionals.

The first few weeks after delivery for first-time mothers was a mix of learning to mother and establishing breastfeeding with very little to no sleep, as I have identified and discussed with my own data in the previous chapter (Henshaw et al., 2015; Kronborg et al., 2015; Shloim et al., 2015). Kronberg et al. (2015), proposed that mothers considered breastfeeding the right decision when they felt confident of their abilities, and when the baby knew how to latch properly, seemed content, and there was an increase in the baby’s weight. The physiological ability to breastfeed was only a component of being able to breastfeed (McGuire, 2016). The early challenges of breastfeeding often resulted in “shattered expectations” for first-time mothers (Larsen, Hall, & Aagaard, 2008). Nelson (2006) explained breastfeeding experience as an engrossing personal journey that was physical and required maternal commitment, adaptation and support. Challenges with breastfeeding have been repeatedly illustrated as resulting in a feeling of failure among mothers because of the schism between their lived experience of struggling and the dominant cultural discourse of breastfeeding being something natural and synonymous with “good mothering” (Brown, 2016; Fox & Neiterman, 2015; Leeming, Williamson, Johnson, & Lyttle, 2015; McGuire, 2016; Williamson, Leeming, Lyttle, & Johnson, 2012).

Challenges related to breastfeeding

Problems associated with breastfeeding can be maternal, infant-related, or related to others. Sore nipples, thrush, engorgement, flat or inverted nipples, mastitis, breast pain, cracked nipple, blocked ducts, and caesarean birth were among the maternal physiological problems reported in the literature (Glover et al., 2007; Hall & Hauck, 2007; Lewallen & Dick, 2006; Manhire, Hagan, & Floyd, 2007; Vogel & Mitchell, 1998). Infant-related problems include colic, reflux, inability to latch on properly, premature or small baby, jaundiced baby, weight loss, sleepy baby, frequent feeding, and illness of baby (Butler, Williams, Tukuitonga, & Paterson, 2004; Glover et al., 2007; Hall & Hauck, 2007; Lewallen & Dick, 2006; Moore & Coty, 2010). Non-physiological problems, equally significant, include receiving conflicting advice from healthcare providers, challenges to breastfeeding in public, and comments of others on insufficient milk supply (Hall & Hauck, 2007; Manhire et al., 2007; Marshall et al., 2007; Vogel & Mitchell, 1998).

Through their discourse analysis, Burns et al., (2012) argued that mothers were described as having the bodily “equipment” to be producers or manufacturers of this precious resource, breast milk, but this “equipment” did not always work. In a Canadian study of breastfeeding mothers, Braimoh & Davies (2014) found that mothers defined successful moments as moments when the breast worked and unsuccessful when their breast did not work. Mothers felt guilt, shame, alone, and afraid when breastfeeding was not working out (Benoit, Goldberg, & Campbell-Yeo, 2016; Hall & Hauck, 2007; McBride-Henry, 2010; McGuire, 2016; Mozingo, Davis, Droppleman, & Merideth, 2000; Sheehan et al., 2013).

For mothers who have persisted and continued to breastfeed, the outcome and experience of infant feeding has been described as satisfying and comforting (Manhire et al., 2007). However, Hauck and Irurita (2002) explained that weaning involved a dilemma in managing personal expectations with the expectation of others. Due to the good motherhood ideology, explained earlier in chapter 6, the moral obligation associated with breastfeeding, and the pressure and

expectations of others for mothers to breastfeed, weaning becomes a challenge. Respectful listening and a women-centred approach by healthcare providers were proposed as measures to assist mothers who have weaned (Hoddinott, Britten, McInnes, Craig, & Darwent, 2013; McGuire, 2016).

Breastfeeding is more than a method of infant feeding; it is a relationship between at least two individuals: the mother and the child (McBride-Henry, 2010; Shaw, 2010). Breastfeeding for mothers is the management of their relationship with their babies as well as the nourishment for the infants' development and well-being (Palmér et al., 2015). More often than not, studies on breastfeeding focused on identifying ways to improve breastfeeding rates and duration (e.g., Awang & Salleh, 2000; Fatimah et al., 2010; Hunter & Cattelona, 2014; Pang et al., 2016). The discourse on breastfeeding focused on the benefits of breastfeeding and the moral obligations related to it instead of focusing on the realities of the experience of breastfeeding (Wall, 2001). Mothers were aware of the perceived benefits of breastfeeding; they were, however, concerned about the emphasis that the "breast is best" message is carrying (Ryan, Bissell, & Alexander, 2010). In a different study, mothers suggested that there should be a change from the emphasis on the "breast is best" for the management of feeding new-borns (Brown, 2016). Schmidt (2008) proposed that while the "breast is best" slogan should remain, it would be better to include an additional clause "but not the only option", thereby minimising feelings of failure among mothers who do not breastfeed.

Benoit et al. (2016) called for mother-centred breastfeeding support as past initiatives focus on the benefits of breastfeeding, especially for the baby, causing guilt to mothers who did not or could not breastfeed. Future initiatives should move towards looking at the realities of maternal experiences of breastfeeding and not from a largely institutionalised discourse (Benoit et al., 2016). A similar finding was presented by Komninou, Fallon, Halford, and Harrold (2016). Current breastfeeding promotion lacks a realistic portrayal of exclusive breastfeeding experiences and has

a negative impact on mothers' experiences of challenges with exclusive breastfeeding. Supplementing with formula made mothers feel guilty and stigmatised (Komninou et al., 2016).

Equally problematic, some mothers have been advised by healthcare providers, family members, and other parents to supplement breast milk with formula to ensure that the babies had adequate milk (Choo & Ryan, 2016; Hall & Hauck, 2007; Moore & Coty, 2010). Mothers from Australia, UK, US, and Canada appreciated and thrived from the clear, caring, individual and personalised support provided by healthcare practitioners such as nursing or lactation consultant, nurses and doctors (McGuire, 2016; Nelson, 2006). The conflicting advice from healthcare providers and family members can bring about confusion for first-time mothers (Hall & Hauck, 2007; Manhire et al., 2007; Marshall et al., 2007). A recent study of Singaporean mothers, also practising similar confinement practices as Malaysian mothers (See chapter 6, literature review section on Confinement Practices), found that mothers received conflicting advice from maternal figures and confinement ladies that were not supportive of breastfeeding (Choo & Ryan, 2016). This confusion was associated with early breastfeeding cessation among Singaporean mothers in the study.

The role of others

Eastern and western families value different ideals of parenthood and have different sets of social rules and beliefs, and as such, the role of fathers in breastfeeding have also been found to be different. For Eastern families infant care, including feeding decisions and work often fall under the exclusive control and domain of women within the family (Februhartanty, Muslimatun, & Septiari, 2007; Karim, 1992). The challenges eastern fathers face in trying to be supportive of their breastfeeding wives differ from western fathers. In an Indonesian breastfeeding study, fathers wanted to provide more support but found that it was difficult for them to be actively supportive as it is not their domain (Februhartanty et al., 2007).

Partners and mothers' social circle play an important role in the experience of breastfeeding. Hoddinott et al. (2013) classified significant others as the mediating or moderating influence on breastfeeding behaviour, of which maternal grandmothers were considered a strong influence on breastfeeding behaviour, of which maternal grandmothers were considered a strong influence to UK mothers in their study. Among extended family households, negative perceptions of breastfeeding from in-laws often challenge mothers' ability and affect mothers breastfeeding continuation, as mothers felt embarrassed to breastfeed in front of other family members (Bai, Fong, Lok, & Tarrant, 2016). In a study in India, where extended family forms are common, both husbands and mothers-in-law played a significant role in the experience as well as decision-making surrounding breastfeeding (Omer-Salim, Suri, Dadhich, Faridi, & Olsson, 2015). Furthermore, among societies moving toward nuclear family forms, further improvements in the support that husbands can provide were recommended (Omer-Salim et al., 2015).

Partners play a significant and crucial role in support of breastfeeding during the postpartum period, especially for first-time parents. Including fathers in prenatal nursing classes assisted the effort to promote supportive behaviours in partners (Hunter & Cattelona, 2014). Bennett, McCartney, and Kearney (2016) found that fathers with higher socioeconomic standing were more likely to be supportive of breastfeeding. Active and positive partner support has been identified to help mothers increase their breastfeeding self-efficacy (Mannion, Hobbs, McDonald, & Tough, 2013; Rempel, Rempel, & Moore, 2016). Nevertheless, most fathers were unable to provide physical support for their partners when there were challenges in the earlier stages. Additionally, although fathers may be supportive of their wives breastfeeding, many were not comfortable with breastfeeding in public (Bennett et al., 2016). Depending on the cultural landscape, there is a stigma around breastfeeding in public. Grant (2016) states that breastfeeding still requires a safe place and mothers who breastfeed in public are viewed as exhibitionist by many in the UK.

In a Canadian study by de Montigny et al. (2016), fathers were aware of the benefits of breastfeeding and supported breastfeeding, but they were also conscious of the impact breastfeeding had on their relationship with their babies. Being able to feed the babies themselves were determining bonding moments for them. Fathers were envious of the mothers but were not jealous (de Montigny et al., 2016). Even though there is constant public health promotion about the virtues of breastfeeding, some women choose to bottle-feed instead because of the desire for paternal involvement (Earle, 2000; Schmidt, 2008).

The expression of breast milk is now more commonly used not only to accommodate paid employment but also to be used to allow partners to gain infant feeding experience, to spend some time away from the baby, not wanting to breastfeed in public or when mothers cannot physically breastfeed her child (e.g. latch problems, medication, engorgement, surgery) (Stearns, 2010). Stearns (2010) notes that even though feeding babies formula would be seen as a more convenient option; the reasons mothers choose to spend more time expressing milk were more oriented towards the ideal of exclusive feeding, to maintain their breast milk flow. EBM is considered to have a superiority over formula, but is secondary to direct breastfeeding (Burns et al., 2012; Stearns, 2010).

Breastfeeding and employment

Payne and Nicholls (2010) argue that managing breastfeeding and employment involves the negotiation between wanting to be a good mother and a good worker. A good mother is one who is concerned with providing the best feeding option for her child, breast milk, and the good worker is concerned with maintaining the least disruptive conduct in the workplace when expressing milk at work (Payne & Nicholls, 2010). Shaw (2004) discusses breastfeeding in terms of an embodied performance, suggesting that the reason for uneasiness around breastfeeding and employment is related to the lactating body not conforming to the male working body. Gatrell (2007) further explains that some mothers cease breastfeeding because of the anxiety of managing

their lactating bodies at work. Additionally, Turner and Norwood (2014) argue that a positive relationship between employment and breastfeeding requires macro-social and micro-social efforts; lactation policies, supportive co-workers and supportive communication from supervisors and a pro-breastfeeding culture.

Several studies suggest that women's employment postnatally is related to the early cessation or shorter duration of breastfeeding (Chatterji & Frick, 2005; Cooklin, Rowe, & Fisher, 2012; Fein & Roe, 1998; Lindberg, 1996; Visness & Kennedy, 1997). Conversely, employment, according to Visness and Kennedy (1997), and Chatterji and Frick (2005), is not related to breastfeeding initiation. Chatterji and Frick (2005) argue that expecting to work part-time increased the probability of initiation. Concerning part-time work, Lindberg (1996), and Chatterji and Frick (2005) identified that mothers working part-time were more likely to breastfeed for a longer duration than those working full-time. In contrast, Skafida's (2012) study of Scottish mothers illustrated that both full-time and part-time employment resulted in higher risks of early cessation. However, in a recent Australian study, Xiang et al. (2016) argued that it was not the timing of return to work, rather it was the number of hours mothers worked that had to do with breastfeeding outcomes. It is important to note, however, that this study only looked at the first six months of breastfeeding (Xiang et al., 2016).

According to Lindberg (1996), breastfeeding cessation was more likely to happen in the months women return to or enter employment. Employment, or return to employment in the first ten months of delivery has been associated with reducing breastfeeding duration (Chatterji & Frick, 2005; Cooklin et al., 2012; Skafida, 2012; Visness & Kennedy, 1997). The length of maternity leave or parental leave for mothers is associated with breastfeeding experience and breastfeeding outcomes. Longer maternity leave affected mothers' decision to initiate breastfeeding and allowed for longer breastfeeding duration (Choo & Ryan, 2016; Ogbuanu, Glover, Probst, Liu, & Hussey,

2011; Skafida, 2012; Xiang et al., 2016). Butler et al. (2004) and Lewallen et al. (2006) also report a positive relationship between return to work and cessation.

Even though mothers report feeling supported at work, rarely did mothers report receiving any proactive support (Gatrell, 2007; Turner & Norwood, 2014). A supportive workplace could provide a better environment for mothers wanting to breastfeed. Ortiz et al. (2004) suggest that a supportive workplace can help prolong breastfeeding duration for up to 21 months or on an average six months which surpasses the recommended duration by WHO (WHO, 2003). Slusser, Lange, Dickson, Hawkes and Cohen (2004) found that on average, it took less than an hour twice a day for mothers to express their milk when provided with the facilities. However, Slusser et al.'s (2004) study was conducted with mothers who returned to work after the fourth month. The time spent and frequency will differ with the age of the child, and as such, this study will report the time spent for Malaysian mothers who return to work after the second month. Despite the available policies and law on breastfeeding support at work, there are inequalities among workers at different levels (Dinour, Pope, & Bai, 2015). Breastfeeding at work is a privatised privilege; those with better work conditions, with better space and time available for them could express milk while at work. Besides the situation at the workplace, the lack of support during the return to work is related to early cessation (Skafida, 2012).

Among Malaysian mothers, returning to work has been positively related to breastfeeding cessation. Mothers reported feeling supported but were not given time, space and facilities to maintain their breastfeeding routine (Ismail, Sulaiman, Jalil, Muda, & Man, 2012; Muda, Aung, Ibrahim, & Ismail, 2016). Prayer rooms were the most common place mothers went to express breast milk, and there was also a concern about storing their EBM in the staff refrigerator along with the other employees' food items due to the cultural stigma of breastfeeding and bodily fluids (Muda et al., 2016). According to Sulaiman, Liamputtong, and Amir (2016), the dominant discourse of good mothering among some employed mothers no longer includes breastfeeding,

as it is no longer the best choice. Instead, mothers compensated by buying expensive formula for their children. Sulaiman et al. (2016) take on an individualistic approach, suggesting that it was not employment that influences breastfeeding cessation, it was the mother's personality and "passion" towards breastfeeding that determined breastfeeding continuation. In a study conducted by Payne and James (2008), New Zealand mothers identified the importance of workplace support in the continuation of breastfeeding among employed women. Workplace support is characterised partly as providing the "provision of suitable space and acceptance of mothers taking time away from their worksite to either breastfeed their baby or express breast milk" (Payne & James, 2008, p. 23). Other literature highlights the importance of flexibility and proximity with child (Gilmour, Monk, & Hall, 2013).

Among extended family forms, grandmothers appear to have an influential role in maintaining breastfeeding after the mothers' return to work, especially when they provide childcare support as well (Omer-Salim et al., 2015). Gilmour et al. (2013) and Skafida (2012) emphasise the importance of flexibility in helping mothers to continue or prolong breastfeeding while being employed. Flexibility, according to Gilmour et al. (2013), included flexibility at work, flexibility with childcare centres, and flexibility of family. Flexibility at work included time, space and minimal pressure, flexibility of childcare centres included the ability to accommodate expressed milk or providing space and time for mothers to come and breastfeed, and family's flexibility included willingness to take time to bring the baby to the mother at work for feeding (Gilmour et al., 2013).

Although there are workplaces that support breastfeeding, many still ignore breastfeeding by not providing space or time for women to express their milk and there are still workplaces that pro-actively discouraged breastfeeding (Gatrell, 2007). Mothers felt the need to hide their lactating bodies, often utilising lavatories to express milk and having extra sets of clothing in case there were leakages (Gatrell, 2007). There is still a stigma around breastfeeding, and combining breastfeeding and work often makes breastfeeding a public exercise (Grant, 2016).

Moving forward, the present study continues to explore the issues of breastfeeding culture and its impact on first-time parents and the dissonance between the expectations and experiences. However, the research explores the experience in a longitudinal fashion and includes the perspective of fathers. Equally significant, the similarities and differences of Malaysian and New Zealand experiences of first-time parenthood and feeding are compared. The aim of this study is not for representativeness, but it is a starting point for further cross-national exploration of breastfeeding experiences among first-time parents, not only mothers. The literature has pointed to the involvement of other family members in the infant feeding experience. Hence, an inclusive method of inquiry has been used for this research.

Employment and breastfeeding in Malaysia and New Zealand is still mostly discussed as a problematic combination due to the lack of clear policies that actively support breastfeeding by providing specified time and space for mothers to express milk, or by giving mothers the flexibility to return to work after the recommended six months of leave. At the time of writing up the present study, the maternity and parental leave allocations are at 60 to 90 days for Malaysian mothers and 18 weeks for New Zealand parents. Equally important is the discourse of the contradiction of the lactating body and the “male working body”. Breastfeeding and employment are still viewed as the responsibility of mothers. This study explores the experience of couples with first-time mothers that manage breastfeeding and employment, by looking at the relationships and components involved.

Data Findings and Analysis

“At first I did not know what to do.” (Lisa, Malaysian mother)

The findings and analysis section include two main areas: breastfeeding for the first time and work and breastfeeding. The first section focuses strictly on the experience of first time feeding, expanding on the breastfeeding cultures in New Zealand and Malaysia; the influence of

“breast is best” discourse, positive and negative pressures, the first experience; expectations and realities, the late arrival of milk, challenges, assisted feeding, and fathers and infant feeding. The second section focuses on the experience of breastfeeding and employment, expanding on the experience of weaning before return to work, expressing breast milk at work, and caretakers and EBM.

Breastfeeding for the first time

The experience of breastfeeding or infant feeding was part of the overall experience where there was a clear separation between the narratives of couples. Unlike other parts of the experience being studied, where couples could narrate a shared experience, the narration of the feeding experience, in general, was not shared. This section includes a part on fathers and infant feeding as well as parts on assisted feeding. All the mothers breastfed their babies at some point and for the most of the early months. However, all of the babies at some point were given formula or a bottle with expressed milk. Major themes in this section include (1) Breastfeeding culture: “Breast is best”, positive and negative pressures, (2) First-time experience; expectations, realities and challenges, and (3) Fathers and feeding.

Breastfeeding culture: Breast is best, positive and negative pressures

The contemporary culture and landscape of breastfeeding in Malaysia and New Zealand are similar because both mothers and fathers regard breastfeeding as the best form of feeding for babies in both countries. Mothers were all keen to breastfeed and knew that it was the best option for their babies. They were made aware of the health benefits and convenience of breastfeeding, but many of them emphasised that convenience was only true if and when breastfeeding works.

There are, however, differences between the Malaysian and New Zealand breastfeeding experiences. First, the previously held notion in Malaysia that formula was the ideal infant feeding choice had transitioned to breastfeeding being the ideal choice instead. Second, breastfeeding in

Malaysia is seen as the “stylish” feeding choice. Breastfeeding culture in Malaysia has grown rapidly in the past decades as my participants recall. The mothers I talked to describe the pressure to breastfeed, as well as how breastfeeding was now viewed as trendy and stylish. Mothers who breastfed were seen to be of a higher status than a mother who did not. There was also a mention of sharing pictures of their expressed breast milk in large quantities stored in their freezers on social media to prove their ability to produce a wealth of milk. Pressure to breastfeed among the mothers I talked to in Malaysia originates from the media, their familial circle, friends, healthcare personnel, and workplace colleagues. Most Malaysian participants came from families where they were formula fed; only one mother spoke of her mother fully breastfeeding. Formula feeding was a more preferred and popular form of feeding during the time their mothers had babies in the 1980s and earlier 1990s according to these mothers. However, breastfeeding is now considered more modern, and superior. Parents reported that breastfeeding advocates were more widespread in each family’s social circle and on social media as well.

The pressure to breastfeed played a role in the breastfeeding decisions mothers made, both during initiation and cessation. A mother from the Malaysian focus group discussion described the pressure as a positive pressure helping her to continue breastfeeding successfully. Conversely, in the dyadic interview, Farah described her experience of breastfeeding as being bullied into breastfeeding. There were a number of moral negotiations for her. She wanted to be a good mother who breastfeeds, but at the same time, trying to breastfeed meant that her baby might not be getting enough milk. Farah felt that the talk of others around her pressured her to try and be a “good” mother because breastfeeding is what good mothers do. She continues to breastfeed, but she combined it with formula and said that she should have done it sooner. She said:

I think not everyone was meant to breastfeed. Of course, our body can produce [milk], but some parents are not confident enough to say that our baby might not have [been getting] enough milk. I remember when she had jaundice, at one point, I blamed myself because I

knew I didn't have milk but I didn't want to give her formula, only because everyone says breastfeeding is good. Things like that made me blame myself, I was supposed to give her formula from the very beginning to avoid her from all the poking, [from] being in the hospital and all that. I feel sometimes, I do feel like I'm being bullied, by like old parents, everyone wants to give this advice and that advice. "Don't give this and don't give that," [but] after that, at last, I have to bear everything. So, I think it's not good that everyone likes to put pressure on new mothers, that they have to fully breastfeed. Of course, it's good, but there should be a choice for the mother, not like "you have to do it, you have to do it."

In one of the Malaysian focus groups, breastfeeding was also described as being "stylish". It was a sign of superiority among mothers, mothers who breastfed were seen as better mothers. Being out in malls or in restaurants with nursing covers was discussed as something empowering and fashionable. Damia, one of the Malaysian mothers, felt this pressure from her workplace; she described these mothers as the cool mums' clique. She found herself apologising to them and explaining herself when she decided to stop breastfeeding after six months as it became too time-consuming and not doable for her.

New Zealand mothers acknowledged that there is a pressure to breastfeed. "Breast is best" was a theme surrounding breastfeeding that parents encountered through antenatal classes and their midwives. However, many of them did not feel pressured in a negative way. Katie and Robert found the emphasis to be positive. Katie said:

There is quite a bit of pressure, but not necessarily in a bad way. There were three breastfeeding courses at the hospital, and they played a big part in the encouragement of breastfeeding. In the benefits. It's also convenient. Once, and if, you get it established it's really convenient and we have really benefitted from that.

Sally, however, felt that despite the availability of choice, the battle of wanting the best for her child made her feel like there was no choice but to continue breastfeeding. She battled with tongue tie, latching problems, sore nipples, and went to many lactation consultants for help and persisted with breastfeeding. She described:

I think for me, in my mind it felt like it was not a choice, only because, you see so much, you know like the slogan “breast is best”, and I think, my mind has changed now because I know so many people that do formula feed and I envy them because it is so much easier, it looked [like it], but at the time, in my head I did not know that many people that did [formula feed] and so it kind of felt like it was a failure, if I did not. Yeah, I would feel like I would be a failure.

Formula feeding was described as a foreign form of feeding, and it did not feel like an option. For Katie:

I don’t know if I can keep breastfeeding for six months but then I don’t know anything about bottles and formula because it’s not really taught in New Zealand and my mother breastfed all of us and the thought of buying bottles and formula seem hard.

Other parents agree that there is not enough information out about formula feeding and its technicalities for first-time mothers in New Zealand due to the BFHI and Ten Steps initiative.

First-time experience: expectations realities and challenges

Breastfeeding was a very significant and influential part of first-time parenting experience. For most of the couples, the first weeks of parenting revolved mostly around feeding the baby. First-time breastfeeding for most mothers was not something that felt natural. Most of the mothers talked about how it was something unfamiliar and for some it was an awkward experience. There are three main differences among the Malaysian and New Zealand experience; midwives played a significant role in the New Zealand experience; tongue tie was only mentioned by New

Zealand parents; and the role of filial piety in the experience of infant feeding among Malaysian families. These differences will be discussed later in the section.

During the first feed, the mothers were not sure of the technicalities of breastfeeding despite having gone to nursing courses or antenatal classes. Many depended on others to affirm their ability to breastfeed. Lisa waited for the nurses to affirm her efforts despite her earlier attempts. She described:

After I had delivered, they left the baby with us for an hour. During this time the baby was supposed to breastfeed, but she didn't. I didn't know what to do (laughs). I did plan to breastfeed instead of [giving her] formula. The hospital was a breastfeeding friendly hospital, so they didn't allow or provide formula. I just looked at the baby and watched [her to see] if she wanted anything, because they already told us that they are leaving us so if the baby wants me, [I should just] just give it. She was supposed to crawl/move to the breast to drink, but she didn't. I put her on my chest, and she moved towards my neck, until she couldn't, then she slept. I asked my husband to put her near the breast, but she cried and moved back near my neck. I think she was just cold, so she wanted to go to the warmest place on my body. After the nurse had cleaned her, she cried, so they asked me to give her milk, so I gave, but she still didn't want. I think she did drink, but it felt too short like she didn't really want to drink. The nurse was there, and she said "Yes, yes, that's right.

Katie too spoke of the role her midwife played even during labour to help her gain confidence about her breastfeeding abilities. During labour her midwife helped her express colostrum, and it was painful, looking back it felt funny too, but it was good and important because she got the colostrum out, and the midwife said there was "heaps and some mums only get one millilitre and I had five, and she kept saying 'you've got the goods'". So it made Katie feel that she

would be able to breastfeed and it made her immensely proud that she could. After a long labour, Eva's first-time feeding experience felt more like another thing she had to do. She narrated,

They put her on my chest, but they didn't try to latch her on straight away, they just let her just lie there for a while. It was like half an hour later maybe, I don't remember, when they actually said let's try to latch her on and that part was all fine, I think I was really out of it, I was in labour was 20 hours and overnight so I hadn't slept for like two days and I was tired.

There was an expectation that breastfeeding was going to be a natural and an intrinsic ability. In reality, breastfeeding required learning and practise, and despite going to courses and learning about how to breastfeed beforehand, mothers were still not sure what to do when the time came. Mothers' default when babies cried was to give the babies milk, for fear that the babies were hungry and needed milk. The main challenges experienced by mothers in the study include pain, not having enough milk, milk coming in late, latching on, and babies not gaining enough weight.

Katie felt that it was not just the breastfeeding that was hard, it was the combination of the circumstances of early motherhood, labour and breastfeeding. She commented:

I think it has to do with days-old new-born; it is so hard, and breastfeeding is hard also. I found it so hard to separate out the things that I found hard about breastfeeding. Specifically, everything was such a change, and you're so tired, physically compromised because you have grown a baby now given birth to it. I just found the whole thing is difficult. There were times when I felt like I don't know if I can keep breastfeeding for six months.

All of the mothers in the study breastfed at some point, but two of the New Zealand mothers did not start on breastfeeding in the beginning because they had a difficult labour and it

was made clear that they would not be able to start immediately because of the medications that were given to them. These mothers supplemented with some formula in the early days while waiting for the milk to come, one of which continued to supplement the baby with formula.

There was a strong theme of not having enough milk or the baby being hungry. In the first weeks, parents did not know what each cry meant (as discussed in chapter 6). Their babies cried a lot and did not have a predictable or consistent sleep pattern. The cries were assumed to be related to being hungry because mothers were not producing enough milk. When this happened, some mothers expressed how they felt like a failure, and that they had failed to provide for their newborn. It was their body's responsibility, and it did not do what it was supposed to. It was as if they failed as a mother at the challenge of producing milk, and knowing how to do it. Nurin said:

I felt like a failure. Actually, he kept on crying, right? And it was sad, wasn't it? Then we gave in. It was tiring that night, I wanted to feed him, and I really, really, really wanted to feed him. He was crying the whole night...I felt very, very sad because I couldn't provide milk for my baby.

Most concerns concentrated on not having enough milk or feeling like they are not producing enough in the first few days. Some of the mothers talked about how they were told that in the first few days the baby only needs a very small amount. Misha talked about how she knew this, but because Rahman, her husband, did not see any milk come out of her, and her mother-in-law suggested they go on formula, she succumbed to supplementing the baby with a bottle of formula a day for the first few days. Farah described the feeling of not having enough milk as devastating. Looking back, Farah felt that she should have opted for formula much earlier:

I think it was something that I should have done from the very beginning. Of course, at first I felt like I wanted, I should fully breastfeed. But now that I know this. I feel like to be fair to myself I should have introduced her [the baby] to formula so that there is a backup. Before this, I felt like I might not have enough [milk] or there won't be any. I had

my worries. Every time I have to wake her up to feed her, but now I'm confident because she is drinking from the bottle, I know how much she is drinking.

At first, I didn't like it, I express and everything just to accommodate to her demand, but I just couldn't. I did break down a few times like I felt like if I couldn't. What am I supposed to do, I can't push myself to say I can do it I can do it. I couldn't.

Farah regretted her decision not to supplement her baby with formula from the very beginning when I interviewed her again for the final interview eight weeks later. Nurin gave formula only temporarily to help in the first few weeks while she started to research about increasing milk supply and began taking supplements for her milk production. Most of the other Malaysian mothers took supplements to help increase their milk supply.

Among New Zealand families in this study, a common issue raised by parents was tongue tie, which was unheard of by Malaysian participants. Some babies were diagnosed with tongue tie, and there is a procedure to remove the tongue tie to help the baby latch on easily. Sally's baby had tongue tie and had the procedure done, but her latching issues were not resolved. Heather and Dave did not feel positive about the "trend" of lip and tongue tie. Parents in New Zealand are often told that when babies are not latching on very well in the early days, they may have lip or tongue tie, which requires a minor but expensive¹⁵ procedure. The lactation consultant said their baby might have a tongue tie, but they decided to leave it, and for them, it worked out in the end. They felt that the procedure was expensive and, from hearing their friends' experiences, it was quite traumatising and may not be effective. They felt that a baby's mouth is still very small after birth, and also, young babies are still learning to breastfeed too. Heather felt sometimes people were intervening too much and not allowing things to happen as they should, by giving it time.

¹⁵ Parents quoted that the costs they paid or would have to pay were "a few hundred dollars".

Interference in the experience of feeding was a common theme. One mother spoke of how her mother-in-law kept looking at her while she was feeding and because her baby was not latching well she felt like she was being judged. There were many unsolicited interjections and suggestions given to mothers about feeding. Among the Malaysian cohort grandmothers, both maternal and paternal, were significant figures in the early feeding experience. Mothers were often given solicited and unsolicited advice, some grandmothers were pro-breastfeeding, while others advised for a supplementary formula feed. The voices of others significantly affected the decisions and experiences for parents, mothers especially. Misha gave her baby formula on the advice of her mother-in-law even though personally she was confident that her baby did not need a supplementary feed.

The theme of discomfort for some participants revolved around breastfeeding in front of other people and feeling awkward about people touching their breast. Although some of the mothers felt very comfortable to breastfeed in public, some mothers were not happy to have people around them. In my narrative I recalled:

The lactation nurse from the hospital also came by to our room a few days after delivery to see if I knew what to do. I did not mind it, but it was still very awkward having her touch my breast and nipple and manually expressing the milk.

Nurin talked about having to breastfeed her baby when families came over to visit. She remarked:

We wanted to breastfeed, but when family members come over to visit I feel like I have to accommodate, but I need to spend time with my baby and rest, by the time they go home then only I can start pumping...every time someone comes if he's feeding, he has to stop...I wasn't comfortable.

Physical pain and discomfort were only spoken of by a few of the mothers. Pain surrounding breastfeeding for these mothers revolved around inverted nipples, cracked nipples, engorgement, and latching on. Katie found that she needed help learning to latch, but after the first night having her midwife coach her for a few feeds she managed to latch her baby. Sally, however, found that her baby would not latch properly, and it was challenging and painful for her. It made breastfeeding unappealing.

I don't know why, but she wouldn't latch, it would hurt, and it was so painful that I would just sit there thinking, come on hurry up, and I just hated it. I hated every time she cried because I knew she was hungry, of course, I didn't want her to be hungry, so I'd feed her, but I knew it was just going to be really painful.

There was also a notion of luck regarding breastfeeding or early parenting in general. Parents who found themselves in a position of ease felt like they were lucky because they knew others in worse positions. Katie said:

It took five days for my milk to come in, so she was really hungry and just wanted to suckle for hours on end... Once my milk came in, breastfeeding went really well and so we're really lucky in that respect, she has been a very healthy baby.

Eva also mentioned how her pain was not significant:

I had some pain, but it wasn't significant, I remember I got, I had a blister on one nipple. I had a little, what's that word, not grazing it was just a bit sore, I definitely felt like I didn't get as much of the cracking or blistering that some women get.

However, Eva and Steve's baby was not gaining weight in the first few days, so their first week was focused on feeding the baby. It was stressful. Eva, like most other mothers in the study, felt that the responsibility of producing milk, feeding the baby and making sure they were benefiting from it was hers. She questioned whether or not she was doing a good job. Eva said:

In the beginning when she was not gaining weight, and it was a huge worry. It was like am I not doing a very good job? That's really bad, is she going to be okay. Every time she was going to be weighed it was like so stressful. But I think that was actually our main worry that she was going, they use the term like "failure to thrive." Basically, if the baby is not growing and not staying on the percentile chart. They will say the baby has a failure to thrive and that was horrible because you feel like you're failing and that's a horrible term. They didn't use that with our baby, but I knew it would be a term that would apply to her.

All of my participants spoke of how their milk came in late. Some mothers were aware that milk could come a little late. The table below is a collection of quotes from the participants.

Table 3 Breastfeeding and milk coming late

Misha	We did not know what to do because she's our first baby, even with my mother around I did not know what to do, and at first I did not really have milk, my mother-in-law said we should give her formula because she might get yellow ¹⁶ the next day, when they (the nurse from government clinics) came, she was a little yellow.
Lisa	I felt like, "is this right? Is what I am doing right?" The nurse said it was okay, but I wasn't sure, so I asked her again, because the baby latched off, she said babies just drink a little, so I took her word for it... in the beginning I felt like I did not have enough milk, so the doctor gave something to increase my milk production. And it actually depends on how much the baby needed, and the baby really just needed a little (giggles). She suckled, but I just wasn't sure if there is milk because I could not feel it.
Farah	At first, I did not know what to do, the first two days the milk did not come out, at that point I was devastated, I was crying, I was scared she was hungry, I was crying, she was crying.
Eva	And I found I got a lot of conflicting advice from the midwife at the hospital, just that she wasn't gaining weight because my milk hadn't come in, it was late, not late, you know how it comes in at 3-5 days and mine came in at five days, definitely. And so, it was kind of, it was just those first few days it was stressful.
Katie	It took about five days for my milk to come in, so she was really hungry and just wanted to basically suckle for hours on end.

¹⁶ Jaundice is often described as yellow in Malay language.

Nurin	Mainly because in the beginning, he was on formula because I wasn't producing enough milk, but after we had established milk flow it became easy...I felt very, very sad because I couldn't provide milk for my baby.
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After the third week, most families figured out the technicalities of feeding, and things became more predictable and easier. Eva felt that despite all the challenges, for her it was about perseverance.

Before I had her, we watched a lot of videos on breastfeeding and how to latch her on and we researched how to do the correct latch technique for her. We went to a breastfeeding class, and somehow, I felt that helped us persevere or try to make sure that her latch was not hurting me and within a week or so it was fine, and after she had started gaining weight better it was totally fine.

To similar effect, Katie expressed how proud she was to be able to breastfeed her baby, "Immensely proud. It's lovely to be able to feed your baby from your body; it was a lovely time; it helps to know that it helps build her immunity".

Fathers and feeding

During the interviews all of the fathers spoke freely about how they felt about breastfeeding and their experiences without being prompted. In the first interview, many opinions were given by the fathers on their roles and their perception of breastfeeding. Malik, in the first interview, said that he felt that breast milk was the only option for his child. Other fathers pointed out as well that there are benefits to breastfeeding and they were all actively involved in the overall experience. Most fathers were also actively involved in the decision-making surrounding breastfeeding, but there were very few instances where they were proactively involved in breastfeeding. However, one Malaysian father, Halim left it to Farah to decide and would support her with her decision. He said that he knew breastfeeding was good, but he did not look into it as Farah had told him that she wanted to breastfeed and it was not up to him to decide.

Despite being pro-breastfeeding, fathers were more concerned about the overall stability of their families. If the babies and mothers appeared to be in distress, most fathers were happy to switch to formula. Luqman, another Malaysian father, spoke of how he wanted Nurin to breastfeed, but because she did not have milk in the first few weeks, they gave the baby formula. Even though their plans changed, Luqman was still happy because it meant that he could get sleep because the baby was sleeping again. He said “how did I feel? Well, I guess the only thing I felt was, I felt pity for him because he couldn’t feed”. Robert said he thinks breastfeeding is good and convenient but if it was going to be difficult and stressful for Katie then not breastfeeding was not going to be bad.

Families used different forms of assistance to ensure that the babies were fed despite the challenges of breastfeeding. Among the assistance were formula milk given in bottles, expressed milk delivered through a syringe and the parent’s finger, expressed milk given in bottles and nipple shield. Some fathers enjoyed being able to feed their babies, but found that despite the bonding experience feeding gave them, they found handling feeding to be quite inconvenient. Robert said:

I think with breastfeeding, it’s things like that, immunity and health, but it’s also convenience, having to think of bottles and sterilising bottles, and we had to feed her formula. I think it was [for] a long time, the hassle of having to sterilise bottle every time and mix the formula and heat it to the right temperature and it takes a lot of time to do that, and if you forgot to sterilise then you have to throw it out.

Rahman described Misha as not having enough milk and suggested that she supplement with formula because the baby had jaundice. He said he knew she did not have enough because he did not see any milk coming out. Steve also wondered if the baby was getting any milk because he could not see it. Rahman explained:

I think also the first five days when the colostrum was coming through was hard for me I didn’t know whether she was getting any milk. It was quite stressful; she would breastfeed

for like seemingly hours, and we didn't know if she [the baby] was drinking. Especially because we knew she [the baby] was not gaining weight.

Among New Zealand couples, fathers enjoyed having the opportunity to help with the feeding of their baby. Being a part of feeding for most of them was something special because it would have otherwise been an exclusive time for the mothers. Being able to feed the baby was also significant for the fathers because it gave them a sense of self-reliance as a parent.

Steve and Robert expressed:

It meant that I felt closer to the baby as I was feeding her because it was obviously something I could not really do and it means that we were sharing some of the feeding duties. (Steve)

That was good; I think that it was good because it was something, apart from bathing it was something that I could do that was essential. Which was nice so I liked that because she would often fall asleep after that and that was nice to have her sleeping in my arms, and I can put her down to bed. I did like it, but at the same time when we no longer need it, the convenience was really important. (Robert)

The fathers did not have much to say after the mothers returned to work. One father made a small comment on the amount of milk the mother was producing. Another talked about how tired the mother was because when she returned to work she had to manage the breastfeeding, the expressing of milk, storing of milk, washing of bottles and equipment related to breast milk and coordinating with the caretaker on top of all the other things she had to do. The experience of return to work and breastfeeding was particularly salient for the Malaysian families, as the New Zealand babies were mostly weaned before the mothers' return to work. Fathers had little to no active part in the experience of combining breastfeeding and work. Luqman and Brian had the experience of feeding the baby, while Nurin and Sally respectively were at work. The experience

for Luqman was short lived, as they then decided for Nurin to continue feeding on the breast. Brian, however, continued to feed his baby, but it was not EBM. Brian had to figure out an alternative formula as the baby would not feed on the EBM and she was lactose intolerant.

Work and Breastfeeding

Before returning to work

Most of the mothers in New Zealand returned to work when the baby was almost a year old, and many had already weaned at least the day feeds by then. Therefore, breastfeeding was not an issue for most of them. The babies were already on solids and would be having a meal while the mothers were at work. Some of the mothers kept on breastfeeding when they were at home; at night, in the mornings and on weekends. Sally, who was still breastfeeding her daughter's midday feed was worried about this and thought she might have to express milk while being at the office. However, upon her return to work, the baby refused bottle expressed milk, so Sally ended up not expressing any milk at work at all.

There is much preparation before the actual return to work for mothers to make sure that they will be able to combine breastfeeding and work. All of the mothers that wanted to continue breastfeeding bought their own equipment including a breast pump, bottles, cooler bags and EBM bags. Most of these preparations were made pre-birth, especially for Malaysian mothers, as they would not leave the house during the 40-day postpartum period. Having to return to work after 60 days also meant that they had to express breast milk very early on to ensure that they had enough supply. Lisa, a Malaysian mother, came from a family that fully breastfed. However, Lisa's mother is a stay at home parent. Lisa negotiated her circumstance, experience and decisions through comparing it with the experiences and responses of others around her.

Before this, I thought it would be okay because all my siblings were breastfed. I forgot to consider that my mother is a stay at home mother. At one point I was worried too because

I have a friend who was breastfeeding, but after a few months changed to formula. The doctors and nurses at the hospital kept reminding me, when I was pregnant, and at the hospital; they told me that I should not worry because we will have milk. It's the worrying that stops the production. So, I guess it's okay, I just *Tawakkal*¹⁷, Allah will help us. I don't [want to] think too much because even if we don't have [milk], the technology nowadays is really something. I don't think there is really any problem; my mother told me that during her time there wasn't anyone who express their milk. Now it has become a trend, even people at the office were shocked when I first expressed milk because I expressed at the prayer room, so there were other ladies around, so they were like "wow! Now they have this type of model, how much is it, oh it's cheaper". So actually, technology simplifies it. We can even use a power bank [with the breast pump]. Actually, in this age, if you say that you cannot breastfeed it's just an excuse.

From this transcript, I observed that Lisa's breastfeeding decision, negotiations and experiences are woven through her religious, familial, cultural, and work context. She draws on the experiences and talk of others around her, such as her mother and her friends, but also focuses on the advice from authority figures such as medical personnel. There is also the main component or the end goal, which was to continue breastfeeding, no matter the challenges or worries. She manages the possible risks of not being able to breastfeed through her religious understanding of *Tawakkal*, by acknowledging that some results are beyond human intervention.

Work and expressing milk

The nature of work differentiated the experience of breastfeeding for these mothers. Nurin and Eva who were self-employed and working from home respectively, experienced work

¹⁷ Tawakkal is an Islamic concept that involves putting effort and making prayer into a course of action and then leaving the outcome to the will of Allah.

and breastfeeding differently. In the beginning, Nurin expressed milk so that Luqman could feed the baby while she was teaching. However, after a few weeks, Nurin found that it was more convenient for her to feed the baby between classes. Eva did not change her feeding patterns because she was at home with her baby. Work did not change the feeding patterns of Eva and Nurin significantly.

All of the mothers who expressed milk while working were Malaysian. Mothers working in a 9:00am-5:00pm type of job in offices experience a significant change to their feeding arrangements, except those mothers who started work much later. Mothers felt that they had a supportive environment at work because they were not proscribed from expressing milk. However, there were no specific time or space for breastfeeding. Mothers used their lunch breaks and tea breaks to express milk, which meant they had shorter breaks than other workers. Mothers either expressed milk in the prayer rooms, empty office rooms, or for Misha, who was working in a family clinic, a breastfeeding room available for patients to use. Lisa describes her usual experience of expressing milk at work

I do work quickly and then go to the surau (prayer room) and express milk (laughs), so I don't ponteng kerja (play truant), but at the same time, I can express milk. Sometimes I can't express milk; I don't have enough time...Before this [I could express milk] three or four [times in a day]. Because I didn't really have a lot of work [then]. On the first day, I arrived earlier; it was school holiday and a lot of people took off because the next day was a public holiday; I arrived earlier than 8:30am so I could express milk. Then during lunch time once, then in the afternoon. Sometimes I have time to express because I have finished my work but because I have to pump at the prayer room, it will take a lot of time because I don't want to bother other people, but I think everyone understands because I'm not the only person that pumps. I bring a cooler bag and ice pack.

Expressing at work was tedious, time-consuming and secondary to work. Before the return to work, all of the mothers had made plans and had expectations. Some of the mothers had talked to or seen other colleagues at work expressing milk. Mothers bought equipment to help with expressing and storing milk. Some of the Malaysian mothers from the dyadic interviews and focus groups were not comfortable leaving their milk in the pantry fridge, so they brought their own cooler bag. Some of them had heard about, and seen, people throwing away milk expressed by other workers from the office fridge.

Most mothers aimed for, and did express milk three times during their work day. They spoke of rushing during lunch break to express milk but also felt that they had more time to eat lunch than they did when they were at home with the baby. Farah planned to return home to breastfeed her child during lunch break but later felt that this was not doable as the travel time would take up too much time and it would be too hard. On some days mothers do not get enough time to express their milk, and they continue to work despite their breast feeling full and sometimes engorged. Lisa recalls her busy days:

Yes, it was quite engorged, it feels full and quite painful, when I can't stand it I just pump, and I get a lot, just like that, it doesn't really bother my work time. I just excuse myself, if we are in a discussion, then I won't excuse myself. In an office environment, you do your own thing, I just excuse myself and leave, then I will continue work and not fool around, sometimes when there is no work at all I'm just browsing the net, so instead of browsing I go and express milk.

Mothers continue to breastfeed when they are with the baby either in the morning or at night and in the weekends as normal. They had to make sure that they had a constant supply of milk for their babies so that they can continue to provide EBM. Mothers would spend their weekends catching up with expressing milk to make sure the supply was enough for the next week. Misha said,

So far everything is okay, still breastfeeding but there isn't a lot of stock left, I pump today to be used tomorrow. But we can still [continue], you know. Usually, when we're increasing stock, it is usually done during the holidays, but there is also something for us during the holiday/weekend, it's quite a hassle to do it then so I don't pump, so today I think I might be able to add some stock.

Caretakers and EBM

The Malaysian mothers who had babies that were still having frequent feeds gave their caretakers expressed breast milk for their babies. Some of them had to teach the caretakers how to handle the milk. Misha taught her neighbour, who is her baby's caretaker, how to warm the milk because the neighbour had never handled breast milk before. Farah taught her mother-in-law, and Lisa, her mother. The caretakers were receptive and happy to accommodate to the mothers' wishes.

New Zealand mothers often had expressed milk kept in the freezer for times when they might want to leave the baby at home. Eva and Steve taught their baby to drink a bottle a day in the evenings with EBM but stopped after a while because it made travelling difficult as they had to bring along the bottles. The milk supply was still available, and they predicted that the EBM would be useful for when Eva has to go out or cannot breastfeed. At the final interview, the couple thought they might be using the milk for when Eva will be having her wisdom tooth taken out, and she will not be able to breastfeed as she will be taking some medications that were advised as not suitable for breastfeeding. Sally too had a supply of breast milk kept in the freezer, but her baby refuses to drink her expressed milk but chooses to drink soy milk instead. Sally and Brian did not know what was going to happen to her milk. They planned to keep it.

Lisa talked about her morning routine before she goes to work:

[At home,] In the mornings, I will arrange the milk [bottles], put the milk that the baby is supposed to drink today in front, and if it's not enough then my mother can take the ones

at the back, every day at least seven bottles need to be in the fridge. If there is only three or four, I'll make it seven [bottles].

Combining breastfeeding and work involved more complexities than the actual expressing of milk at work. There are a lot of invisible tasks including before return to work preparations such as purchasing equipment, expressing milk for the first week, training the baby to use a bottle, and training and briefing the caregiver how to handle EBM. The responsibility surrounding breastfeeding and feeding, in general, was still on the mothers.

Discussion

This study contributes to knowledge on breastfeeding from the perspective of Malaysian and New Zealand urban first-time mothers and fathers. The main contributions include an update on the contemporary breastfeeding cultures of both countries, experiences of first-time feeding in hospitals, experiences of families interacting with professional support, and experiences of work and infant feeding. I also discuss the relationship of fathers and infant feeding; the experience of intimacy through feeding and the convenience of breastfeeding for fathers.

Due to the rising implementation of the WHO recommendations around exclusive breastfeeding for the first six months of a baby's life and pro-breastfeeding policies (WHO, 2003), all mothers and fathers from New Zealand and Malaysia were aware of the benefits of breastfeeding and in consequence preferred breastfeeding over formula. The pressure to breastfeed is ever-present in both Malaysia and New Zealand resulting in negative and positive impacts on mothers. For the study participants, breastfeeding is seen as the superior form of feeding, similarly, bottle feeding with EBM was preferred over formula (Burns et al., 2012; Choo & Ryan, 2016; Hall & Hauck, 2007; Moore & Coty, 2010; Stearns, 2010).

The cross-national differences of the Malaysian and New Zealand experience include the idea of competence and social status of breastfeeding mothers, the role of religious belief and

filial piety, and the infant feeding responsibility placed on mothers. Among the Malaysian participants, breastfeeding was regarded as a superior form of feeding creating a status differentiation between mothers who breastfeed and mothers who formula feed (Brimoh & Davies, 2014). Thus, mothers felt negative pressures from breastfeeding advocates who made the experience of breastfeeding for some first-time mothers stressful. This finding is not unique to Malaysia, as they have already been discussed in relation to other geographical locations such as UK, France, US, and Canada (e.g., Brimoh & Davies, 2014; Faircloth, 2013; Wall, 2001).

The Malaysian mothers in this study were all Malay and Muslim, and there were cultural and religious components to their experience of breastfeeding (Awang & Salleh, 2000). Their religious faith performed an emotionally supportive mechanism in assisting them to persevere, and for one mother it was an authoritative voice that enlightened her that breastfeeding was not the only acceptable choice. Even though their religious belief did affect their experience in a positive way for these participants, there were also two other cultural pressures that were part of their experience; negotiating filial piety and the BFHI.

The concept of choice in breastfeeding for first-time mothers is complex, partially due to the “breast is best” discourse, and also because of the notion that breastfeeding is natural and that all mothers can breastfeed (Faircloth, 2013). Many parties are involved in the experience and decision-making around breastfeeding as has been pointed out in previous works (Benoit et al., 2016; Hauck & Irurita, 2002). For first-time parents the pressure to breastfeed is parallel to the ideal parenting notion, however, in the first few days, first-time parents are anxious, tired and still learning about the needs of the baby, and the technicalities of breastfeeding, leaving mothers in a stressful and pressured position. Contradictory advice from healthcare professionals and their private circle often left first-time mothers making decisions they felt they did not have full control of or agreement with (Hall & Hauck, 2007; Manhire et al., 2007; Marshall et al., 2007).

The mothers' social environment played a vital role not only in the experience of first-time breastfeeding but also in the decision-making surrounding breastfeeding because a first-time mother is assumed to be a novice, not only by others but also by herself and her partner. Mothers rely on medical personnel, experienced female family members, parent-friends, and social media to form an understanding of the breastfeeding experience and its challenges and possible solutions. A first-time mother has little confidence in her ability to decide and feels that she needs more information. However, when the information is contradictory, most mothers feel helpless (Andrews & Knaak, 2013).

Breastfeeding in the first instance, especially among the Malaysian mothers, was talked about as a competency. The findings in this study connects with Sheehan et al.'s (2015) in addressing and highlighting the intertwined nature of first-time mothering and breastfeeding. In the first few weeks following childbirth, most families tried to manage their newly acquired tasks and responsibilities of parenthood that were a sum of sleepless nights, exhaustion from labour, learning about the indecipherable cries of the baby, and keeping the baby fed. Breastfeeding for the first time was inseparable from the whole experience of first-time motherhood (Henshaw et al., 2015; Kronborg et al., 2015; Shloim et al., 2015). However, these earlier studies did not explore experience of managing filial piety, which was a significant part of the Malaysian women's experience. Even though all of the Malaysian mothers wanted to breastfeed and had acquainted themselves with the recommended breastfeeding practises, the pressures of maintaining harmony within the family often pushed them to agree to a practise that was against BFHI such as supplementing with formula or water. Literature discussing good mothering and breastfeeding had not explored Asian experiences or observed the impact of extended family members (Brown, 2016; Faircloth, 2013; Fox & Neiterman, 2015; Leeming et al., 2015; Williamson et al., 2012).

The cries of the babies in the first few weeks put a lot of pressure on first-time mothers, and it was most commonly associated with a hungry baby (Kronborg et al., 2015). This pressure

is often heightened by others around her; her partner, her mother, and mother-in-law. For many of these individuals, their objectives may not align with the mothers'. They were rarely proactively supporting mothers to continue breastfeeding. Additionally, the support mothers received and the training they went to (antenatal classes and nursing courses) were child-centred and not mother-centred, which has also been pointed out by several earlier studies (Benoit et al., 2016; Brown, 2016; Komninou et al., 2016).

Breastfeeding, and feeding in general, was mostly viewed as mothers' responsibility, especially among the Malaysian cohort, as also seen in an Indonesian study (Februhartanty et al., 2007). The worries of a first-time mother were not only to learn how to care for a new-born, and learning under little to no sleep, but to also ensure the babies were fed the best, which was breast milk. The decision to breastfeed and continue breastfeeding involved thinking about what is best for the babies first (Faircloth, 2013; Hays, 1996). Every challenge faced was negotiated in terms of what was the "right" thing to do. Mothers were bound by their internal moral beliefs which were not as clearly defined and often intersect. Equally, their partners' beliefs and their roles in the mothers' lives affect the breastfeeding experience. Mothers undertake moral work in regard to their breastfeeding choices; mothers considered the benefits of breastfeeding for their child and themselves, the benefits to their future relationship with their babies, the economic benefits of breastfeeding, the religious gains of breastfeeding, as well as the costs of breastfeeding on their own wellbeing and when breastfeeding does not work (Faircloth, 2013; Ryan et al., 2010; Shaw, 2004).

Although breastfeeding was not explicitly mentioned as a tenet of good motherhood by the participants, mothers were willing to sacrifice their comfort and persevere despite the challenges. They did not want to feel or appear to be selfish because they have been told that breastfeeding is good and it is the best feeding option for their children. Mothers who did not have breast milk in the beginning felt like they were failing. Much like Spencer et al.'s (2015) findings,

mothers in this study, including my narrative, revealed that breastfeeding is a tenet of good mothering in the 21st century Malaysia and New Zealand, and mothers want to conform to the good mothering belief by continuing to breastfeed despite the struggles. Some mothers, however, were more critical about the “breast is best” culture especially after experiencing the challenges of exclusive breastfeeding.

Mothers expected their bodies to produce milk from the very first day after giving birth. However, in reality all the mothers’ milk did not come in until a few days after the birth. Despite earlier findings of the disparity between expectations and realities of breastfeeding, this pattern persists (Hauck et al., 2002; Marshall et al., 2007; Moore & Coty, 2010; Sheehan et al., 2013; Vogel & Mitchell, 1998). Mothers felt separate from their bodies when their milk did not come in as early as they hoped, and some felt like they were failing; their bodies did not produce the valuable resource that they wanted and needed (Burns et al., 2012).

Framing breastfeeding from a self-efficacy model alongside the “breast is best” campaign is problematic partly because it disregards the actual challenges of establishing breastfeeding and the subjective experiences of mothers (Brookes, Harvey, & Mullany, 2016; Jung, 2015). Despite the fact that mothers were all aware of the benefits of breastfeeding and the steps required to establish breastfeeding, had supportive partners, wanted to breastfeed and were confident their bodies could breastfeed, put in a lot of effort and persevered to the point of physical pain, and have spent money on either purchasing a supplement or a breast pump, or contacted a lactation consultant; some mothers still did not fulfil the six months WHO recommendations. These are some of the demands of efficacy and competency described from earlier studies (e.g., Bai, Fong, & Tarrant, 2015; Blyth et al., 2002). Due to the self-efficacy model and the contemporary moral standards of breastfeeding, mothers who weaned off their baby before six months always felt the need to justify their decisions, often explaining how hard they have tried.

Breastfeeding was considered natural, but the experience was that it was only natural in the way that it came from the mother's body. All other experiences of breastfeeding were not natural; first-time mothers did not know how to, or when to, breastfeed their babies. Breastfeeding was learned (Benoit et al., 2016; Moore & Coty, 2010; Shaw, 2004). They were not acquainted with their breasts for its feeding abilities and felt like they had no control over when the milk would come in, or the amount of milk it could and would produce. Breastfeeding did not feel like an innate ability; mothers had to figure out the workings of breastfeeding and the notion or assumption that it is natural made some mothers feel like they have failed. Equally, the slogan that breastfeeding is natural has placed pressure on mothers to breastfeed and continue to breastfeed even if it was difficult and stressful for them. Only parents who were explicitly advised that breastfeeding was a choice, and knew of other parents who formula fed, felt comfortable enough to accept that breastfeeding is indeed not the only acceptable choice (Benoit et al., 2016; Schmidt, 2008). The manner in which the BFHI initiative has been implemented has made alternative feeding options invisible, hence making formula feeding a daunting venture despite the pain experienced through breastfeeding. I am not anti-breastfeeding or suggesting that the BFHI is the root of the negative pressure. However, I would like to bring further attention to the effects of lactivism on mothers' experience of infant feeding (Faircloth, 2013; Schmidt, 2008).

All mothers in this study went through challenges during breastfeeding, some more difficult than others, but there was a negotiation of how much pain was acceptable for mothers to endure before they ceased breastfeeding. There is a major gap in the study of ethics and breastfeeding, as Shaw (2004) has discussed, although researchers are increasingly endeavouring to rectify this deficit (Ryan et al., 2010; Shaw, 2010). Mothers continued to breastfeed through pain and challenges, and there was no clear line as to when they should stop giving the best for their babies over their physical and emotional well-being. Mothers in this study were driven by wanting to provide the best for their babies, and managing the expectations and pressures of others (Hauck

& Irurita, 2002). These mothers needed to manage the expectations of their husbands, midwives, families, in-laws, friends, and colleagues.

Feeding practices, especially in regard to breastfeeding are still gendered (Faircloth, 2013; Schmidt, 2008; Rhonda Shaw, 2004). A father's involvement with feeding is still described as supporting, helping, or assisting the mother (Februhartanty et al., 2007; Rempel et al., 2016). Among the Malaysian cohort breastfeeding, either directly or through a bottle is still considered the full responsibility of mothers. Fathers may assist with buying items but mothers are primarily responsible for finding more information on breastfeeding or feeding in order for them to make these purchases.

Good fathering was also making sure that the babies were fed and preferably fed the best. Fathers were actively involved in the decision-making but were rarely proactively involved in most of the breastfeeding duties. Fathers' involvement in breastfeeding among Malaysian fathers was to help look for supplements that can increase breast milk. Fathers were only involved in feeding when the "breast did not work". As Schmidt (2008) has found, being a part of the feeding experience was rewarding and precious for the fathers in this study. Although fathers enjoyed the time they could help with feeding, none of the participants chose to bottle feed because of this reason (Earle, 2000). The mothers that introduced bottle or formula did so not for the father's involvement; rather it was because of the challenges they faced with breastfeeding. The benefits of father-and-child bonding during this time was a bonus.

Breastfeeding was seen as having more benefits for the baby and was more convenient for both parents which is congruent with some earlier studies (e.g., Abel et al., 2001; Javanparast et al., 2012; Wall, 2001). However, these studies understood convenience from the mother's perspective. For the participants of this research, bottle feeding using EBM only meant that both parents had to do more work, especially when the babies fed more often. Findings of this study added that breastfeeding in early parenthood was actually more convenient compared to bottle feeding EBM.

This highlights the importance of identifying the invisible work performed by mothers when bottle feeding EBM; expressing and managing breast milk.

Conversely, one New Zealand father explicitly noted that having the ability to feed the baby via a bottle made it quite convenient for him to be a self-reliant parent, and to be in control of his parenting ability. Schmidt (2008) argued that breastfeeding reduced and delayed the bonding process for father and child, this may be true especially among Malaysian participants; “when the baby cries, what can the father do” is a major theme. However, among New Zealand fathers, there is clear involvement in their feeding as all of them coincidentally had the opportunity to be involved in feeding the baby. Breastfeeding is one of the only tasks that a father cannot do with the child, and with babies who are fully breastfed this can be frustrating for fathers, especially when the baby is under their care; they must wait for the mothers to return (Fägerskiöld, 2008).

Early stages of breastfeeding and the nature of the baby’s more frequent feeding caused frustration and helplessness for the fathers. Fathers felt helpless when they felt like their babies were hungry, but they could not do anything. These incidents were difficult among couples as the mothers would feel annoyed when fathers asked them to feed the baby every time the baby cried. The negotiation between the needs of the baby and the predicament of the mothers placed the fathers in a helpless state, often not knowing the proactive solution to the problem.

Parents still received contradictory advice about breastfeeding from the different healthcare personnel while they were at the hospital (Choo & Ryan, 2016; Moore & Coty, 2010). For New Zealand participants, the midwife is the first point of reference, followed by lactation consultants. First-time mothers find breastfeeding challenging with contradictory advice; a recommendation would be for mothers to understand that there will be different pieces of advice given to them but ultimately, they have the power to choose what felt right for them. Parents who were told that they had an alternative choice, and the power to choose, found that it was easier to make a decision without much guilt. This supports Schmidt’s (2008) suggestion of extending the

dominant “breast is best” slogan to “breast is best but not the only option”. Drawing on the experience of these few couples, it has shown a positive impact. Although the “breast is best” slogan, the strong breastfeeding culture, and the BFHI have not overtly punished mothers who formula feed, it positions formula feeding as the wrong choice (Schmidt, 2008; Shaw & Bartlett, 2010).

Despite knowledge of the requirements for breastfeeding at work being in place, the actual practice is still unseen. None of the workplaces had allocated space for employees to express milk and mothers still had to use break time to express their milk (Dinour et al., 2015; Gilmour et al., 2013; Ismail et al., 2012; Skafida, 2012). However, all the mothers felt that they were not negatively treated and felt that they were supported. Mothers made sure that their breastfeeding activities were discreet and manoeuvred around work instead of asking or demanding time out to express milk (Gatrell, 2007; Turner & Norwood, 2013). The current culture of breastfeeding in the employment sphere does not reflect the acceptance of breastfeeding; some mothers kept their EBM in their own cooler bags and not in the company refrigerators and waited for prayer rooms to be empty, avoiding busy periods (Turner & Norwood, 2014). Taking time away from work to express milk was still a guilt factor for mothers as they managed the good worker and good mother ideals (Payne & Nicholls, 2010; Turner & Norwood, 2013). Combining breastfeeding and employment is still a privilege that only some had because mothers needed to purchase their own equipment, which was expensive, and find space and time to express breast milk (Turner & Norwood, 2014). Mothers felt supported as long as their breastfeeding bodies and activities were not actively discouraged.

The timing of return to work is related to how often mothers needed to express breast milk. Mothers with younger babies had to express milk at least three to four times in a day to ensure sufficient milk production. The Malaysian mothers in this research, returned to work after 60 or 90 days of paid maternity leave, and spent at least 45 minutes for each session expressing

milk. Equally important to note was the time needed to organise the EBM. Compared to the mothers in Slusser et al.'s (2004) study who returned to work after four months, the mothers in this study spent more time expressing and managing breast milk. Breastfeeding while working also involved the invisible work that is done at home which is time-consuming and inconvenient (Skafida, 2012; Stearns, 2010; Xiang et al., 2016). Managing breastfeeding and employment is still primarily the task of women; preparing and managing milk supply, washing and cleaning equipment, and expressing breast milk. Although these tasks, apart from expressing breast milk, can be shared and done together, they were still considered within the mothers' domain (Februhartanty et al., 2007).

In conclusion, the breastfeeding experience for first-time parents conflicted with their expectations. Although studies in the past two decades challenged the term and notion of naturalness (e.g., Faircloth, 2013; Williamson et al., 2012) and argued that breastfeeding is learned (e.g., Leeming et al., 2015; Stearns, 2013), the natural discourse was still visible among this cohort. Similarly, breastfeeding initiatives still focus primarily on the baby first, mother second, and fathers last, and there is little inclusion of significant others such as grandmothers or friends. Moving forward, further research and possible practice can focus on the language and content of breastfeeding initiatives that effectively includes that breastfeeding is learned and although it is highly beneficial, there are also other acceptable choices (Benoit et al., 2016; Schmidt, 2008).

Chapter 8: Employment

“If it was up to me, if we had more money, like five million dollars, I would like to not work and just stay at home with the baby”.

(Sally, New Zealand mother)

The present study explores the experience of mothers’ return to work among Malaysian and New Zealand dual-earner families from the couples’ perspective. This study focuses on the experience of couples when mothers return to employment. However, I have included some data on the father’s return to work albeit not as in-depth and rich because within the present study and in general, mothers are the ones who take the most amount of maternity or parental leave in Malaysia and New Zealand. The findings support previous literature in that parenthood affects mothers’ employment arrangement in the first year more than fathers. The combination of parenthood and employment is still viewed as problematic because parents are still considered the best caregivers for infants.

This chapter distinguishes, firstly, the available paid and unpaid parental leave within New Zealand and Malaysia, and how parents utilise them. Secondly, it identifies the motivations for mothers to return to work after the baby. Thirdly, the chapter includes the changes parents make in their working arrangements with the arrival of the baby and when the mothers return to work. Fourthly, it explores the primary and secondary childcare availability to each family and the choices parents make. Finally, this chapter discusses the dominant cultural ideal of parenthood and its relationship with employment, including its impact on gender.

Literature review

As part of the global trend, the move towards tertiary educational attainment in Malaysia has meant that more graduates are under student loan debts (Sirat & Wan, 2016). Equally, the rising

costs of living may have affected the increase in the age of first-time mothers, and has influenced the rise of dual-earner families (Bakar & Abdullah, 2013). Over the last decades, Malaysian women are seen more as economic assets to the country than before. The Malaysian government has since the sixth Malaysian plan in 1991 moved towards introducing policies and enhancements that encourage women to contribute outside the domestic sphere through the attainment of tertiary education and other forms of technical training (Subramaniam, Overton, & Maniam, 2015). This initiative has produced visible results in the significant increase of female graduates. Subramaniam, Overton, and Maniam (2015) report that dual-earner families are on the rise in Malaysia as well, which was attributed to female graduates' outnumbering male graduate numbers. Bakar and Abdullah (2013) claim that the economic demand that requires most families to have two incomes for economic viability and women's desire to pursue their careers are also contributors to the rise of dual-earner families in Malaysia. The male breadwinner/female caregiver model is still the popular practise among Malaysian families, which Noor and Mahudin (2016) identify as being reproduced by strong traditional and religious beliefs.

Similar employment trends are observable in New Zealand. According to the OECD *Doing Better for Families New Zealand* (2012) report, there has been a general steady growth of employment rates for mothers at 67% between the 1980s and the late 2000s. The report noted that this increase in employment rates is influenced by "flexible work practices and affordable childhood care and education services". Further elaboration on flexible work practices, affordable care, and if the employment rates included full-time and part-time was not made in this report. Sociologists have argued that the use of the word flexible work is problematic. Flexible work often disregards the distinction of family and home domains as separate and assumes that the combination of the two will be fluid (Tietze & Musson, 2002). However, for the purpose of this research, flexible and flexibility of work is used to mean the ability to work outside the office or outside the 9:00am - 5:00pm working hours. A more recent report by the OECD, *Society at a Glance* (2016) suggests that New Zealand parents spend up to 30% of their pay on childcare services, putting it at one of the

highest in the world. The report did not specify and consider the timing of return to work and the preferred form of childcare, these are valid considerations that have been excluded.

Parental leave policies

Parental leave policies come in different forms and vary significantly across different countries. In Malaysia, an entitlement of 60 days paid maternity leave is given to mothers working in the private sector under the Employment Act (Section 37), and 90 days for mothers in the Public sector (Kerajaan Malaysia, 2010). Fathers working in the public sector are entitled to three to seven days paid paternity leave, to help share the responsibility of caring for their babies after birth (Kerajaan Malaysia, 2002). As there is no mandate on paid paternity leave for fathers working in the private sector, some resort to using emergency leave, sick leave, annual leave or unpaid leave. The current leave Parental Leave and Employment Protection Act (1987) for New Zealand parents provides the primary caregiver 18 weeks paid parental leave which was increased from the previous 16 weeks policy on the 1st of April 2016 (New Zealand Statutes, 2016).

Some countries for example, like New Zealand, provide government funded paid leave, whereas in Malaysia, maternity and paternity leave are paid by the employers. Similarly, the allocations given vary as well; New Zealand offers 18 weeks paid parental leave for the primary parent or caregiver but both parents may share this leave, and two weeks paid leave for the partner. Malaysia provides separate leave allowances for mothers and fathers. Contrastingly, some Scandinavian countries, such as Sweden, provide shared leave, but part of the leave allowance is non-transferable and exclusive to each parent (Fisher et al., 2016). These variations and its usage reflect the political and social landscape of work and family life in those countries. In Japan and Korea, for example, fathers are given over 50 weeks of exclusive paternity leave, but only less than 5% of fathers actually utilise the leave. Both the Korean and Japanese governments are encouraging women to return to work sooner. However, the dominant cultural ideology of masculinity discourages men from taking the long leave (OECD, 2016).

Decision to return to work

Noor and Mahudin (2016) suggest that besides the common consideration of immediate work and family domains, the wellbeing of working Malaysian women is also dependent on three other major factors; socio-cultural-historical context, relationships, and religious beliefs. Similar to New Zealand, the Malaysian population is composed of different ethnic and religious groupings; each group has its distinct and unique norms and practices. Noor and Mahudin (2016) discuss these factors through a life-course approach; each factor changes importance throughout the different stages of women's lives. Among Malay families, for example, women are preferred as stay at home mothers after the arrival of a child which explains the decline of working Malay mothers, but Malay women still enjoy more economic independence and autonomy than other women from other ethnic groups. However, among Chinese families in Malaysia, mothers are valued more by their partners as working mothers because they contribute financially to the family. (Noor & Mahudin, 2016). Qualitative studies of the experience of contemporary working first-time Malaysian mothers are still very rare. Noor and Mahudin (2016) call for research to fill the gaps of knowledge on the domestic life experiences and expectations of employed husband-wife dyads. At the time of writing this thesis, there has not been any known New Zealand qualitative studies that looked at and explain the cross-cultural differences and their significance among employed mothers in New Zealand. There have been separate studies on aspects of motherhood and employment, however, these studies did not have a comparative focus. Abel et al. (2001) conducted a cross-cultural study on infant care practices among New Zealand mothers, however, the scope of study did not include employment decisions and patterns.

The decision to return to work for first-time mothers has been argued to be multifactorial, the variables include temperament of the child, planning during pregnancy, workplace support, and other social support (Coulson, Skouteris, & Dissanayake, 2012; Houston & Marks, 2003; Leonard, 1993). Brough, O'Driscoll, and Biggs' (2009) study of Australian families notes that the

reasons for the return to work among mothers include financial concern, salience of work role to participants' identity, and continuity of career. Within families, mothers have been argued to be the ones who make pre-birth arrangements for their return to work and they go through planning with their partners, their employers, and caregivers (Fisher, Valley, Toppinen-tanner, & Mattingly, 2016).

Change in working arrangement

Several studies have shown that returning to work after having a child often results in changing work patterns among mothers (Craig & Powell, 2012; Duberley & Carrigan, 2012; Evertsson, 2013; Gjerdingen, McGovern, Bekker, Lundberg, & Willemssen, 2001; Houston & Marks, 2003; Johnstone, Lucke, & Lee, 2011). The changes in women's work patterns include reduced job status (Houston & Marks, 2003), change from full-time to part-time (Johnstone et al., 2011), reduced work commitments (Gjerdingen et al., 2001), and self-employment (Duberley & Carrigan, 2012) which are all relevant to my participants which will be discussed in the findings and discussion sections. Evertsson (2013) argues that women only change their work arrangements in the first four years of motherhood; mothers with children more than four years old did not show lower work commitments when compared to non-mothers. As discussed by Noor and Mahuddin (2016), an Australian study by Johnstone et al. (2011) also reported that women changed their own aspirations based on their life circumstances. A similar finding was made by Craig and Powell (2012) explaining that women adjust their paid work around family commitments. Self-employment was seen as a preferable option with its perceived flexibility, but mothers reported having trouble addressing the tension in the excessive working hours and constraints of business growth (Duberley & Carrigan, 2012).

The reason mothers make changes, according to Hill, Thomas, English, and Callaway (2016a), is because of the inter-role conflict between work roles and familial roles that are influenced by existing and established gendered roles. Hill et al. (2016a) and Fisher et al., (2016),

all studied motherhood and employment from a role theory standpoint, which understands individuals as having different roles in the different spheres of their lives. Role theory has been argued by social scholars to be problematic and some have deemed it obsolete (Barnett & Hyde, 2001; Jackson, 1998). The main deficits of role theory most relevant to this research include its failure to address human agency and subjective experience, how it falsely reifies subjective ideologies into objective templates, and the segmentation of roles into isolated components.

Schmidt's (2014) study of Pākehā first-time parents from 2008 found that all except one couple conformed to normative gendered roles, with the mothers taking extended leave for the first year. Among the research cohort, fathers only took longer leave when their partners earned more than them. Even though fathers would have liked to take additional leave to be more involved in parenting, the extended leave taken by mothers was a consequence of their desire to exclusively breastfeed for the first six months (Schmidt, 2014).

Previous studies suggest that combining employment and motherhood can be challenging (Craig & Powell, 2012; Hampson, 2013; Haynes, 2008; Houston & Marks, 2003; Millward, 2006). The reasons employed mothers might have a more stressful time could be related to the fact that mothers still carry the burden for the bulk of childcare, in addition to other familial and workplace responsibilities (Statistics New Zealand, 2013).

Noor and Mahudin (2016) discuss the lack of support from private sectors in supporting a family friendly workplace, which includes policy and legislative initiatives. These initiatives include but are not limited to flexible working arrangements (work from home, staggered work hours, and part time employment), parental leave policy, childcare subsidies for lower income group, and onsite-childcare centres. Noor and Mahudin (2016) further discusses that women in Malaysia experience the motherhood penalty as a result of taking unpaid extended leave, including job loss, missing out on pay raises, and promotions.

The contradictions between work and parenthood

In short, mothers are still considered more responsible for the baby than their spouses (Lupton, 2000). Intensive motherhood is a prevailing idea in many countries including Malaysia and New Zealand. As noted in the Introduction to the thesis, Hays (1996) describes motherhood and work in the 20th century as a cultural contradiction. Mothers are expected to be good mothers and good workers, but the two are often contradictory. The concept of the good mother, according to Hays (1996), lies within an ideology of privatised and intensified parenting style, and “correct childrearing requires not only large quantities of money but also professional-level skills and copious amount of physical, moral, mental, and emotional energy on the part of the individual mother” (p. 4). A good mother is, then, someone who puts her children’s needs before her own, a mother who spends her money on her children, and a mother who sees her child as the sacred child. The sacred child, according to Hays (1996), is the most cherished of all beings and requires the devotion of mother’s time, energy, and emotional, social and intellectual stimulation. Additionally, the mother is the person most responsible for the child. The good worker makes rational decisions that are economically beneficial, therefore, the economical and logical decision would be to reduce the amount of time, effort and care put into parenting (Hays, 1996). This is where the contradiction lies- instead of reducing effort in parenting to increase efficiency and comfort, and focus on their careers, mothers continue to perform intensive parenting.

Drawing on the concepts of the good mother and good worker, many researchers (e.g., Lupton et al, 2001; Alstveit et al., 2011) have situated their studies from this perspective. Alstveit, Severinsson and Karlsen’s (2011) study of Norwegian mothers revealed that returning to work was described as, “readjusting one’s life in the tension inherent in work and motherhood” (p. 2151). Returning to work involved managing the added workload and taking responsibility for the best interest of the infant, struggling with feelings of inadequacy as a good mother and maintaining a balance between being a confident worker and a sensitive mother (Alstveit et al., 2011). A study

of dual-earner Indian parents found that mothers had more work-family conflict than fathers because they had to tend to more family related matters including sick children and family disputes (Kalliath, Kalliath, & Singh, 2011). An Australian study of employed mothers by Lupton and Schmied (2010) revealed that women felt staying at home was ideal, but it was difficult because they could not achieve their perceived self-fulfilment and self-actualisation. According to Johnston and Swanson (2006), mothers who work for career identity, employing paid childcare and identify strongly with their parenting role are considered as reluctant mothers or non-conformist mothers due to the incompatibility of good mothering and employment. Instead of succumbing to the traditional ideals, working mothers negotiate the dominant ideal of good mothering and good worker to form what Christopher (2012) calls an extensive mothering ideal, which is a good working mother ideal. The extensive mother is in charge of her child's wellbeing and delegates substantial amounts of day-to-day care to others. Additionally, the good working mother arranges quality childcare, is an "(un)equal" partner, and feels good in their working mother role (Buzzanell, Meisenbach, Remke, Bowers, & Conn, 2005, p. 261)

The discourse around motherhood and employment as a cultural contradiction has also been developed by different researchers into a focus on bounded and unbounded motherhood among working mothers (Turner & Norwood, 2013), extensive mothering (Christopher, 2012) and the good working mother (Buzzanell et al., 2005). Turner and Norwood (2013) used the terms bounded motherhood and employment to describe the ways in which women bind their bodies and identity to fit the working women ideal. Mothers keep their motherhood bounded, through limiting their breastfeeding activities while they are at work, hence, practising good worker identities (Turner & Norwood, 2013).

In a Swedish phenomenological study, working mothers felt guilty when they interpreted situations in terms of their failure to meet responsibilities, which are often caused by situations they may not have control over (Nowak, Naude, & Thomas, 2013). Mothers felt guilty when they

could not be the primary caregiver for their child after returning to work. Sullivan (2015) argues that the persistent portrayal of guilt in the combination of employment and motherhood normalises guilt and makes it an expected outcome. Sullivan's (2015) study of UK mothers illustrated that maternal employment and women's multiple roles are presented in magazines in conflicting ways. Mothers are sometimes expected to want to return to work and other times are forced to return to work. The combination of work and family is always portrayed as problematic unlike the case for men which creates an expectation and reinforces parenting ideals. In contrast, Børve & Bungum's (2015) study of Nordic fathers found that the demands of employment were problematically pressing in on their family life.

The sociocultural context of this thesis is critical to understanding work-life balance among parents in New Zealand and Malaysia. Previous researchers have argued that, although there is movement towards sharing equal responsibilities of parenthood in both Malaysia and New Zealand, mothers are still considered and appear to be the main caregiver. This is especially the case in Malaysia, where fathers are still expected to be the main financial provider (Bakar & Abdullah, 2013; Kahu & Morgan, 2007; Noor & Mahudin, 2016; Schmidt, 2014).

Secondary childcare selections and considerations

Secondary childcare arrangement is one of the issues mothers in dual-earner relationships have to consider when deciding to return to work. There are two major categories of childcare available for employed mothers: first, unpaid care by relatives and second, care by paid sitters, family day-care homes, or childcare centres (Riley & Glass, 2002; Suárez, 2013). Childcare used in this context refers to secondary or outside childcare while one or both parents are at work. Most mothers prefer spousal childcare, but for dual-earners working full-time, this preferred form of childcare is rarely attainable (Riley & Glass, 2002). Although mothers know what their preferred form of childcare is, most cannot achieve these preferences (Riley & Glass, 2002). According to Suárez (2013), parental composition, income, characteristics of mother's job, and family

composition are among the important factors in deciding the preferred childcare. Most unpaid childcare in New Zealand is undertaken by grandparents, mainly grandmothers. However, for families with both parents working full-time, formal childcare seems to be the preferred choice (Statistics New Zealand, 2013).

Childcare selection and experience is described as an emotional experience (Page, 2013), which may also have an impact on the mothers timing of return to work (Boyd, Thorpe & Tayler, 2010). Additionally, researchers suggest that childcare choices are influenced by the time of return to work, social status, availability of relatives or grandparents, type of education provided, and the age of the child (Fuller, Holloway, & Liang, 1996; Joesch & Hiedemann, 2002; Mandel, 2009). This research illustrates that mothers with higher resources often obtain their preferred childcare (Joesch & Hiedemann, 2002). Australian mothers in Doiron and Kalb's (2005) study quit employment because of the rise in childcare prices. Although there are differences in childcare prices and government subsidies between Australia and New Zealand, as mentioned above, the OECD *Society at a Glance* report suggests that New Zealand childcare prices, are in fact, among the highest in the world. However, Hill et al. (2016) explained that childcare arrangements that parents make for their children under five years old were not permanent. Mothers changed childcare arrangements to suit their situation including how their children respond to the arrangements (Hill et al., 2016). In the case of UK parents, middle-class families engaged in private childcare service, whereas working class parents engage in state or voluntary childcare service, but both groups of parents felt that childcare costs were an issue (Vincent, Braun & Ball, 2008).

It is argued that mothers have a harder time succeeding in their career or earn less than women who are not mothers, or fathers, because of what has been referred to as the motherhood penalty (Joshi, Paci, & Waldfogel, 1999). Employed mothers are more likely to take on part-time or temporary work than women without children (OECD, 2007). Fothergill's (2013) ethnographic study of mothers' experiences with childcare highlights three factors associated with the

experience. First is the cultural message of intensive mothering, implying that mothers are the best caretakers of their own children and that sending children to formal childcare means depending on strangers to care for their children. The second factor influencing the experience, according to Fothergill (2013), is the feeling of guilt and anxiety when sending children to childcare and feeling suspicious of the caregiver or institution. This could be very relevant in the Malaysian context with the rise of reported infant ill-treatment and death at childcare centres (Bernama, 2012; Tarmizi, 2014; The Star Online, 2013). The third factor is the mothers' perceived quality of the childcare; for example, mothers in Fothergill's (2013) study showed preference for school-like childcare centres that had lesson plans for children's development and education.

Data Findings and Analysis

“Even now, it’s going to be very, very hard to walk away.”

(Heather, New Zealand mother)

Maternity leave, paternity leave, and paid parental leave

Parental leave entitlements and the economic positions of families were significant predictors of the timing of parents' return to work. The length of paid leave was the primary motivation for younger parents because taking extended unpaid leave was not a financial option for them. The length of parental or maternity leave was consistent with the age of the baby as most parents began their leave at the time of birth. Table 3: changing work arrangements, in the next section, also illustrates the length of parental leave usage for each family and changes in working arrangements.

Malaysian mothers in this research all returned to work in the first three months after childbirth. For these mothers, the 60 to 90 days paid maternity leave felt too short because they had not yet fully adjusted to motherhood, and were still experiencing interrupted sleep. All the New Zealand mothers in this study took extended unpaid leave on top of the paid parental leave

and returned to work at least nine months after childbirth. For the New Zealand cohort, despite feeling sad leaving their babies in the first week, when they returned, they were all confident about starting work, and it felt like it was the “right time”. There was a separation and contradiction in their emotions about work and motherhood.

Even though mothers were aware of the pending sadness, they acknowledged that the extended time with their new-born made a positive difference. Feeling sad about returning to work was a common feeling for these mothers. Even after nine months of extended unpaid maternity leave, Heather knew that she was going to feel sad, she said:

Even now, it's going to be very, very hard to walk away at the beginning of the day and know that I am not going to see her until the end of the day and I definitely could not have done it earlier on.

Malaysian fathers were entitled to between one to seven days of paternity leave, except for Luqman, who took equal leave as Nurin, as they were both self-employed. The other fathers had to take emergency leave and annual leave for the day before delivery, as well as subsequent days. The leave taken by Malaysian fathers was to welcome their new-born, manage the registrations and provide support for their wives; little was spoken of their bonding experience with the babies during this period. Most fathers expressed that the reason they took their leave was to be present for the birthing and the mothers' return home from the hospital. This could have contributed to the exclusion of fathers in the first months of parenthood, as discussed in Chapter 6 on First-time Parenthood.

Only one New Zealand father, Dave, utilised the paid parental leave, which he took when Heather returned to work. However, Heather took the longer leave, through unpaid extended leave. All the New Zealand fathers except Brian took a much-extended form of leave, combining annual and sick leave in the first few weeks. Steve took a month's leave and slowly eased into work. He worked more from home in the beginning, then eventually working four days at the office and one

day at home. Dave took four weeks leave, and Robert took six weeks leave. Brian, on the other hand, could not take any leave, due to work commitments, but managed to work from home, which later transitioned to working from home part-time and working at the office once a week.

There was a pronounced change in feelings about the mothers' length of leave and return to work after the arrival of their children. Sally assumed that after her nine months leave she would be yearning to go back to work, but after the arrival of her baby she then applied for another two months of leave. Similarly, before having her baby, Farah felt differently, she said: "previously, I wanted to work so that I can have some time for me." But after the baby, she said, "I don't want to return to work, but there are too many commitments now. I can't back off now; it's too late." Malaysian mothers could not really take longer leave than provided. Returning to work ensured their job security and was necessary for their financial needs. Farah wanting to change her working arrangement after becoming a mother were mirrored by most of the other mothers in the study.

From pregnancy, Eva anticipated that she might feel differently, and decided to keep their options open. Eva explained, "Before having a baby you don't know, you don't know what it's like having a baby, so you can't anticipate how much you want to go back or how much you don't want to go back". Steve added that they "predicted that [Eva] would want the opportunity to work, so [they] planned for that". After the arrival of their baby, the work arrangements did change, as it did for many of the New Zealand families.

The decision to return to work

The main reasons both parents chose to work were financial need and enhancement, intellectual stimulation, social acknowledgement, structured days, and career continuity or passion for work. The reasons for mothers returning to work were never singular for any family despite mothers attributing their return to financial reasons. The main motivation as mentioned, for most, was the financial need; most families mentioned that living on a single income was a possibility, but they would need to compromise their lifestyle. Career was mentioned by two mothers; Katie

and another mother from the Malaysian focus group cohort wanted to pursue their careers. Other mothers talked about wanting more intellectual stimulation but not necessarily in the form of paid employment. A few mothers explained that they would work voluntarily part-time if their families were more financially stable.

Another major theme was the desire to not be defined purely by motherhood. The dominant ideal in terms of the discourse of intensive mothering was for mothers to focus their efforts and time on the family, particularly the child, and to take on the bulk of responsibility for housework. Therefore, doing something other than domestic work (childcare and household chores) while at home with the child is not in accord with the conventional ideology of mothering. Parents acknowledged that parenting was both challenging and rewarding but they also saw value in mothers doing what they described as “more”. Eva describes being at home as monotonous, draining, and tiring. She said:

Being at home by myself from 7:00am-4:30pm without any breaks at all is quite hard. Even though she is an easy baby, and playing with a baby is fun, it's not boring, but it can be quite monotonous. You have to come out with ideas of what to do with her, and entertain her. It feels like you're constantly trying to be a good parent, trying to take care of her. ... Being at home is very tiring, and so when Steve comes home at 4:30am, I'm like ugh, everything is okay now.

From the transcript above, the dominant ideology of parenthood is observable. Eva attributes being a good parent to spending time, entertaining and caring for the baby. Most mothers and fathers wanted mothers to have a future in something other than mothering. Being the stay-at-home parent, for either parents, meant attending to most of the childcare and household chores. The person at home is expected to perform most of the domestic work, as discussed in Chapter 6. Among the Malaysian cohort, the stay-at-home parent meant mothers, but this role was interchangeable among the New Zealand couples I spoke with. Farah and Halim both wanted

Farah to explore and expand her lifestyle past motherhood: “I don’t want her to stay at home and just fold laundry. I want her to be more”. The definition of “more” was not given, but it was used to mean pursuing the mothers’ talents and interests as separate from mothering. There was also a notion of utilising skills and knowledge acquired from earlier training or education. Similarly, in my narrative I wrote, “I was excited to do something more than just mothering, to think of things that were more than just house chores and parenting”.

Eva knew from the very beginning that she would need to do something for her own interests that was more intellectually stimulating than being at home and caring for the baby. She said:

I like having my own interests, it’s not that she is not my own interest, but playing with a baby all day is not like working all day. It is so different, and they are both interesting and enjoyable, but in a different way. I realised I did not just want to play with her all day. Isolating is not quite the right word. It’s quite a narrow range of activities [you can do with a baby] because she is quite small. Doing work is a lot more intellectually stimulating, and you actually get to use the skills you have studied for, and you have been to university for, it feels like you are not using them when you are with a baby.

These couples acknowledged that before the birth of their babies, mothers had hobbies and occupations that they were good at doing and enjoyed doing. Sally felt that she was a good worker and she was better at making money for the family. She also felt that working made her feel better about herself. Nurin and Luqman¹⁸, self-employed, enjoyed what they were doing: “I always wanted to be a stay at home housewife, but I don’t think what we do feels like working, it’s part of our life, it’s not like a choice of whether or not I want or don’t want to work, it’s like

¹⁸ See Chapter 4 for Nurin and Luqman’s description

spending time doing something we like, it's not tiring". For some mothers, work was in continuity with and a tribute to their training and education. Misha considered resigning to care for her baby, but it was not really her first preference, as she valued her qualification and training and acknowledged the financial impact her employment has on the family. Eva and Lisa too mentioned that while staying at home and parenting was ideal, they excelled professionally because of their training and education.

In Malaysia, Muslim fathers were still assumed and expected to be the primary financial provider for the family whether or not the mothers work in paid employment. Malaysian fathers in this study did not exercise any control over the mother's employment decisions, unlike previous generations, but they often emphasised the financial sacrifice the family would have to make. In this manner, it can be said that the mother's decision to work or to resign was an autonomous decision, despite it affecting the family. Rahman said, "if she wants to quit it's okay, but our income will definitely be affected. When our income is affected our life is also affected". For some of the Malaysian and New Zealand families, living in a single income family is an option, but it would mean accommodating to lifestyle changes. The financial implications on the child was also considered, as mothers would like to spend their money on providing more things, or better education for their children. Farah explained, "I'll have extra money for her (the baby), to send her to school, to buy her things." Lisa, like Farah, also emphasised how her earnings would go towards purchases for the baby.

Mothers staying at home conformed to the good mother ideal, but mothers in the paid workforce gave the family added material comfort. There was also an emphasis on the notion that staying at home to care for the babies is something a good mother or good parent should, or would, do. The stay-at-home mother ideal is more visible among the Malaysian cohort. Halim said, "somewhere deep inside me I wish Farah can quit her job". Brian, a New Zealand father, similarly explained his feelings: "If I had it my way, I would be at work, and Sally would be at home". Sally

and Farah wanted to be stay-at-home mothers, despite the positive aspects of employment they were experiencing; feeling like better mothers, earning substantial pay, getting some personal time, and work satisfaction.

Change in working arrangement and switching roles

All of the New Zealand mothers and fathers who took part in the study changed their working arrangements and patterns after the arrival of the baby. Only one Malaysian mother changed her working arrangement. The three other Malaysian mothers considered changing, but ultimately did not change their work patterns. None of the Malaysian fathers changed their work arrangements, however, one considered changing his work patterns after the arrival of the baby. The tables below illustrate the changes in work arrangements and the length of leave each family took.

Table 4 Changing work arrangements of New Zealand parents

Couple	Before baby	After baby	After mothers return to work
Sally and Brian	Brian: 8:00am to 4:30pm. Sally: 7:00am to 7:30pm.	Brian: 8:00am to 4:30pm but worked from home occasionally. Sally: 11 months extended leave, 14 weeks paid leave.	Brian: Wednesdays in the office, 20 hours a week total. Sally: 9:00am to 6:00pm four days a week with Wednesdays off, changed to an advisory position instead of a managerial position.
Katie and Robert	Robert: flexible 9:00am to 5:00pm. Katie: flexible 9:00am to 5:00pm.	Robert: Took six weeks of paid leave, including annual and sick leave. Flexible 9:00am to 5:00pm. Katie: 13 months unpaid leave, 14 weeks paid parental leave.	Robert: Four days a week 9:00am to 5:00pm. Fridays off. Katie: Four days a week 9:00am to 5:00pm. Wednesdays off.
Steve and Eva	Steve: 9:00am to 5:00pm.	Steve: Took one month paid annual and sick leave. Returned to work	Steve: Four days in the office. Flexible 7:00am

	Eva: 9:00am to 5:00pm.	<p>one day a week and increased to four days over a period of nine months. Flexible 7:00am to 3:30pm.</p> <p>Eva: Nine months extended unpaid leave, 14 weeks paid parental leave. Resigned during extended leave period to start a different part-time position.</p>	<p>to 3:30pm and one day from home.</p> <p>Eva: 20 hours a week at home.</p>
Dave and Heather	<p>Dave: Flexible 9:00am to 5:00pm.</p> <p>Heather: Flexible 9:00am to 5:00pm, depending on the superior.</p>	<p>Dave: Took five weeks paid annual leave including Christmas holidays and returned to Flexible 9:00am-5:00pm.</p> <p>Heather: took extended unpaid maternity leave for nine months.</p>	<p>Dave: took three months of parental leave.</p> <p>Heather: returned to work full-time.</p>

Table 5 Changing work arrangements of Malaysian parents

Couple	Before baby	After baby	After mothers return to work
Farah and Halim	Halim: Rotational night shifts four days a week. Farah: 9:00am to 5:00pm.	Halim: No changes. Farah: 60 days paid maternity leave.	Halim: No changes. Farah: 9:00am to 5:00pm, moving towards working flexibly at home. Resigning at the final interview to start an entrepreneurial venture.
Nurin and Luqman	Self-employed, no clear hours.	Couple took one and a half months off formal work. Without any paid leave allowances	No clear hours.
Misha and Rahman	Rahman: 8:00am to 4:00pm. Misha: 8:00am to 4:00pm.	Rahman: No changes. Misha: 90 days paid maternity leave.	Rahman: No changes. Misha 8:00am to 4:00pm.
Lisa and Malik	Malik: Flexible 9:00am to 5:00pm. Lisa: 9:00am to 5:00pm.	Malik: No changes. Lisa: 60 days paid maternity leave.	Malik: No changes. Lisa: 9:00am to 5:00pm.

Reasons provided for changing working arrangements were to spend more time with the baby, to reduce childcare hours and expense, to achieve more work satisfaction, and to have more time at work.

Worries, anxieties, and considerations before returning to work

Anticipating the return to work for parents was a time of anxiety and deliberation, especially for the mothers. Mothers planned their return to work much earlier than their deliveries because Malaysian families had relatively short paternity and maternity leaves compared to New Zealand families. Therefore, all childcare and/or infant feeding arrangements needed to be pre-

arranged. Many of the decisions were made in pregnancy, with hopes that things would turn out for the best. The new parents were concerned about leaving for work every morning, whether the baby would settle while they are away, they wondered what the baby would be doing, and what they would be missing out throughout the work day. The mothers wondered if they would be able to continue expressing milk and to breastfeed, among other things. They acknowledged that there would be changes, and most mothers were anxious and nervous about the arrival of the first day of work.

Heather talked about the unknown in the following way:

I think it will be very strange going back to work for the first time because I am not sure what it's going to be like. But I also think I will fit back in to it quite quickly; I don't think it will take long to get back into that. I am also already starting to think about going back to work. Think about some of the challenges that might be there in terms of work challenges and its quite easy to get back into that mindset quite quickly but I have to be able to flip between them quite quickly because as soon as I get home I have to be her mum, and so I think it will be quite different. I don't know how I am going to feel like, things at work are going to feel less important or if it's going to feel the same. That is the unknown part, what's going to happen when I walk through those doors, will I wish I was at home or will I enjoy going back to work, I don't know, I don't know; it's like two different worlds.

The mothers felt that they might be returning to work as a different person; they had different priorities now. Mothers were more focused and selective in what worried them. Katie explained how motherhood adds more value to her work life. She explained:

[I am] definitely a different person. I am hoping that I will be better at rising above the tension. I used to take things that happen at work quite personally sometimes. I think I will have more perspective. I will probably have a better understanding of where people

are coming from when they do things, I suppose. Like when you're with a baby, you realise that what the baby is doing is not personal [or] a reflection of you. They're not crying because you're a terrible parent, mostly. They're crying because there is something going on with them and you can try and empathise with them and figure out what it is. Being a parent has taught me a lot of empathy. Things aren't necessarily a problem to be solved. Sometimes you just need to kind of understand and empathise and that's what people need and want. I'm quite interested in how, what it would be like, what I have taken, [and] what I've learned as a parent into my job; there are also some advantages. There is also appearing older and more experienced, [which] I think is quite advantageous for women. Definitely, in my career particularly in my earlier to mid-twenties, being a young woman was a serious disadvantage. I was treated with a bit of disrespect or people will try to give me their work to do or take credit for my work, and I think that having those hallmarks of a slightly older person in some ways could be quite good for me too. When people realise 'oh! You're a parent; you can handle being a parent.'

Another theme for the mothers was worrying that they would miss out on the baby's development when they are at work. Sally and Heather were both happy and relieved that their husbands would be taking care of the children, but they still worry about the baby missing them during the day. Mothers were also concerned about missing out on their babies' developmental progress. One of Sally's biggest fears was that the baby would start walking without her being there to witness the event. She feared missing a momentous occasion, but she would rather have Brian see it than day-care personnel. This was also true for Misha, Lisa, and Farah. Farah labelled this feeling as guilt:

I feel guilty; I feel guilty about leaving the baby, even though we trust the person who's taking care of her, I still feel guilty. I feel guilty towards the baby because the baby won't

be small forever; in a blink of an eye the baby is already two months, and we won't be able to experience these moments [again].

Lisa described missing out as a sad feeling: "Sad, because it's not me who gets to see her first steps and all, but at least the person who is caring for her is my mum, so it feels okay." Among the couples, mothers were more expressive of their feelings of concern and worries, especially regarding the childcare arrangements. Farah felt that although she was very sad about leaving her baby, work was important and had many benefits.

Now it's better I think, it's better for me to work than for me to stay at home, now at least there are gaps in between. I can go window shopping, or I want to do something, I want to go for a manicure. I have time for myself, I think I am better off working than staying at home, part of me feels guilty for saying that out loud, but that's the truth. I feel part of me will always feel guilty, but I am better off working. I feel like on that day I feel like, not to say useless, but I really could not do anything, I really could not do anything, to shower or do anything, I had to concentrate 100%.

Despite all of the benefits Farah mentioned, she felt guilty about them because, for her, a good mother stays at home and is selfless, so enjoying the alternative, made her feel guilty.

Childcare decisions and experience;

"I don't feel anybody is as qualified as us."

(Luqman, Malaysian father)

Childcare played a major part in the employment decisions of the mothers who participated in this study. Childcare decisions were dependent on the child's age, the financial costs associated with care, distance from home or workplace, availability, and parental ideals. Childcare options used among the Malaysian participants included grandmothers, childcare centres, in-home care, and parental care. Among New Zealand participants, parental care, childcare centres, and in-home care, were the childcare choices that were utilised. Parental care was still the ideal form for

these families, especially among the New Zealand cohort. Among Malaysian families, grandmothers were the second preferred form of care after maternal care, but this was very much dependent on their location and the grandmother's age and employment status.

Parents did not make permanent arrangements for childcare and were willing to modify the arrangements to ensure they secured the best option. Katie and Robert thought their feelings about childcare changed after the delivery. Initially, they thought they might like to have a nanny or in-home caregiver for their child but before Katie's return to work they did not feel comfortable leaving the baby unsupervised with a stranger. They felt that this decision was emotionally driven. In the beginning, the priority was that their child have undivided attention and care, but their priorities transitioned to concerns over surveillance and the desire for social interactions for the child. They decided that the baby would benefit from social play with other children and more adults. Katie said, "I think the baby will enjoy a little bit of early childhood education." Among the concerns about childcare centres were children getting sick and children not getting enough attention. Robert described his worries:

I'm a bit apprehensive about it (Katie: yeah, same) because she is not as mobile as other kids her age, I wonder if she is just going to be stuck in the corner and that sort of thing. I'm worried about it; I'm not really worried. Also, I know she will get sick, and kids at day-care just get sick and that's just going to be, it just happens, and you just have to deal with that.

Heather and Dave chose to have Dave care for the baby for the first three months, while Heather returned to work. The baby would then go to in-home care for three days a week, one day would be spent with her grandmother, and the last day spent with Dave and Heather. Farah moved from full-time work to working from home and finally resigning from her work after the final interview. Sally and Brian originally wanted to send the baby to a childcare centre, but as they moved closer to her start date, Sally realised they could not do it. They decided that Brian would

stay at home with the baby, whether or not his employee would allow him flexible hours or if he had to resign. Katie took extra leave on top of her eleven months' extended leave to ensure that her daughter would be enrolled in the childcare centre that they preferred. She remarked:

Yeah, I know it will be an imperative adjustment. So, I am quite nervous about that, it's quite an emotional thing too, like a lot of things to do with parenting, it's hard to think about it rationally. I find that it is anyway. Hopefully, it will be okay.

Eva and Sally's families felt that it was better for them to have one person work from home with reduced hours than send the baby to a secondary caregiver because the personal and financial benefit of having a parent care for the baby outweighed sending the child to a secondary caregiver.

Eva said:

I think for us we did not really want to use day-care if we can help it because, in terms of our, the money that I would earn, a lot of it would just go to day-care, and I figured that I could be a good parent and I can take care of her, we chose to have her so for me I would also choose to look after her if I can, and I think that we could. I think putting her in day care or other care just didn't seem necessary for us.

Primary parental care was the most preferred and ideal arrangement for parents. Among the eight couples, six chose to have some form of parental care by the end of the third interview. Of the six couples, three chose to have full-time parental care. The other two couples did not have the flexibility nor option to choose this arrangement.

Parents felt that good parents or good mothers take care of their own children. As will be seen below, Eva explicitly used the term good parent, however, throughout this research, parents did not define the term, "good parent", "good mother" and "good father" as clearly. Again, Eva describes the good parent as exclusively caring for the child. Similarly, for Nurin and Luqman, sending their children to someone else was not an option. Luqman described, "that a child is born

as a white canvas, who he grows up to become depends on his parents, so I don't feel anybody is as qualified as us to be educating our child". Nurin added:

We look at a lot of kids; kids that are under a nanny's care or sent to childcare centres. They are very different compared to kids that are cared for by the parents; in terms of behaviour, development, motor skills, manner and behaviour, mostly manners [sic]. You can see kindergarten kids say things they're not supposed to. Their manners and intellectual development are different. Also, based on our readings and going to exhibitions [parenting conventions]. My parents were also working, I don't want my child to be left alone, I want to be the one that teaches my child, [to choose] what they would learn, I don't want my child to be clingy with other people, I want my child to be clingy with me.

The above transcript reflects different notions of good parenthood and how these notions are propagated. First, a child's behavioural outcomes is directly related to parental involvement and care. Second, authoritative knowledge of parenting comes from reading materials and parenting conventions. Third, parent-child love is visible through the clinginess of the child. Katie and Robert sent their baby to an early childhood centre for three days a week and chose to have the baby at home for the other four days of the week. Robert expressed that "There is something sad about that. If you don't think that your parents as the main carers. I like that most of the week she [the baby] will be with us". Heather commented that because she knew it was Dave caring for the baby, she was less worried about going back to work, she said:

It would be a good thing that Dave is taking over. [At the moment] The baby is not so reliant on me, she knows who Dave is, and she is quite happy to spend long periods with Dave now. So it makes it a lot easier to leave her.

Similarly, Sally felt that a big part of coming to terms with returning to work was knowing that Brian was the one caring for the baby. After her return to work, she saw that Brian was a more organised parent. He was teaching the baby many new things. Despite feeling sad about leaving

her baby, noticing these changes comforted her. Brian was surprised that he enjoyed being at home more than he thought he would. Sally's perspective was:

He's better suited for this job, and I am probably better suited to earn money just because he is more organised and he's better at getting her to sleep easily, and getting her to into a nap routine and get more done. I think it's a good thing and it's worked out really well.

Among the Malaysian families, childcare choices and decision were not exclusively made by parents. Grandmothers played an important role in the decision made regarding childcare for most of the participants. When grandmothers were caring for the baby, mothers found themselves feeling guilty. Many considered paid childcare options because of this guilt, but most grandmothers were strongly against childcare centres and preferred to care for their grandchildren instead. Despite feeling guilty and worrying about the wellbeing of the grandmothers, mothers expressed relief. Farah found that having her mother-in-law care for the baby gave her great relief:

I know that when I come home, I will meet the baby, nothing to worry about, I know she is in good hands... It's the fact that I know that my mother-in-law will really take care of the baby that really makes me feel like, trust, you know.

Another theme concerning grandmothers caring for babies often involved the inability of couples and, more often than not, mothers to discuss their contrasting beliefs with the grandmothers. Among Malaysian families especially, grandparents will overrule the parents especially while the babies are with them. Mothers expressed frustrations and, over time, learned to manage this situation tactfully. This involved listening intently and nodding, but ultimately disregarding the advice. Couples found it was much easier if they were living separately from the grandparents, but most families lived together. Issues relating to childcare were more delicate because the grandmothers were taking care of the babies.

Concerns and worries

“The baby will be left with essentially a stranger.”

(Robert, New Zealand father)

One of the main themes expressed by the participants was concern, fear and anxiety of ill-treatment or negligence by secondary paid carers. Among the Malaysian cohort there were concerns about the rise in reports in the newspapers and social media on accidents due to negligence and ill-treatment that resulted in infant deaths. Most Malaysian mothers expressed that they would consider childcare centres if their babies were more mobile and articulate. Although this concern was not as pronounced among New Zealand parents, they did have concerns about the different childcare choices. The only mother who utilised a childcare centre expressed worry revolving around whether her child was being fed well and whether her nappies were changed.

All other forms of childcare, besides parental care, had a disadvantage. Some mothers worried that caring of their babies was going to be burdensome for the carers, the grandmothers, and in-home sitters. Mothers not only expressed worry about the babies, but also about the actions of the caregivers, and the possible close relationship that the caregivers and babies might establish. Misha said, “I am quite worried because people have said, their children are used to the caregiver, so when the child is with the mother, kurang sikit¹⁹ [it’s less], we’ll see how it goes.”

With in-home care, parents were concerned that caregivers were unsupervised and that the carer had no early childhood education training. Parents worried about the safety and wellbeing of their babies, especially because the babies could not give feedback. Heather spoke about her worries in the following way:

¹⁹ Kurang sikit translates literally to slightly less, but in this case it meant that the child will have a better relationship with the carer than the mother.

When we both go back to work, and she will be left with essentially a stranger, either way, we are going to be leaving her with a stranger, and that's quite difficult to deal with, you have a lot of options for childcare. You have the childcare centres, that's probably at the bottom of our choices, all the others almost one-to-one or one-to-four. You would only like to have a smaller number of kids, but they're also individuals in their home, so they might not necessarily have an early childhood trained person, and no one is really watching over them.

Generalised concern about using childcare centres is a prominent consideration among all of the new parents. Mothers describe their concern for the common reports of negligence at childcare centres. They expressed a desire to make use of childcare centres when the child was old enough to express themselves and be independent of the caretaker. Lisa, a Malaysian mother, expressed her worries in this comment:

Mostly, [we're looking at] exclusive childcare, even with childcare centres there can be favouritism, so we don't want that. If our child becomes the favourite, then it's okay, but if not (long pause). My friends mostly send the children to childcare centres; they tell me stories about their children coming home and complaining. Most of my friends that send her children to childcare, their children are at least six months or one year old. Some have their parents take care of the baby. The grandmothers will take care of the baby until the baby turns one then they will send to a childcare centre, so the baby is no longer a baby and the baby is stronger. You know we read in the news, the babies were not abused, [but] they were left. [It was] negligence. So, if the baby can walk at least we don't have to fear negligence so much.

Halim emphasised how he did not trust a paid person to care for the baby. In his case, he specifically said that he would only trust the mother and the grandmothers to care for the baby, making clear his preferences. Conversely, Rahman said, "I'm not too worried, because of my

siblings, my baby is the grandchild number 12, so I'm used to having many nieces and nephews, and they all went to childcare, and they all seem fine, so I'm not worried".

Back at work

Upon arriving at work, colleagues welcomed mothers back to work and inquired of them about the baby. "At first everyone just asks about the baby, but it doesn't really change anything at work," Lisa said. Sally found herself crying, because she missed her baby, when her colleagues asked her about the baby, which felt out of character. Colleagues were described as supportive of mothers, giving mothers affirmation that the situation would become easier or complimenting their babies. The separation anxiety among mothers ranged from thinking about the baby, worrying, crying, and even returning home midday. Farah found that it was too difficult, saying:

[on the] First day, I asked for half day, just because I couldn't stand [it] when you are so used to being with your child and then suddenly you have to be apart from the baby. I couldn't stand it; it was just the first dayat 11:00am I decided to take half day, it was only two hours, after two hours.

Many mothers had to stop themselves from continuously calling or checking up on the baby. Lisa said, "on the first day I just missed her, thinking what she was doing at home, but I had to prevent myself from calling". Fathers also mentioned how they missed their babies on their first day of work. Misha would send pictures of the baby when Rahman missed her at work. Robert felt the first week was especially hard because he missed the baby after having been at home for six weeks.

Smartphones and the Internet were both mediums that mothers enjoyed that kept them involved with their babies during the day. It was important for the mothers to know that the baby was all right, and receiving updates about the babies' welfare was a relief. Mothers recalled missing

their baby immensely and even felt guilty during lunch breaks. Even though they were able to enjoy a meal in peace and quiet, this enjoyment was quickly followed by guilt. Lisa explained:

I feel like I had so much time to eat my lunch, before this I always had to hurry, but even in the calm, I do wonder what the baby is doing at home, I am so used to eating in a rush that I cannot help, but to think of her now that I don't have to eat quickly. I feel like I have time for myself, but at the same time, I feel guilty because I am not with the baby. I value lunchtime more now, at home sometimes when I eat I don't even chew properly.

Nurin, who was self-employed, had to teach on her first day back. In the beginning, Nurin and Luqman would negotiate over acceptable work routines when it came to having the baby with them. They decided to keep the baby away from her classes, so Nurin was separated from her baby during the classes. Nurin found that she was missing her baby despite being able to see her baby in between breaks. Luqman found that it was very challenging for him to keep the baby quiet throughout the day while Nurin was teaching in the next room.

Exhaustion and recharge

Returning to work was very exhausting for most mothers and for some of the fathers. Robert took six weeks off to be with Katie and the baby. He found it difficult to return to work due to the lack of proper sleep. Lisa, Farah and Misha, who returned to work at six to eight weeks, felt exhausted after getting home from work. They all fell asleep very early on the first day. Farah was more tired from additional morning, and night, duties, especially because of Halim's night shifts.

Returning home from work and "being a mum" was difficult and exhausting. Mothers have to balance additional personal and professional duties after child birth and after returning to work. A common theme among mothers was the number of tasks that needed to be completed after work and before bedtime. Heather describes this:

Night time is an obviously busy time for mums because you have that whole getting ready for bed. You have a really short amount of play time, and then it's dinner time, cleaning up bath time, and bedtime, and then you have to cook dinner for yourselves as well and all that and that sort of stuff, and it's a busy time. It's not like you can come home and then wind down.

The lack of opportunity to relax before undertaking tasks at home was a common theme for mothers. Mothers desired a few minutes to rest upon arriving home, but this was not a possibility. Fathers noticed this too. For instance, Malik spoke about how Lisa no longer had any time for herself. She came home and immediately took care of the baby, sometimes she ate in between breastfeeding the baby, and he often found her asleep by 9:00pm. Halim expressed similar observations, he described how Farah found it difficult to pray on time²⁰, and this was distressing for her. Likewise, Brian commented:

I do see how hard it is, how much she misses the baby because of the attachment, I can see that she gets tired and I get tired, but she still gets through the day. It would be taxing, I don't think I can do it myself, but a mother somehow gets through it, and she gets through the tiredness and everything because it's for her child and you have to appreciate it.

Despite feeling tired, a common theme among mothers was feeling more recharged and coming home from work a "better mother". Sally felt that she was more interactive with the baby after she returned to work. She felt more confident about her appearance as well as her achievements, which is also a common theme among the other mothers. She reasoned that she

²⁰ Muslim perform five daily prayers at specific time periods throughout the day.

was a better worker and money earner than a stay-at-home mum but knew that she was also a good mother. Mothers found that returning to work made them feel normal again:

I did not think that I was not feeling normal, but it was not until that that I think, oh, this is what other people do... It's not just that I have to do it, it's a good thing for me to feel like I'm achieving something other than being a mum.

As discussed before, being a mother seems to be exclusive to childcare and domestic work, which is valued less than paid-work. Hence, mothering or being a mum often felt useless or inadequate, so mothers had to do more or be more.

Changing between two roles, mother and employee, were expressed by some of the participants. Heather found that it was easier for her to be an employee than to fully leave work mentally when she got home. In this instance, there is a notion of two different spheres of life for mothers. Heather “takes off the mum hat” and can “flip the switch”, but found that returning to being a mother was more difficult:

I definitely feel like a flip of a switch, and it was definitely a strange feeling coming home at night and then being back to being mum again and I found that harder. I found that it was easier to take off the mum hat and get back to work each morning, but I found it a lot harder to wind down at the end of the day and leave work behind and do the mum thing.

Returning to work and the routine of being an employee was a time of change but also a return to a feeling of a past that was normal. The paid-work component was the easiest to return to, and gave parents a sense of respite. The period at work was the part of the day when their lives did not involve putting the constant need of their babies first, an opportunity to interact with other adults, and perform what they described as intellectually stimulating tasks.

Discussion

The present study updates the literature on first-time parenthood and employment from different perspectives. Firstly, balancing work life and motherhood is still considered problematic. Secondly, mothers still take substantially longer leave than fathers. Thirdly, fatherhood did not change employment decisions or working arrangements for Malay fathers. Lastly, parents were considered the best caregivers for children with mothers at the top of that hierarchy. The western and eastern cross-national component of this research highlights the importance of variance and intersection in understanding family life that can inform recommendations for institutional policy changes.

The main differences between the Malaysian and New Zealand experience include familial support, feelings about return to work, and the differences in gender ideals of parenthood that were visible in paid parental leave policies and employment decisions and arrangements. It is also important to note that the demographics of the New Zealand and Malaysian mothers were different; Malaysian mothers were under 25 years old and New Zealand mothers were mostly above 28 years old; most of the New Zealand mothers were at a higher position at work and were relatively earning a higher income.

The New Zealand couples in my study were all entitled to parental leave. This was initially 16 weeks, at the time of the interviews, but has since increased to 18 weeks (New Zealand Statutes, 2016). Concurrent with Schmidt's (2014) study, New Zealand first time parents, not just mothers, changed their working arrangements after the arrival of their new-born. Both New Zealand mothers and fathers were on leave or working from home during the first month after the delivery. They were in a position of financial privilege and work-flexibility to take extended unpaid leave or work from home, and they felt relatively happy and content with their situation when the mothers returned to work.

Overall, mothers still took longer leave than fathers and this reflects the current trend across the world (Noor & Mahudin, 2016; Schmidt, 2014). In Scandinavian countries, non-transferable leave for fathers is being used widely. However, in Japan and Korea, where fathers get the longest exclusive paid parental leave of between 52-53 weeks, fewer than 5% of fathers used this provision (OECD, 2016a). The OECD (2016a) report suggested that fathers considered career progression, financial logic, and cultural beliefs when deciding how long to take leave. Cultural context needs to be a serious consideration in policy making following this report to ensure effective implementation of policies.

Employment experience became more gendered as the couples became parents; mothers made more changes to their work arrangements, took longer leave, and took on more infant feeding responsibilities if they were still breastfeeding. This is the culmination of many gendered parenting ideologies and practices that include the contradicting demands of the good mother and good worker. The good mother is present for her child's milestones, she has to be the main caregiver for her child, if she is not doing the caring she finds the best caregiver for her child, she puts her child before herself, and she exclusively breastfeeds (Buzzanell et al., 2005). The good worker is present when she is at work, she enjoys the work that she does, and she maintains a consistent employment history (Buzzanell et al., 2005; Hampson, 2013). As discussed by previous scholarship, these expectations often contradict (Alstveit et al., 2011; Buzzanell et al., 2005; Christopher, 2012; Hampson, 2013; Hays, 1996). For example, mothers in this study felt the need to check on their babies while they are at work as part of their good mothering practice, but they also felt they were not being good workers when they did this.

There is a difference, however, between these studies and the expectation on Malaysian mothers (Noor & Mahudin, 2016). Among Malaysian families, mothers staying at home until their children were more mobile and verbal was the ideal, but there was no mention of fathers taking leave. The gender roles of male financial provider and female caregiver were still embedded in the

underlying beliefs of Malay families, despite striving for dual-earner identities (Noor & Mahudin, 2016). Instead of sharing care work with the fathers, families often looked for help from other female caregivers, in most cases the grandmothers. Additionally, more women are expected to be in the workplace due to economic pressure, as well as the influence of current dominant ideologies of gender. Women in Malaysia are now expected to attain tertiary qualifications, contribute to the society by filling roles in the workforce, and contribute financially to the household. There was an emphasis on the financial contribution by mothers from being employed and the financial pressure that young families are currently under, with the high cost of living and rising cost of property, as emphasised by Bakar and Abdullah (2013). Moving forward, it may be beneficial to explore how rigid these dominant roles are; as women are increasingly encouraged to continue employment after parenthood, will fathers be increasingly encouraged to perform caring roles?

Miller (2013) and Reilley and Morrissey's (2016) call for the end of gender-neutral parental leave policies could benefit New Zealand families. Equally important is having separate parental leave for both parents in the first few weeks post-delivery, especially for nuclear family types. Separate non-transferable parental leave allocation will also allow fathers to be more involved in the early stages of parenthood (Miller, 2013; Reilly & Morrissey, 2016). Fathers from the New Zealand cohort found their long leave was necessary and valuable for their transition as a family, and for both parents to feel confident caring for the child. These fathers were entitled to a significant amount of paid leave. Even so, returning to work prior to twelve weeks was challenging. Therefore, the findings from this study support Schmidt's (2014) recommendation to follow Iceland's parental leave policy can also be applied to Malaysia. The parental leave policy in Iceland provides three months of paid leave for both fathers and mothers, with two weeks to be used after childbirth. This three-month length would be beneficial for the practice of traditional confinement period (discussed in Chapter 6), and a reasonable move from the current 60 days maternity leave entitlement. This study also supports Subramaniam et al.'s (2015) recommendation for Malaysian

policy changes to improve flexibility in working hours, working location, and the move from full-time to part-time for both fathers and mothers.

Furthermore, I suggest that grandmothers should be considered for leave as many are still in the workforce but are also expected to perform caring roles following childbirth (Ministry of Human Resource, 2012). Therefore, to maintain the cultural values of the Malaysian families, offering leave for grandmothers for the first 40 days after labour would help the continuity of this tradition. However, further exploration of the contemporary familial systems in Malaysia across ethnicities will be valuable for understanding possible implications of this change. For example, considering the age of mothers and grandmothers following childbirth, as well as the distance between their respective residences. Similarly, there are extended family systems practised in New Zealand among the Pasifika and Māori families that would benefit from this considerations (Abel et al., 2001). For New Zealand families that are parallel to the New Zealand participant demographic, a move towards non-transferable leave similar to Norway, whereby both parents are entitled to at least ten weeks of exclusive leave instead of shared leave will be beneficial.

Return to work after nine months felt right for the mothers in this study. They transitioned back to work smoothly. These women did not feel it was hard to get back to work after being away for almost a year. They felt they were ready. Mothers who did not feel ready found going back to work to be more challenging, supporting previous research on the timing of return to work (Chatterji & Markowitz, 2012; Hill et al., 2016). Mothers who took longer leave did not find that transitioning back into their working identities as challenging; most couples felt that motherhood made the women more competent and more valuable workers. From the perspectives of the participants, motherhood “improved them”, by training them to be more resilient and able to rise above petty matters, this adds an alternative experience to the discussions on motherhood penalty (Benard & Correll, 2010). Having said that, physical presence at work was a significant consideration when New Zealand mothers took extended unpaid leave. Being away from work

meant that they were not seen and thus, meant lost opportunities for promotions or pay raise especially in jobs where their performance was measured across time (Hampson, 2013).

Among the participants, intensive mothering (Hays, 1996) was experienced, at least in part, as a transition to intensive parenting ideals. Good parents, according to the participants, care for their own children, are self-reliant, but are also working outside the home. Fathers in New Zealand felt that the ideal situation is to have both parents with reduced hours, so the baby may spend more time with parents than with a different caregiver, especially if the caregiver had no familial ties. The shared load of care work meant that mothers were given 'equal' opportunities to grow in their career.

For the participants, employment was an important part of their lives, not only for the financial value but also for the affirmation and sense of acknowledgement that it provided. Returning to work gave mothers a sense of order, more adult interaction, and mental and intellectual stimulation. Both parents found that full-time care of a child was very rewarding, but it was more challenging than spending time at work. Being at work felt like respite, even though it brought added pressure and responsibilities. Part of the good mothering ideal is that mothers often felt guilty and needed to justify the time they enjoyed at work (Johnston & Swanson, 2006). Motherhood added to their value as employees, and employment added to their value and performance as mothers. Nevertheless, parents were both aware of the constraints of combining motherhood or parenthood with employment. There were physical constraints that were involved, such as mothers having to do more physical work and breastfeeding duties while combining work and motherhood. There were also negotiations of the timing of return to work, availability of preferred childcare, financial sense of return to work, and the ideals of parenthood and employment (Noor & Mahudin, 2016; Riley & Glass, 2002; Schmidt, 2014).

Mothers in this study were confident that they were good mothers despite having to navigate their paid work and the baby's best interest (Alstveit et al., 2011). Even so, guilt was a

present theme among some mothers (Buzzanell et al., 2005). Contrastingly, none of the Malaysian or New Zealand fathers expressed guilt about returning to work or being able to eat lunch at work. Fathers expressed sympathy for their partners, but not for themselves. Mothers articulated that the challenges they faced were weaknesses of the system surrounding family and work. Mothers and fathers also made decisions about work not only in the families' best interest but also their personal best interest.

Parental care was still the most preferred form of childcare, even though it was not a luxury available to all parents (Riley & Glass, 2002; Suárez, 2013). Unlike Riley and Glass (2002) and Suárez's (2013) studies, the negotiations and input from fathers were included in this research, thus engaging fathers within this discussion. The negotiations among New Zealand families were more flexible because they had more control over their priorities due to their employment stability and financial leverage. These families could afford one parent working less hours and could negotiate their working arrangements with employers without apprehension over losing their jobs. The childcare decision was not a binary choice of work over child; there were many variables at play, and parents with the most resources had better choices (Fuller et al., 1996; Joesch & Hiedemann, 2002; Mandel, 2009). The flexibility of work was a valued resource for most of these participants.

Childcare choices were mainly driven by the age of the child, emotional concerns, and economic gain. The figure below illustrates the hierarchy of preferences the families in this study had given their childcare choices.

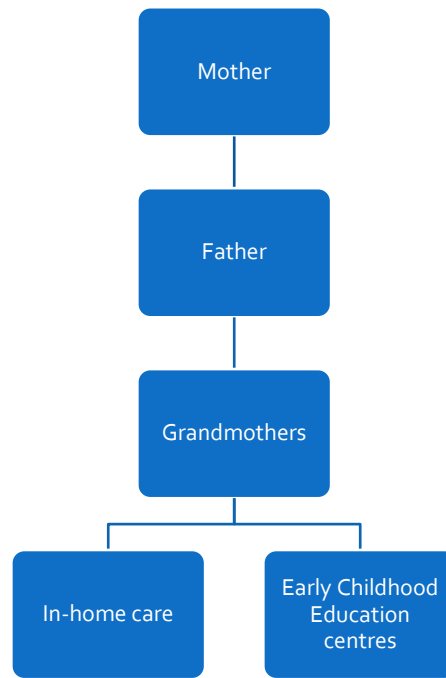


Figure 2 Childcare Preferences, with the top being most preferred.

Similar to Fothergill's (2013) ethnographic study, Malaysian families felt mothers were the best carer for the baby. Mothers were worried about their babies because they were suspicious of other caregivers and the recent cases of abuse and neglect at childcare centres (e.g., Tarmizi, 2014; The Star Online, 2013). Malaysian families were more worried and anxious because of the available childcare choices or lack thereof. Among New Zealand families in this study, mothers and fathers were equally considered as primary caregivers. The New Zealand fathers all changed their work arrangements to be the sole caregiver for the baby at least one work day a week so the mothers could return to work. For the Malaysian families, grandmothers were the second preferred caregiver because fathers were still not expected to be self-reliant caregivers. The parents in Malaysia had better familial support with more grandparents willing to take care of the babies. Among the New Zealand participants, only one grandmother cared for the baby; one day a week after the mother's return to work. However, the rising age of retirement and age of first-time mothers in Malaysia may inhibit grandmothers from the caregiver role in the future (Kerajaan Malaysia, 2016). To summarise, the important factors when considering grandmothers as

caregivers include the grandmothers' age, health, and employment status as well as their living arrangements.

In-home carers and early childhood education centres both had positive and negative attributes. Even though mothers were worried their children would develop a special relationship with the in-home carers, they were comforted by the fact that the child to caregiver ratio was small. This meant that their children would receive adequate attention from the caregivers. Early childhood education centres usually have more than one caregiver at a given time that could provide mutual surveillance over each other. This was an attractive option because mothers felt that children were less likely to be emotionally attached to a particular caregiver.

For most of the mothers, doing their paid-work again was an easy transition despite the length of time they were away. As I have emphasised, the experience of motherhood and employment begins even before the birth of the child; most decisions were made before childbirth (Fisher et al., 2016). There is still a gap in the research around employment and parenthood in New Zealand and Malaysia (Bakar & Abdullah, 2013; Fisher et al., 2016; Noor & Mahudin, 2016). Even though this study adds some understanding of the experience from a shared couple's perspective, there needs to be more qualitative study on the experience of parenthood and employment among the different ethnic groups and socioeconomic backgrounds in Malaysia and New Zealand. Further exploration of this topic can assist to better understand the relationship between parenthood and employment, specifically within these two countries. The data from future research may explain the complexities behind employment patterns of parents and enhance understanding of current parental leave and childcare policies.

The shared component of the present study allows us to shift from the focus on mothers and fathers separately, to an exploration of how the dominant ideal is being negotiated in a couple relationship. Among the Malaysian families, the contradiction of work and motherhood is visible and women considered resigning from their professional careers after becoming mothers

(Buzzanell et al., 2005; Hampson, 2013). Care work is still primarily the mother's responsibility, highlighting the gendered parenting ideal. However, mothers and fathers both give emphasis on the importance of work for the women's identity and the financial impact it has on the family's lifestyle.

The demands of intensive mothering appear to be increasing among the participant cohort in addition to the demands of not being "just a mother"; a good mother breastfeeds exclusively, even when she returns to work; a good mother puts her baby's needs above her own. A baby's "needs" in the 21st century are even more demanding than in the past decades, with strict developmental milestones that require mothers to be present, emotional needs that have future implications, and higher standards of health and hygiene set by the authority figures such as midwives, doctors, and nurses (Lee et al., 2014). The next chapter concludes the research through recommendations for future research and practise.

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Chapter 9: Conclusion

The families I have interviewed have highlighted to me how diverse a homogeneous group can be. This has forced me to question my internal assumptions, realising how presumptive I was and am, while trying not to be. I began this research in the hopes of performing an objective, planned and careful phenomenological study, but as time passes by, I am constantly being reminded that objective is such a loaded term, and my careful methods and thorough planning were not all it was going to take. My position as an insider, a first-time mother, and an outsider, a researcher, is often combined. I would like to say that they complement each other, but that is from a researcher's perspective. As a mother, I cannot say I have come out a "better" mother after having done this study; my research has highlighted the impossible demands of the dominant ideology, all the invisible work that is done by mothers and fathers, and how problematic employment and parenthood can be from where I stand in 21st century society as a young Malaysian mother living in New Zealand. As a researcher, I think that my positioning as a mother has grounded my research by pushing me to carefully question the implications of my analysis and recommendations relating to the very diverse homogeneous group of first-time parents I have interviewed.

The first section of this chapter brings together the research in a summary form. In the second section I develop my recommendations based on the limitations of the methodology and data findings and analysis of this research. To conclude, I highlight the contributions of the research and its implications for further study in this field.

Summary

The study explored the experience of first-time parenthood and the mother's return to work from a couples' perspective. It employed a synthesis of transcendental phenomenology and interpretive phenomenology, which was discussed in detail in Chapter 2. The experience is observed as having two components, the essence, which is shared by all the participants, and the

peripheries, which are surrounding experiences that may be shared by a few, based on their sociocultural background. The process of data collection included writing up my personal narrative, conducting longitudinal interviews with eight couples from Malaysia and New Zealand, and conducting focus groups with Malaysian and New Zealand mothers. The personal narrative and focus groups, as have been explained, were not the primary sources of data analysis. They both performed different functions, bracketing for the narrative, and validation for the focus groups. In Chapter 3, I presented my own experience through my personal narrative to situate myself within the research and as a method of bracketing. Then, in Chapter 4, selected descriptions of the participants' experience were included. Chapter 5 presented what I called the essence of the experience. Chapters 6, 7, and 8 covered the peripheries of the experience in three broad areas; first-time parenthood, breastfeeding, and employment. These chapters each contained a literature review, data findings and analysis, and a discussion section.

In the area of first-time parenthood, I have discussed that parenting is learned, and this includes taken-for-granted work such as childcare and breastfeeding. The data tend to indicate that the theorising of motherhood and mothering as “natural” or somehow intuitive is problematic. The term “natural” used within this context is understood to refer to behaviours that are instinctual and painless, and would not require much learning. Learning to parent entails educating oneself about the baby, how to care for a baby, how to breastfeed, how to manage on minimal sleep, and how to interpret the baby's cries. The experience of parenthood breaks down couples' expectations of what it means to parent, especially where these expectations are based on dominant cultural ideals. As time passes, parents gain confidence in their ability to parent. Parenthood brings about change in practises and priorities because a child brings with it a new constellation of demands and expectations. In my research, mothers are still considered the primary caregiver but all the families are moving towards having more involved fathers.

In general, the study findings showed that a good parent has a relationship with their child. They are caring and know how to take care of a child on their own. They make sure that their child spends more time with them than a secondary caregiver. A good mother is more than a good parent. The tenets of good mothering, according to the data, continue to include contradictory demands. A good mother is selfless, she has to put her baby first, yet she must also take care of herself, and do things she enjoys and likes. She is mature; she knows what the right choice for her family is and chooses to do that. She is physically, mentally, and emotionally strong because her role as a mother demands it from her; among other things she must be able to function with very little sleep and continue to care for her baby even when she is physically tired. She must control her emotions when she is at work, and when she is around the baby. She does what is important for her family and baby, and spends copious hours doing mothering work. Mothering work includes the invisible work of planning, preparing, and thinking about the baby. Mothering work also includes breastfeeding, caring for the baby, and maintaining a safe and comfortable home. Among Malaysian families, several criteria of a good father were emphasised. A good father is responsible for the family's general wellbeing and financial needs. He takes care of the mother and the child, and he helps the mother execute her plans for the family. There was no distinction between good fatherhood and good parenthood among New Zealand families.

In Chapter 7, I explored breastfeeding for first-time parents and the practicalities of combining breastfeeding and work. Breastfeeding is considered the best and most preferred form of feeding for the parents interviewed for this thesis. These participants all felt that there is a great deal of pressure to breastfeed. These pressures affect parents in negative and positive ways. The alternative choice, which is to formula feed, feels like the wrong or undesirable choice. Again, the notion of what is natural affects how mothers perceive their ability to mother. When mothers' breasts do not work, they feel as though they have failed because their bodies could not do something that was supposed or assumed to be natural and inevitable. Fathers enjoyed the bonding moments they had when given the opportunity to bottle-feed. However, fathers also expressed

that bottle feeding was tedious and breastfeeding was more convenient for them. Breastfeeding was the mothers' sole responsibility; it was laborious and time-consuming, and was exponentially more so when combined with return to work. Despite efforts and ideas about supportive work environments, mothers were still not supported. Mothers had to buy their own expensive equipment for expressing as well as storing milk, which they could not leave in the office pantry. Mothers had to find a private and discreet space to express milk while at work. Taking time off work to express milk was considered truant and, as such, mothers used their lunch break to express milk.

In Chapter 8, I discussed employment and parenthood. Combining work and parenting is challenging because according to my participants, parents are considered the best caregivers, and good parents take care of their own babies. Additionally, within the dominant ideal, babies should spend more of their awake hours with their parents. Otherwise, parents, especially mothers, will miss out on the important moments. Employment and childcare decisions are made pre-birth, but these decisions were open to change as couples felt differently after becoming parents. The decision-making process for these couples was varied and complex. Even though certain considerations, which were subjective, held more value for most of the couples (such as the financial logic and safety within the childcare), other considerations affected their decisions as well (e.g. if the child was going to be clingier to a particular caregiver). The participants within this study acknowledged the emotional component of their childcare decisions. For some parents, they preferred a relationship with emotional boundaries between the caregiver and the child, and thus, they preferred a childcare centre with more than one caregiver.

The parental leave allowance available for each family's consideration, and their decision to utilise the leave differs based on the political, social, and cultural context they are in. The dominant cultural ideology of parenthood and gender roles has an influence on parental leave allowance and usage. Thus, the work-family-life balance between the Malaysian and New Zealand

cohort is visibly different. Among the Malaysian participants, there were overall minor changes to the parents' work arrangements, but mothers made more changes than the fathers after the arrival of their child. Among the New Zealand cohort, parenthood changed both fathers' and mothers' working experience in different ways, and among these four families four different arrangements were made with significant changes to both parents' working arrangements.

The main reasons for the mothers' return to work related to financial demands, intellectual stimulation, social contact, and the structured predictability of the work environment. Parents who took leave caring for the baby acknowledged that although caring for their baby was rewarding, being at work was easier. Becoming a working mother is challenging and tiring, but there is a form of respite in working outside the home. The working arrangements for parents were dependent on the flexibility of their employers and childcare availability. Parents felt that much of the experience of childcare selection was emotionally driven rather than a logical decision. Mothers were more expressive of their feelings of guilt, worry and sadness as they returned to work. Fathers expressed more worry for their children, and among the Malaysian fathers, they expressed sympathy for their wives.

In summary, this research adds to the theoretical understanding of parenthood and employment in a number of ways. First, in regard to risk, it is visible how intensive risk-management is for first-time working parents in the 21st century. Although the load between mothers and fathers varied within the different social settings, both parents in New Zealand and Malaysia were bound by a heightened sense of ever-growing risk relating to their experience of parenting. In today's neoliberal environment there is more emphasis on managing risks in regard to children's safety and future through parents' intervention, because choice, responsibility, and blame are placed on parents (Lupton, 2013).

The relationship between risk and parenthood is connected to Hay's (1994) conception of intensive parenting, where the responsibility of childrearing is entrusted to the mother

(occasionally, including the father), who must be equipped with expert guided knowledge so as to perform her duties toward her sacred child. This is further exacerbated by the increasing parameters of risk everywhere: from physical, psychological, emotional, and social spheres such as the focus on attachment parenting or early childhood education on children's futures. This includes the fear of losing mother-child attachment bonds when mothers return to work and are not able to observe developmental milestones or when the baby establishes intimate relationships with secondary caregivers. As illustrated by Giddens (1991), modernity has overcome the life-threatening risks of the past, such as the likelihood of childbirth mortality. In the present period, we can observe that most of the intensive risk-management lies in what the participants perceived as high consequence risks. Some of the examples include choosing to breastfeed instead of formula feed their infants, increasing awareness and actions around hygiene by disinfecting surfaces, driving slowly to avoid bumps on the way home from the hospital, and safeguarding infants in regard to secondary childcare providers. Luck or *Tawakkal*, is how parents sometimes perceive what Giddens (1991) identified as 'fateful moments' as a result of their risky actions, because most aspects of parenthood are risky in the 21st century.

Second, this research builds upon Hays' (1996) theory of the cultural contradictions of parenthood and Pederson's (2012) further argument on intensive mothering and its role in propagating the more affectionate father-and-child relationship. The experience of first-time parenthood based on the findings of this study has illustrated the contradictions that are present between the demands of parenthood and the experience of parenthood in the 21st century. Although there is a superficial change in the ideals of fatherhood and masculinity, such as the emphasis on personal interaction and bonding between father and baby, the underlying discourse is mostly child-centred and places greater demands and expectations on mothers. For example, in terms of infant feeding, although the father's engagement with bottle feeding is valued, the emphasis on breastfeeding for its benefits to the child's future and current health, and the impact bottle-feeding has upon time and energy, breastfeeding becomes the preferred infant feeding

choice. This signifies how the child-centred pro-breastfeeding environment empowers the father to be freed from infant feeding duties, while placing a greater demand and burden on mothers.

Third, and finally, the thesis findings highlight the contradiction of work and domestic life. The present study attempts to form an understanding around the changing and intersecting spheres of family and work with the arrival of a first child. Working outside the home as a mother is even more contradictory now, in the 21st century, because of the increase in risk-management and intensive mothering ideals. A mother is expected to be in the workplace to contribute to the financial wellbeing of her family as well as her own wellbeing (i.e. intellectual and social stimulation), but she is also expected to be a good mother. The domains of work and domestic life are clearly defined for parents who work outside the home, as they cannot be combined. However, when mothers try to be good mothers, this separation is broken down. The contradiction between the moral imperatives of a good mother and a good worker are observable when mothers have to breastfeed while working or when mothers constantly communicate (e.g. sending photos and videos of the baby via smartphones) with the caregiver. In addition, “flexible” work arrangements are considered the ideal and desired employment status as parents have the ability to be good parents. This form of employment breaks down the barriers between work and domestic life. However, instead of solving the contradiction stated above, this arrangement poses further challenges around understanding how the two spheres can be combined fluidly, if at all. Parents working from home often end up working while the baby is sleeping or when the partner is caring for the baby, substituting their rest time with work because working while caring for a child is not part of the tenets of good parenting.

Recommendations

In this section, I begin with general recommendations for further study, followed by specific recommendations for research and practice tailored to both Malaysia and New Zealand, as each location has distinct parenting landscapes shaped by specific social and institutional

structures. Although recommendations have been made throughout the thesis, I list the following suggestions as a combination of the different areas of study this thesis has covered, in the concluding remarks.

Even though it was not the original intent, the participant cohort was strongly homogeneous in both countries; tertiary educated, heterosexual couples in stable relationships with stable jobs. The aim of the research was not for representativeness or generalisability. The homogeneous cohort meant that the findings were in-depth and rich, but also quite narrow in that it did not provide descriptions of the experience of other cohorts of first-time parents. However, as I have shown, sociocultural background is an important component of the research environment. Therefore, an exploration of the other socioeconomic and ethnic groups and other work arrangements will be helpful to highlight the different practices and experiences of first-time working parents which would be useful to policy makers and practitioners alike.

The cross-cultural component of this research not only highlights the differences between these two settings but has also shown the similarities they share. I found that some of the families had very similar experiences even though they were living in different continents (Malaysia and New Zealand). Similarly, the experience of families within the same countries differ. This shows the importance of contextualising family life, especially for health personnel working with this group, such as nurses, midwives, doctors, and lactation consultants.

Malaysian context in research

There is still a large gap in the study of parenting experience in Malaysia, as mentioned previously in the thesis (Noor & Mahudin, 2016). Many of the available studies are quantitative in nature, and are from medicine, nursing, law and commerce. I also acknowledged that there is anthropological, psychological, and other qualitative work in this field. However, I have not included this material as it tends to look at the “problematic” or “exotic” parts of the Malay culture or Malaysian experience instead of an exploration of the everyday lifeworld. The rapid change in

culture, the effects of modernisation, globalisation and urbanisation on the parenting situation in Malaysia has not been investigated from a sociological point of view. Equally, the effects of rising costs of living and the changing work patterns of mothers have not been explored theoretically. These shifts are changing conceptions of parenting, motherhood, employment, and gender roles within Malaysia as an eastern society grounded in its distinct cultural system. A qualitative exploration of these aspects of Malay life would add to our understanding of Malaysian culture and the effects of these rapid changes. In line with that, I suggest further exploring the traditional confinement practice and its form in the contemporary scene. As I have observed, parents who have chosen to let go of these practices have lost social support. Additionally, the study of family systems and the roles of grandparents in the contemporary period will aid understanding of the unique family system in Malaysia and would provide informative resources and actions that are context appropriate. As discussed, new parents draw on knowledge resources from the western sphere as they are readily available.

Malaysian context in Practice

I continue to suggest several practical recommendations for the Malaysian context. The first is regarding antenatal classes. Antenatal classes currently are optional and comes with a cost depending on the provider, yet I suggest that they should be readily available for mothers and fathers, or to significant others, at a minimum cost. The content would help these individuals familiarise themselves with the expectations of parenthood. Antenatal classes could also be a starting point for parents to establish friendships with other parents. This could be the source of a potentially strong support system postnatally, especially for parents who may not have familial support in the postpartum period. Information about postnatal depression, breastfeeding, and baby care could be included in an antenatal class module. Although there have been initiatives on breastfeeding in Malaysia, such as breastfeeding workshops that are typically available at hospitals;

antenatal classes would be more holistic, and would tie together all the important aspects of parenting in a unified way.

A starter booklet or an app, with general information of available support for mothers would be invaluable. Currently, the Malaysian Health Department, makes it compulsory for mothers to hold a pregnancy record book for delivery. This effort is commendable in that it keeps the mother's medical record intact, even if she delivers at a different location. It would be beneficial for mothers or parents who are given the pink booklet to also be given information about early parenthood and any available resources. Similarly, mothers registered at private hospitals should be given information that public clinics provide daily home visits in the first week postpartum. This information should be disseminated regardless of the birthing hospital.

New Zealand context in research

In the present study, both parents changed their working arrangement with the arrival of the new-born. All fathers took extra leave to change their working arrangements so the mothers could ease into work, and all mothers took extended unpaid leave. The reasons given for taking extended unpaid leave differed. Parents expressed that the childcare costs were not worth the effort or thought that it was better to have the baby spend more time with the parents than a secondary caregiver. A qualitative and quantitative exploration into the family's use of leave (including significant others) after the arrival of the baby could illustrate the degree of necessity for a separate leave for mothers and significant others (fathers, grandmothers), as discussed in Chapter 8.

For most families, the idea of a second child was already developing by the end of the interview period. The scope of this study did not include parents with multiple children. Further investigation of the experiences across different family types as an extension to this research would prove beneficial. The New Zealand families who participated in this research were nuclear family households. Previous studies of Pasifika families have included extended family households and the differences in the amount and type of support that mothers received from their families. A

further study into different ethnic experiences would provide a more holistic perspective of the New Zealand experience of first-time parenthood and employment.

New Zealand context in practise

Mothers found conflicting advice from midwives difficult to navigate, especially as first-time parents. Given that mothers placed authority in their midwives, midwives and antenatal classes should remind parents that they will receive a range of acceptable advice, and that they should choose parenting technologies and practices that best suit them. Mothers often knew where to look for information, but first-time mothers often struggled not because of the lack of information but due to the choices given. First-time parents often take some time to learn and be confident of their ability to decide for their children as there are anxieties about making mistakes.

Most mothers in this study attempted to take a year off after the arrival of their new-born combining paid and unpaid leave. The 18-weeks paid parental leave was not enough to maintain the six months minimum WHO breastfeeding recommendation, as mothers are likely to want to wean their babies off the breast before return to work. In practice, expressing milk at work was still stigmatised and mothers are still not provided with the appropriate facilities to express and store breast milk. Equally, the cost of childcare is not affordable, especially if and when parents have more than one child.

Contributions

This research makes a contribution to the greater body of knowledge through its methodology and methods, the cross-cultural and cross-national component, as well as in the specific areas of study. From the area of methodology, the present study uses a synthesis of interpretive phenomenology and descriptive phenomenology drawn from contemporary phenomenologists Van Manen and Moustakas. Going beyond transcendental philosophy, I suggest looking at the participants' experience as two components; the essence and the peripheries. A focus

on the peripheries shows that the experience of first-time parenthood among young heterosexual parents living together is not homogeneous, and therefore, they should not be treated as a homogeneous group. The essence of the experience highlights the shared component of the experience and contends the dominant ideals of contemporary parenthood. Essences and peripheries have been utilised before by phenomenologists, as I indicate in Chapter 2. However, I have suggested emphasising the concept of peripheries to foreground both the essence of the experience and the importance of institutional factors and sociocultural contexts.

In terms of method, I continue the line of inquiry established in the works of previous qualitative studies on parenthood that draw on personal experience (Miller, 2005; Oakley, 1981; Rich, 1977). This is implemented in a phenomenological research approach through a written narrative, in line with Van Manen's methods. I use my personal narrative as a starting point and a bracketing method. The inclusion of the narrative in the thesis acknowledges that the researcher is not separate from the research, by bracketing out the researcher and the researcher's internal and external preconceptions and prejudgements of the topic area. The topic area the present study covers contributes to the significance of our understanding of the postpartum practice in regard to its social support component. Additionally, the research has presented and analysed side-by-side eastern and western experiences of first-time parenthood among urban working parents. This has highlighted the shared component of the parenting experience as well as the differences, thus emphasising the importance of comparative work.

First-time parenthood is a time of change and challenges, but it is also a time of growth and happiness. Parents explore their limits, and question the world around them to make sense of their experience, and, in so doing, construct new identities. The combination of employment and family is a complicated venture, and there is still much to explore sociologically regarding the changing social and cultural landscapes of first-time parenting.

Appendices

Appendix 1: Human Ethics documents (approval memo and application)



Phone 0-4-463 5676
Fax 0-4-463 5209
Email Allison.kirkman@vuw.ac.nz

MEMORANDUM

TO	Fatimah Al-Attas/Syarifah
COPY TO	Rhonda Shaw
FROM	Dr Allison Kirkman, Convener, Human Ethics Committee
DATE	15 May 2014
PAGES	1
SUBJECT	Ethics Approval: 20365 New parents' experience of mothers transitioning to motherhood, returning to employment and childcare choices

Thank you for your application for ethical approval, which has now been considered by the Standing Committee of the Human Ethics Committee.

Your application has been approved from the above date and this approval continues until 15 May 2017. If your data collection is not completed by this date you should apply to the Human Ethics Committee for an extension to this approval.

Best wishes with the research.

Allison Kirkman
Human Ethics Committee

Human Ethics Application

Application ID :	0000020365
Application Title :	New parents' experience of mothers transitioning to motherhood, returning to employment and childcare choices
Date of Submission :	16/04/2014
Primary Investigator :	Syarifah Syed Hussien
Other Investigators :	Dr Rhonda Shaw Dr Russil Durrant

Research Form

Information

Welcome to the Human Ethics Application Form

The following advice will assist you in completing this process:

Help contact

For information about Human Ethics, go to the [Human Ethics web page](#).

For help, please email the [Ethics Administrator](#).

Policy

You must read the [Human Ethics Policy](#) before beginning your application. The Policy includes a link to a sample consent form, information sheet, and transcribing confidentiality form which may be useful (see last page).

Health research may require HDEC approval. To find out if your research requires this, read the [HDEC Guidelines](#) or contact the chairperson of your committee for clarification.

Student research

If you are a student, check with your supervisor before filling in this form. You may need to complete School requirements before applying for ethical approval.

Student applications will be automatically forwarded to supervisor(s) and then Head of School/Delegate for approval when the form is submitted. Once the Head of School has approved it, the form will be automatically forwarded for committee review.

Technical

This online system works best on Internet Explorer and Safari. It may not work on your iPad or tablet.

A guide to using this online form, which includes a workflow showing how the approval process works, can be downloaded [here](#).

If your application involves other researchers, you can use the Comments function of this form to communicate about the application with each other. Click on the Application Comments or Page Comments icon on the top right of the screen to view and add comments. Comments left on the form once it is submitted will be visible to your Head of School and committee reviewers, so **remember to delete any private comments before submitting the form**.

Process

All applications will be automatically forwarded to the Head of School for review when the application is submitted. Once the Head of School has approved it, the form will be automatically forwarded for committee review.

You will normally receive an outcome of the review of your application within three weeks, unless you apply during an advertised close-down period (for instance, applications may not be reviewed in December and January). NO part of the research requiring ethical approval may commence prior to approval being given.

To apply for an amendment or extension to an approved application, open the approved form and click on Apply for amendment/extension. You will then be able to complete the Amendment/Extension page and resubmit the form.

Application Details

1. Ethics category code*

Human

Clearance Purpose code

Research Only

2. Application ID

0000020365

3. Please select 'Human Ethics Committee', 'Education Faculty Ethics Committee', or 'Pipitea Ethics Committee' below (online application is not yet available for other committees)

*Human Ethics Committee

4. Title of project*

New parents' experience of mothers transitioning to motherhood, returning to employment and childcare choices

5. School or research centre*

Social and Cultural Studies

6. Please list all personnel involved in this project. Ensure that all are listed with the correct role. **If you are a student, do not add your supervisor here: you will be asked to add this information on the next page.**

Please ensure that only one person is listed as Principal Investigator.

To add a person, search for their Victoria ID if known, otherwise either their first or last name (whichever is the most unusual). Click on the magnifying glass to search for results.

Press the **green tick** at the bottom right corner to save the person record.

Add anybody who is involved in this project as:

- Associate Investigator
- Other Researcher
- PhD Student
- Masters Student
- Research Assistant

Click on the help button if you are having difficulty adding people to the list.*

1	Given Name	Sh Fatimah
	Surname	Syed Hussien
	Full Name	Syanfah Syed Hussien
	AOU	SCCST
	Position	Principal Investigator
	Primary?	Yes

7. Are any of the researchers from outside Victoria?*

- ☐ Yes
☒ No

8. Is the principal investigator a student?*

- ☒ Yes
☐ No

Next time you save this form or move to a new page, a Student Research page will appear after this one. Please complete the two questions on the Student Research page.

Student Research

- 7a. What is your course code (e.g. ANTH 690)?*

SOSC 690

- 7b. Please add your primary supervisor (the supervisor who should review this application).

If your supervisor is also the Head of School or the school ethics officer, you will need to discuss with your School who should approve this application as Head of School or delegate. The supervisor and Head of School or delegate **must not be the same person**.

To add your supervisor, search for their Victoria ID if known, otherwise either their first or last name (whichever is the most unusual).

Press the **green tick** at the bottom right corner to save the person record. *

1	Given Name	Rhonda
	Surname	Shaw
	Full Name	Dr Rhonda Shaw
	AOU	SCCST
	Position	Supervisor

If your supervisor is also the Head of School, you will need to assign a different person to the Head of School or Delegate role on the Signoff page.

- 7c. What is your email address? (this is needed in case the committee needs to contact you about this application)*

fatima.al-attas@vuw.ac.nz

Note that system-generated emails (eg approval notifications) will not necessarily come to this address. System-generated emails will come to the email address stored for you in Student Records. To change the record in Student Records, log into My Victoria, and click on Student Records. You will be able to update your email address from there.

Project Details

9. Describe the objectives of the project*

To discover and understand the experience of first-time mothers returning to employment from both the mothers' and father's perspective with regards to the transition to motherhood, breastfeeding choices and experiences as first-time mothers and working mothers, childcare choices, division of domestic work and employment experiences as mothers.

10. Describe the benefits and scientific value of the project*

The research will give light to the experiences of contemporary young working mothers and their family with regards to their choice to return to employment. It will also give light to the challenges they face during this transition and their coping strategies.

11. Describe the method of data collection. Note that later in this form, in the Documents section, you will need to upload any relevant documentation such as interview schedule, survey, questionnaires, focus group rules, observation protocols etc. Delays are likely if the interview questions are missing from the Documents section. *

I will be utilizing ten dyadic interviews with couples and two focus groups with mothers.

The interviews and focus groups will be audio and video recorded and I will also be taking notes during the interviews.

12. Does your research have more than one phase?*

☒ Yes

☐ No

Ensure that you have uploaded relevant documentation and addressed the questions in this form for all phases of the research project

Key Dates

If approved, this application will cover this research project from the date of approval

13. Proposed end date for data collection*

30/06/2015

14. Proposed end date for research project as a whole*

30/06/2017

Proposed source of funding and other ethical considerations

15. Indicate any sources of funding, including self-funding (self-funding means that you are paying for research costs such as travel, postage etc. from your own funds) (tick all that apply)

☐ Internally funded

☐ Externally funded

☒ Self-funded

16. Is any professional code of ethics to be followed?*

☐ Yes

☒ No

17. Is ethical approval required from any other body?*

☐ Yes

☒ No

18. Depending on the characteristics of your participants or location of the research, you may need to arrange permission from another body or group before proceeding. If this is the case, explain and describe how you are addressing this*

For the new Zealand group I have contacted Parents Centre and they have agreed to assist me once I have received Human Ethics approval.

Treaty of Waitangi

19. How does your research conform to the University's Treaty of Waitangi Statute? (you can access the statute from Victoria's [Treaty of Waitangi page](#))*

This research will conform to the University's Treaty of Waitangi Statute.

I will acknowledge all the four principles of partnership, protection, participation and practice in my research.

I will establish partnerships with my participants, respect all knowledge I gain from them, seek consultation from appropriate advisors of respective cultural groups if needs be and practice research methods that are appropriate and acceptable with each cultural group.

Information about participants

20. How many participants will be involved in your research? If you are using records (e.g. historical), please estimate the number of records*

30

21. What are the characteristics of the people you will be recruiting?*

English speaking first-time mothers within the age group of 20-28 who are returning to employment and their partners for the dyadic interviews.

English speaking first-time mothers who have returned to employment within the past year of the interview for the focus groups.

22. Are you specifically recruiting any of the following groups?

- Māori
- Pasifika
- Children/youth
- Students
- People who are offenders and/or victims of crime
- People with disabilities
- People in residential care
- People who are refugees

Please indicate below.*

- ☐ Yes
☒ No

23. Have you undertaken any consultation with the groups from which you will be recruiting?*

My research will not be specifically recruiting participants from particular ethnic groups or any of the groups mentioned above. However I will provide the opportunity for my participants to request a representative to be present during the interviews if they wish. I will also consult cultural advisers should I need guidance with usage of non-English terms.

24. Provide details of consultation you have undertaken or are planning*

I will not be particularly looking for specific ethnic groups. I welcome participants from all ethnic groups from Malaysia and New Zealand.

I will not consulting anyone from Malaysia because I speak the local language and am familiar with the culture and norms of Malaysia. I will be able to translate the consent forms or information sheets to the local language upon request.

In the case that I might need consultation in New Zealand I have discussed with My supervisor Dr Rhonda Shaw and we have decided that she will refer me to the relevant cultural adviser if needs be.

25. Outline the method(s) of recruitment you will use for participants in your study*

I will be distributing flyers around Victoria University campuses, community centres, Plunket and Parents Centre for New Zealand participants.

For Malaysian participants I will be distributing flyers in community centres, health care providers and

I will also recruit participants through snow balling method.

26. Will your participants receive any gifts/koha in return for participating?*

- ☒ Yes
☐ No

26a. Describe the gifts/koha and the rationale*

Participants for the dyadic interviews will receive a NZD50 or MYR50 voucher for their time spent for three interviews.
Focus group participants will receive NZD20 or MYR20 voucher for a shorter amount of time.

27. Will your participants receive any other assistance (for instance, meals, transport, release time or reimbursements)?*

- ☐ Yes
☒ No

28. Will your participants experience any special hazard/risk including deception and/or inconvenience as a result of the research?*

- ☐ Yes
☒ No

28a. Give details and indicate how you will manage this*

I will keep the confidentiality of all my participants. I will personally transcribe the interviews myself. Focus group participants will be asked before the interview to keep the confidentiality of other participants. All materials collected from participants including audio recording, video recording and notes will be kept in a safe location which only I and my supervisor will have access to.

29. Is any other party likely to experience any special hazard/risk including breach of privacy or release of commercially sensitive information?*

- ☐ Yes
☒ No

30. Do you have any professional, personal, or financial relationship with prospective research participants?*

- ☐ Yes
☒ No

31. What opportunity will participants have to review the information they provide? (tick all that apply)*

- ☐ They will be given a transcript of their interview
☒ They will be given a summary of their interview
☐ Other
☐ They will not have an opportunity to review the information they provide

Informed consent

32. Will participation be anonymous? 'Anonymous' means that the identity of the research participant is not known to anyone involved in the research, including researchers themselves. It is not possible for the researchers to identify whether the person took part in the research, or to subsequently identify people who took part (e.g., by recognising them in different settings by their appearance, or being able to identify them retrospectively by their appearance, or because of the distinctiveness of the information they were asked to provide).*
- ☐ Yes
☒ No
33. Will contributions of participants be confidential? Confidential means that those involved in the research are able to identify the participants but will not reveal their identity to anyone outside the research team. Researchers will also take reasonable precautions to ensure that participants' identities cannot be linked to their responses in the future.*
- ☒ Yes
☐ No
- 33a. How will confidentiality be maintained in terms of access to the research data? (tick all that apply)*
- ☐ Access to the research will be restricted to the investigator
☒ Access to the research will be restricted to the investigator and their supervisor (student research)
☒ Focus groups will have confidentiality ground rules
☐ Transcribers will sign confidentiality forms
☐ Other
- 33b. How will confidentiality be maintained in terms of reporting of the data? (tick all that apply)*
- ☒ Pseudonyms will be used
☐ Participants will be named only in a list of interviewees
☐ Data will be aggregated and so not reported at an individual level
☐ Participants will be referred to by role or association with an organisation rather than by name
☐ Names will be confidential, but other identifying characteristics may be published with consent
☐ Other
34. How will informed consent be obtained? (tick all that apply to all phases of the research you are describing in this application)*
- ☐ Informed consent will be implied through voluntary participation (anonymous research only)
☒ Informed consent will be obtained through a signed consent form
☐ Informed consent will be obtained by some other method

Access, storage, use, and disposal of data

35. What procedures will be in place for the storage of, access to and disposal of data, both during and at the conclusion of the research? (tick all that apply)*
- ☒ All written material will be kept in a locked file; access restricted to investigator(s)
☒ All electronic information will be password-protected; access restricted to the investigator(s)
☐ All questionnaires, interview notes and similar materials will be destroyed
☐ Any audio or video recording will be returned to participants and/or electronically wiped
☐ Other procedures
- 35b. Will the data be destroyed at the conclusion of the research?*
- ☐ Yes
☒ No
- 35c. How many years after the conclusion of the research will the materials be destroyed?*
-
36. If data and material are not to be destroyed, indicate why and the procedures envisaged for ongoing storage and security
-

Dissemination

37. How will you provide feedback to participants?*
-
38. How will results be reported and published? Indicate which of the following are appropriate. The proposed form of publications should be indicated on the information sheet and/or consent form*
- ☒ Publication in academic or professional journals
☒ Dissemination at academic or professional conferences
☒ Availability of the research paper or thesis in the University Library and Institutional Repository
☐ Other

39. Is it likely that this research will generate commercialisable intellectual property? (check the help text for more information about IP)*

- ☐ Yes
☒ No

Documents

40. Please upload any documents relating to this application. Ensure that your files are small enough to upload easily, and in formats which reviewers can easily download and review*

Description	Reference	Soft copy	Hard copy
Participant information sheet(s)	Participant Information Sheets.docx	✓	
Participant consent form(s)	Consent Forms.docx	✓	
Interview schedule or guide	Interview Schedule .docx	✓	
Amendment and extension request Apr 2015	Amendment and Extension request April 2015.docx	✓	
Edited Flyers	Flyers (1).pub	✓	
Flyers	Flyers.pub	✓	

Getting feedback on your application

You can seek feedback on your draft application, for instance from a mentor or a school Ethics representative **before** submitting it for review.

There are two ways of doing this:

1. Emailing your application to someone

You can email your application and any associated documents to another person at Victoria. To do this:

1. Click on the Action tab (on the left of the screen)
2. Click on Email application
3. Search for the person using **either** their first name **or** their last name (whichever is the most unusual)
4. Select the documents to include from the Document list (eg the Application PDF)
5. Click on Send or Zip and send

If you wish to send your application to someone outside Victoria, one option is emailing the application to yourself and then forwarding it.

2. Assigning a peer reviewer

You can add someone to the form as 'peer reviewer'. This means that they will be able to access your form by logging onto ResearchMaster. They will also be able to comment on your form online. **If you are a student, don't add your supervisor to the form as a peer reviewer - to get supervisor feedback, submit the form. Your supervisor may then make comments on it and ask you to review it further before it goes to the committee for review.** To do this:

1. Click on the Review tab on the left of the screen
2. Click on 'Peer reviewers'
3. Search for the person using their person code if known, or **either** their first name **or** their last name (whichever is the most unusual)
4. Click on the person's name
5. You may then also want to send the peer reviewer a notification, by clicking on Notify Peer Reviewer on the Actions tab

Signoff

41. Use this section to record signoff by all other researchers involved in this project (except for the principal investigator. Principal investigators do not need to sign off).

Principal Investigators may sign off on the behalf of researchers external to Victoria University who may be unable to access this site. In these cases, please upload evidence of the researchers' signoff (eg, a scanned email) on the Documents page.

To sign off:

1. Click on the pencil icon on the far right of the line with your name on it
2. Click on I Accept
3. Add the date
4. Click on the green tick icon on the bottom of the signoff window
5. Go to the Actions tab and click on 'Notify lead researcher that signoff is complete'

This question is not answered.

42. Please add the Head of School (or delegate, e.g. school ethics officer) who should approve this application. This will be your own Head of School, or the person in your School responsible for approving Ethics applications. The form will be forwarded to this person automatically once it is submitted. **Please check with your School administration team if you are unclear who should be assigned this role. Adding the wrong person could lead to delays in processing your application.**

If you are a student, the Head of School or delegate must not be the same person as your supervisor.

Once you've searched for your Head of School/delegate, click on the green tick to add them, and then also save the application before submitting.

Heads of School or delegates should process this form by clicking on the Actions tab and either approve it, or return it to the researcher for further changes. *

1	Given Name	Russell
	Surname	Durrant
	Full Name	Dr Russell Durrant
	AOU	SCCST
	Position	Head of School (or delegate)

Please ensure that you **save your application before submitting it**. Once you have saved your application, to submit it, click on 'Actions' on the left hand side of the screen and then 'Submit for review'.

If you are a student, your application will go to your supervisor and then Head of School for approval once you submit it. If you are a staff member, your application will go straight to the Head of School for approval once you submit it.

If you have any feedback about this online form, please email it to ethicsadmin@vuw.ac.nz

Amendment or extension request (available only for approved applications)

43. Are you applying for an extension, an amendment, or both?*

- ☐ Extension
☐ Amendment
☒ Both an extension and an amendment

43a. Please give details of the changes you would like to make, and the length of extension you are seeking*

I would like to send out flyers to childcare centres. The previous locations have not brought around enough participants for my research, specifically in new Zealand. I would also like to extend my data collection period from 30th June 2015 to 30 June 2016.

Please check that you have answered all mandatory questions and have saved the application before submitting your form. To submit your form, click on the Action tab and then click on Submit for review

Appendix 2: Dyadic interview flyers



Mothers returning to employment

Are you a first-time mother returning to employment?

Are you a father and is your wife/partner's parental leave ending soon?

If you've answered yes, are you interested in participating in a study of mothers returning to employment? If so, please detach one of the tags below and contact me.

We are looking for couples with 20-28 year old first-time mothers who will be returning to employment to participate in a series of interviews to understand the experience of returning to work.

Your participation will be acknowledged with a NZD50 New World voucher at the end of the final interview.

Fatimah Al-Attas

Room 911,
Murphy Building,
Kelburn Parade,
Kelburn, Wellington

My Contact details
Phone: 04-4636133
Phone: 0223897962
(Text only)

E-mail: primaparesearch@gmail.com

Fatimah
Phone: 022 3897962
(Text only)
E-mail: primaparesearch@gmail.com

Fatimah
Phone: 022 3897962
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E-mail: primaparesearch@gmail.com

Fatimah
Phone: 022 3897962
(Text only)
E-mail: primaparesearch@gmail.com

Appendix 3: Focus group flyers



Mothers returning to employment

Are you an employed first-time mother ?

Did you return to employment in the past year?

If you've answered yes, are you interested in participating in a study of mothers returning to employment? If so, please detach the tag below and contact me.

We are looking for 20-28 year old first-time mothers who have returned to employment within the past year to participate in a focus group interview to understand the experiences of mothers returning to employment.

Your participation will be acknowledged with a NZD20 New World voucher.

Fatimah Al-Attas
Victoria University of Wellington
Room 911,
Murphy Building,
Kelburn Parade,

My contact details

Phone: 04-4636133
E-mail: Primapararesearch@gmail.com

Fatihah E-mail: primipaparresearch@gmail.com	Fatihah E-mail: primipaparresearch@gmail.com	Fatihah E-mail: primipaparresearch@gmail.com	Fatihah E-mail: primipaparresearch@gmail.com
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Appendix 4: Participant information sheet for dyadic interviews



Title of Study: New parents' experience of mothers transitioning to motherhood, returning to employment and childcare choices

Participant Information Sheet for dyadic interviews

Researcher: Syarifah Fatimah Al-Zahrah Binti Syed Hussien, School of Social & Cultural Studies, Victoria University of Wellington

I am a PhD student in Sociology and Social Policy at Victoria University of Wellington. As part of this degree I am undertaking a research project leading to a thesis.

What is this study about?

The project I am undertaking is exploring the experiences of couples with first-time mothers returning to employment. I am interested to understand in detail the experiences surrounding the mothers' return to employment with regards to the management of childcare, domestic work, breastfeeding concerns and issues around identity and self-concept from the perspective of mothers and fathers.

This research project has received approval from the Victoria University Human Ethics Committee.

Who can take part?

I am inviting women and men living in partnerships, with a first child, to participate in this study. In particular, I am interested in women within the age group of 20-28 who will be returning to employment after having her first child.

What would be involved?

Participants will be asked to participate in a series of three interviews over eight to ten weeks. The first interview will be conducted one or two weeks before the mother's return to employment. The second interview will be conducted after two weeks of returning to employment. The final interview will be conducted after six to eight weeks of returning to employment.

The first interview will take between 30 minutes to 50 minutes to complete. The second interview will take about 60 to 90 minutes to complete. The final interview will take between 45 minutes to 60 minutes to complete. All interviews will be audio recorded.

What happens to the information shared in the interview/discussion?

Responses will form the basis of my research project and will be put into a written report on a confidential basis. It will not be possible for you to be identified personally. The thesis will be submitted for marking to the School of Social & Cultural studies and deposited in the University Library. It is intended that the data retain after the submission of the thesis may be used for future research and publications. Recordings and transcripts will be destroyed five years after the submission of the thesis.

What about my own confidentiality and privacy?

All material collected will be kept confidential. No other person besides me and my supervisor Dr Rhonda Shaw will see the transcripts of the interview, or hear the recordings of the interview.

May I choose to withdraw from the study?

Should any participants feel the need to withdraw from the project, they may do so without question at any time before 1st September 2014. Just let me know at the time. Your participation will be acknowledged with a RM100 AEON Voucher at the end of the last interview.

Who do I contact if I have a question or a query?

If you have any further questions or would like to receive further information about the project, please contact me at fatima.al-attas@vuw.ac.nz or my supervisor Dr Rhonda Shaw, at the School of Social & Cultural Studies at Victoria University rhonda.shaw@vuw.ac.nz.

Syarifah Fatimah Al-Zahrah Binti Syed Hussien

Appendix 5: Participant Information sheet for focus group interviews

1



Title of Study: New parents' experience of mothers transitioning to motherhood, returning to employment and childcare choices

Participant Information Sheet for a focus group.

Researcher: Syarifah Fatimah Al-Zahrah Binti Syed Hussien, School of Social & Cultural Studies, Victoria University of Wellington

I am a PhD student in Sociology and Social Policy at Victoria University of Wellington. As part of this degree I am undertaking a research project leading to a thesis.

What is this study about?

The project I am undertaking is exploring the experiences of couples with first-time mothers returning to employment. I am interested to understand in detail the experiences surrounding the mothers' return to employment with regards to the management of childcare, domestic work, breastfeeding concerns and issues around identity and self-concept.

This research project has received approval from the Victoria University Human Ethics Committee.

Who can take part?

I am inviting women within the age group of 20-28 with a first child who have returned to employment within the past year to participate in this study.

What would be involved?

Participants will be asked to participate in a focus group interview with other four women. The focus group will take approximately one hour to complete. I will be facilitating and taking notes during the focus group. With your consent the focus group will be video and audio recorded.

What about my own confidentiality and privacy?

All material collected including audio tapes, video tapes, forms and notes will be kept confidential. No other person besides me and my supervisor, Dr Rhonda Shaw will see the transcripts of the interview or hear the recordings of the interview. We would ask all the focus group members to keep each other's contributions confidential. We cannot guarantee that other members of the focus group discussions will respect your confidentiality, but we will discuss how important this is at the beginning of the group and get a verbal commitment. Recordings and transcripts will be destroyed five years after the submission of the thesis.

What happens to the information shared in the interview/discussion?

Responses will form the basis of my research project and will be put into a thesis on a confidential basis. It will not be possible for you to be identified personally. The thesis will be submitted for marking to the School of Social & Cultural Studies and deposited in the University Library. It is intended that the data retain after the submission of the thesis may be used for future research and publications.

May I choose to withdraw from the study?

Should any participants feel the need to withdraw from the project, they may do so without question at any time before 1st April 2015. However if they decide to withdraw once the focus group has begun all data that have been collected will be included in the study.

How will I be kept up to date with the findings of the study?

At the end of the focus group I will present the main points that I have gathered during the discussion. Participants will be allowed to amend, clarify or verify any points they have made. Your participation will be acknowledged with a NZD 20 New World Voucher.

Who do I contact if I have a question or a query?

If you have any further questions or would like to receive further information about the project, please contact me at 04-4636133 or Fatima.al-attas@vuw.ac.nz or my supervisor Dr Rhonda Shaw, at the School of Social & Cultural Studies at Victoria University 04-4636134 or rhonda.shaw@vuw.ac.nz.

Syarifah Fatimah Al-Zahrah Binti Syed Hussien

Appendix 6: Interview consent form

1



INTERVIEW CONSENT FORM

Title of project: New parents' experience of mothers transitioning to motherhood, returning to employment and childcare choices

Please tick to indicate you consent to the following

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet.	<input type="checkbox"/>
I have been given sufficient time to consider whether or not to participate in this study.	<input type="checkbox"/>
I have been given opportunity to ask questions, I am satisfied with the answers I have been given regarding the study and I have a copy of the information sheet.	<input type="checkbox"/>
I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study any time before 1 st July 2015 without having to give reasons.	<input type="checkbox"/>
I consent to the researcher collecting and processing my information.	<input type="checkbox"/>
I understand that the audio and video recording of interviews will be wiped five years after the submission of the thesis.	<input type="checkbox"/>
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.	<input type="checkbox"/>
I know who to contact if I have any questions about the study in general. I have the contact information in the information sheet.	<input type="checkbox"/>
I understand that this study requires me to participate in three dyadic interviews with my partner.	<input type="checkbox"/>
I understand that the information collected from this study could be used by the researcher for further research and publications	<input type="checkbox"/>
I wish to receive a summary of the results from the study.	<input type="checkbox"/>

Declaration by participant:

I hereby consent to take part in this study.

Participant's name:

Email address:

Signature:

Date:

Declaration by researcher:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Syarifah Fatimah Al-Zahrah

Signature:

Date:

Appendix 7: Focus group consent form

1



FOCUS GROUP CONSENT FORM

Title of project: New parents' experience of mothers transitioning to motherhood, returning to employment and childcare choices

Please tick to indicate you consent to the following

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been given sufficient time to consider whether or not to participate in this study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have been given opportunity to ask questions, I am satisfied with the answers I have been given regarding the study and I have a copy of the information sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study any time before 1 st May 2015 without having to give reasons.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that if I choose to withdraw after the focus group has started all the data that have been collected will be included in the study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to the researcher collecting and processing my information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that the audio and video recording of interviews will be wiped five years after the submission of the thesis.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that my participation in this study is confidential and that no material, which could identify me personally, will be used in any reports on this study.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I know who to contact if I have any questions about the study in general. I have the contact information in the information sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand my responsibilities as a study participant to keep the confidentiality of each participant in the focus group.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I wish to receive a summary of the results from the study.

Yes ☐No ☐

Declaration by participant:

I hereby consent to take part in this study.

Participant's name:

Email address:

Signature:

Date:

Declaration by researcher:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it.

I believe that the participant understands the study and has given informed consent to participate.

Syarifah Fatimah Al-Zahrah

Signature:

Date:

Appendix 8: An excerpt from textural description

On first-time parenting

When asked about parenthood and first time parenting, both of them started speaking at the same time. The father began “Before the baby, we thought it was going to be simple. We thought it was going to be straightforward, and after that, we had a shocker (laughs)”. The mother tried to say something, but the husband continued “Because the scheduling was quite different, physically also its quite was tiring wasn’t it?” The mother agreed. I asked her again; the mother began “It was no longer the two of us”. The father said, “lack of sleep, to sum it up, lack of sleep”. The mother then continued “Painful”. I asked her if she meant physically, she clarified: “physically and emotionally as well.” Husband continue to explain “Emotional part, because now it’s not just the two of us, now there’s a third person”. The wife agreed, and they began explaining “We can go anywhere.” And he continued “Our life was just about the two of us, we can go anywhere, and it was just the two of us, now there is a stranger. That was a shocker”.

I further asked what motherhood felt like for the mother; she explains “I was not prepared. Emotionally. I felt that we’ve been together for so long, it was just the two of us. Suddenly there is another person. It’s not like, okay we want to go somewhere, just go. Be spontaneous. Now we have to plan, what do we do if he cries? So we have to plan around him. I think it was jut was just the first few weeks, it was the hormones maybe? I felt sad; I feel like I’m always with him (baby) and not with him (father). Now it’s ok.” She continued “He (baby) keeps crying, he (father) was thinking about finding a business that we could just stay at home but now its better.” When asked if the husband felt the same he answered “The first couple of weeks yes. I felt alone. But after that, I felt like I was ready for the second one.” They both laughed. I asked if she felt the same, she said yes, and they both explained that she had a C-section, so they have to wait for 18 months until the next one. The husband said, “I wanted a big family, and I wanted my children to grow up together”. The wife agreed that they both wanted eight children, but it was no longer possible after the C-section.

I asked them further about the C-section. She said “We were devastated when the doctor told us about the C-section. We wanted to induce normal delivery but there was no dilation, and it was life threatening, I was really devastated because we wanted a big family so now we can only have four or five”. He said “She gave us half an hour (to decide), to me her life is more important” she continued that there wasn’t really any choice left.

Appendix 9: BFHI Ten Steps

Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for new-born infants should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.
6. Give new-born infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming-in - allow mothers and infants to remain together - 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Source: <http://www.tensteps.org/>

Appendix 10: Interview Guide

Interview Schedule (guiding questions)

Interview one

1. How did you feel in the first few weeks of giving birth?
2. What was the experience like during this period?
3. What changes have there been after the birth of your child? (time, space, body, relations)
4. How did these changes make you feel?
5. How did you go about these changes?
6. Did you/your partner breastfeed? How was breastfeeding for the first time like for you?
7. How did you feel about yourself in that first few weeks of delivery?
8. What is your day like usually?
9. Do you have any plans to return to work?
10. What are plans have your made?
11. Are you/your partner receiving any leave at the moment? How long is the leave?
12. Have you made any plans for your baby when you return to work?
13. How do you feel about returning to work?

Interview two

1. How has the past two weeks been for you and your family? Can you illustrate it for me?
2. What changes has there been within these two weeks?
3. What was the first day like for you? And the days that followed?
4. What is your day typically like now?
5. How do feel about returning to work now?
6. How has the workplace been treating you?
7. How do you feel about the childcare arrangement that you have now?
8. Has there been any change in the division of domestic work now?

Interview three

1. How do you feel now about returning to work?
2. What is your day typically like now?
3. How about the weekends?
4. Have there been any changes since the last time we met? Can you illustrate it for me?
5. In the previous interviews you said.... Has there been changes then? How do you feel about it now?
6. If you could sum up your experience so far, about becoming parents and returning to work, how would you sum it up?
7. Is there anything else you would like to add?

References

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