Charity, Linda Matilda

Transition to Motherhood: An Interpretative Phenomenological Analysis of the Experiences of Immigrant Mothers Living in Finland.

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Abstract

Transition to motherhood is seen as a major developmental life event, likewise, immigration is seen as a huge psychosocial process with great impact on individuals’ psychology. These two aspects combined means that women becoming mothers in foreign countries are prone to face great challenges when trying to simultaneously adjust to their mothering roles as well as adapting to the new life in their new homes. The purpose of this study was to explore and investigate the experience of women entering motherhood in Finland. The study combines both Mercer’s (2004) Maternal Role Attainment Becoming a Mother theory and Bronfenbrenner’s (1979) Human Ecological theory to examine how women make sense of becoming mothers in the context of immigration.

A qualitative approach, specifically phenomenology was used as the research method to guide this study. Data was collected through semi-structured interviews with 5 immigrant women who became mothers after relocating to Finland. Data was analyzed using an in-depth analysis approach known as Interpretive Phenomenological Analysis (IPA) (Smith, 2015; Smith & Eatough, 2007). The results brought forth four main themes relating to the women’s experiences on transitioning to motherhood in Finland. These themes were: 1. Individual factors relating to motherhood experience, 2. Factors influencing motherhood experience in Finland, 3. Challenges specific to motherhood experiences, 4. Challenges experienced by immigrant mothers in Finland.

The findings revealed many similarities and differences in participants’ experiences ranging from positive and negative aspects involved when transitioning to motherhood in Finland, hence it was evident that the women’s experiences were greatly influenced by their surrounding environment, for instance, issues such as language barrier, limited social support and differences in child-rearing practices were of the greatest concern and challenge to participants, whereas efficient medical services, mother’s benefits, safety and better opportunities for their children were some of the pros brought forth by the research participants. Importantly, it was also evident through participants’ narrations that remarkable transformative learning occurred within their transition to motherhood process.

Hopefully, this study and research findings will bring new insight and enrich existing literature relating to this area.

Keywords: Transition to motherhood, Immigrant mothers’ experiences, Immigration and Motherhood, Maternal Role Attainment, Interpretative Phenomenological Analysis, Transformative Learning, Feminist Research
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1 INTRODUCTION

People move across borders for various reasons and different motives. They move for adventure, to travel and explore the world, to pursue higher education, to reunite with family, some move for economic reasons, that is, for business and employment opportunities while others move because they sufficiently hopeless in their current country of residence and exiting it appears to be the only viable option to improve the situation. They move for political reasons to avoid political repression or perhaps because they want the freedom and will to practice their religious convictions and their political and social views put them in jeopardy; others move to run away from wars and conflicts their countries may be facing. Kivisto & Faist (2010) refer to the former as “voluntary” labor migrants while the latter, as “forced” asylum seekers/refugees (p. 53). Either way, sojourners, immigrants, refugees and/ asylum seekers find themselves in a different country rather than their countries of origin at a particular point in their lives. The process of migrating to a different country has profound effects on a person’s psychology, family structure and dynamics (Tummala-Narra 2004). Correspondingly, Suárez-Orozco & Suárez-Orozco (2002) contend that migration often removes family members from the relationships they grew accustomed to, including community ties, customs, jobs and specifically their language (p. 70). Immigration from one’s country of origin is a huge psychosocial process that has significant and long-term consequences on an individual’s identity (Akhtar, 2004, p. 5). On the other hand, becoming a mother and most particularly a first-time mother is a huge transition and major turning point in a woman’s life. Mercer (2004), asserts that transition to motherhood is a major developmental life event and that becoming a mother involves moving from a known “current reality” to the unknown “new reality”. These two phenomena involve major transitions in a person’s life and when they occur simultaneously they are likely to spark adverse and conflicting feelings among individuals. Liam (1991) argues that first-time immigrant mothers often have to grapple with double transitions in relation to their mothering roles and adjusting to the new country: first-time motherhood is overwhelming, and the mere burden of the migration process can make taking on the mothering role even more difficult (cited in Liamputtong & Naksook, 2003). Furthermore, the process of becoming a mother in a foreign land brings about particular challenges in identity formation of immigrant mothers. Tummala-Narra (2004), reiterates that “cultural displacement has an impact on the dilemmas of motherhood, as evident in adaptation to the immigration process, changing conceptions of gender roles and attachment, bicultural conflicts, and changing family structure and social network.”
The purpose of this study is to explore and dig into the experiences of immigrant women entering motherhood in Finland by giving them a chance to voice and speak about their experiences of becoming mothers in a foreign country that speaks a different language and away from their extended family, while at the same time contribute to the literature around transition to motherhood within the context of immigration. Even though transition to motherhood is a topic that has frequently been researched, there is need for more literature on women’s lived experience on becoming mothers in foreign countries; the need to examine and understand further what women actually experience when transitioning to motherhood within such conditions where bicultural conflicts are in play, factors such as limited social support network and also in many cases issues relating to communication barrier because of loss of mother tongues.

1.1 Researcher’s Role

At this point, it is important to acknowledge my motivation and what influenced my interest for this particular topic. Besides my own personal experiences, the literature I reviewed greatly determined the choice of my research topic. In spite of the researcher’s best intentions, it is always impossible to remain unprejudiced while conducting and analyzing a phenomenological study. Being the sole researcher and an immigrant first-time mother myself, it was important to be aware of my potential biases while I conducted and analyzed themes from the experiences of the women who had experienced this similar phenomena. In the following paragraph, I give a brief background history and personal interests that influenced my motivation to this research topic.

I was born and raised in Kenya and a few months after moving to Finland I found out that I was expecting my very first child. It was initially very difficult for me to come to terms with the fact that I was pregnant because I was still dealing with issues such as differences in culture, adapting to the extreme weather conditions, the food, a completely different language that deterred my previous vibrant self among other issues. I had to depend on my partner for translation especially at the health center during my antenatal visits, accessing different facilities and resources, something that made me feel always incapable and deeply frustrated. It seemed to me like some parts of me had been dismantled because I always needed support with many things I had gotten accustomed to doing myself. During my second and third trimester, I remember fantasizing about my baby and how things would be when she was born. I remember thinking how easy it would be since I had helped raise my sister’s child and had
experienced no problems at all doing it. “Do as much as you can now while she is still in there! When she finally arrives, you will wish she stayed there a little bit longer”, a friend once told me. “It is difficult and when she finally arrives, you have to divide your time with her. Your previous 30minutes shower will turn to 2minutes quick shower always listening for her cry at any particular moment”, said another friend who had just had her baby a few months before mine was born. I was at that time very sceptical to what I heard or what I was told. I just could not wait a second longer. Perhaps, this was because my pregnancy was not an easy one. The first and third trimester were especially the hardest because I was very sick and needed to be hospitalised at some point during my pregnancy. I even developed edema in my final trimester which was very discomforting and unpleasant. It was not until my baby was born that I realised that motherhood was not what I had anticipated it to be. The fact that I had moved alone to Finland and had only my partner to depend on for support, made the situation far more difficult because I grew up in a big family and I always had lots of people around for support my whole life. This is when I began to think that perhaps helping to raise my sister’s daughter seemed easy at the time because there was more than enough support from family, friends and even neighbours, and also because when I took upon the responsibility, her daughter was nearly three years old. Motherhood to me, has been a learning journey and my thinking regarding it has changed ever since I held my beautiful baby girl in my arms. I have had ups and downs in my journey of becoming a mother and more so in a foreign country that I was intrigued by the process women like me go through when transitioning to motherhood. I must acknowledge that every motherhood experience is to a certain degree different and as I have earlier mentioned, my aim is to understand by investigating and digging into the experiences these women have in the process of transitioning to motherhood by giving them a chance to voice and talk about their lived experiences of becoming mothers in a foreign country away from their family and friends without imposing any judgement or presuppositions. Therefore, my intention is to respect each of the women’s stories recognizing all the similarities and differences as will be brought forth by each one of them individually.

To achieve this, I will employ qualitative research using phenomenology as the methodology to conduct this research study. Creswell (2013) argues that in some forms of phenomenology, the researcher “brackets” himself or herself out of the study by discussing personal experiences of the phenomena, they begin the project by describing their own experiences with the phenomenon and then bracketing out their opinions before getting on with the experiences of others; of which I have done in the preceding paragraph. Creswell further elaborates that this
does not entirely take the researcher out of the study but rather serves to describe personal experiences with the phenomenon and to relatively put them out of the way so as to concentrate on the experiences of the participants in the study (pp. 79-80). I intend to apply phenomenological reduction so as to exclude my prejudgements on the experience at hand. To apply phenomenological reduction is to set aside any presuppositions, that is, setting aside judgements about the phenomenon under investigation until they are founded in a more certain basis (Creswell, 2013, p. 77). I will therefore be interviewing immigrant mothers who had their first baby after relocating to Finland and can clearly speak about their lived experiences of becoming mothers in a foreign country. In the following sub-section, I will introduce my research questions and thereafter, in chapter 2, I will discuss the theoretical background that frames this research study. In chapter 3, I will elaborate on issues relating to this topic by examining what previous studies have done (literature review). In chapter 4 I will discuss the methodological foundation followed by findings in chapter 5, which will include a summary and interpretation of these findings. Finally, in chapter 6 I will conclude and give some suggestions for further research.

1.2 Research Questions

This qualitative study seeks to investigate the experiences of immigrant mothers in Finland, specifically their first-time motherhood experiences. The objective is to address the following main research question: What experiences do immigrant women have in the process of transitioning to motherhood in a foreign country (Finland)? To explore the answer to this main question, the following sub-questions will be asked:

a) How do immigrant women contemplate transition to motherhood? What was the transition like?

b) How do immigrant women perceive motherhood in a foreign country, that is, Finland?

c) How did knowing or not knowing the Finnish language and culture affect their transitioning process in general?
2 THEORETICAL FRAMEWORK

“The process of becoming a mother requires extensive psychological, social, and physical work. A woman experiences heightened vulnerability and faces tremendous challenges as she makes this transition. Nurses have an extraordinary opportunity to help women learn, gain confidence, and experience growth as they assume the mother identity” (Mercer, 2006)

This study will be guided by Mercer’s theory of Maternal Role attainment becoming a mother (2004) advanced from Rubin’s (1967) Maternal Role Attainment theory and Bronfenbrenner (1979) Human Ecological theory as Mercer herself used it in her model to describe the process of maternal role attainment. To describe the cognitive, effective and behavioral changes a woman goes through during pregnancy and after birth, Rubin brought forth the term “Maternal Role Attainment” contemplating maternal identity as the last step in acquiring the maternal role, where the woman feels contented with her past and future, along with her role as a mother. According to Mercer (2004), Rubin described Maternal Role Attainment as a process of sequential stages that begins at pregnancy. In the first stage (mimicry stage), the woman seeks information and imitates what she observes, then proceeds to pursuing expert models (role-playing stage), she goes on to fantasize about herself as a mother (fantasy stage) and lastly infiltrates the behaviors she has observed by projecting how to apply the ones she finds appropriate and disregarding the ones she finds unsuitable in her mothering role. During pregnancy and postpartum, through this ideal image of herself as a mother, the maternal identity is incorporated into her self-system. Accordingly, the woman grieves and abandons roles or parts of her life that are irrelevant and inconsistent with motherhood.

2.1 Mercer’s Model of Maternal Role Attainment Becoming a Mother

Ramona T. Mercer is well known in the specialty of maternal-child nursing. Mercer (2004), who was Rubin’s student advanced Rubin’s initial stages by giving new names to the four stages. In the first stage which she called commitment, attachment, and preparation (pregnancy period), is the stage where a woman’s work in becoming a mother begins and has long-term consequences. According to Mercer (2004), the woman’s active involvement in this stage has constantly been linked to positive adaptation to motherhood. The second stage, acquaintance, learning, and physical restoration (first 2 to 6 weeks following birth), the mother spends more time learning about her new born and looking for family resemblances, wholeness, and functioning of body parts. She studies her infant’s responses to herself and others, and practices by trial and error as she learns how to comfort and care for her infant. Mercer (2004) calls the
third stage, *moving toward a new normal* (2 weeks to 4 months). Here the woman starts to structure her mothering to fit herself and her family according to her past experiences and future goals. She conforms to the changing relationships with her partner, family, and friends. Much cognitive restructuring occurs as she learns her infant’s cues, and what is best for her infant, and adapts to her new reality. Finally, in the fourth stage which Mercer (2004) calls *achievement of maternal identity* (around 4 months), the mother has established intimate knowledge of her infant such that she feels competent and confident in her mothering activities and feels love for her infant; she is settled in. Here, a new normal has been reached in her relationships and her family. The woman in this case experiences transformation of self in becoming a mother, as her self expands to incorporate a new identity and assume responsibility for her infant and her infant’s future world. However, Mercer (2004) explains that the times for achieving the last three stages are highly variable and are usually influenced by maternal and infant variables and the social environmental context. She further elaborates that these stages may also overlap, for instance, moving toward a new normal may begin shortly after birth, but it becomes predominant when the mother learns the nuances of her baby’s behavior.

Mercer developed the “maternal role attainment - becoming a mother” model. Her model of maternal role attainment uses Bronfenbrenner’s (1979) concepts of nested circles as a means of portraying interactional environmental influences on the maternal role. This model illustrates the development of maternal role through the interaction of ecological environments. According to Mercer (2006), the mother’s and infant’s most immediate environment is their family and friends who provide support and sometimes even stress, family values, and cultural guidelines for motherhood roles and the infant’s growth and well-being. She argues that there are issues outside the immediate environment that will have an influence on how the maternal role is played. There will always be settings and changes that take place to put stress on the maternal role and there has to be a balancing act so as to accommodate these outside influences without ignoring the issues at hand because they all affect each other and therefore play a major role in women’s experiences on becoming mothers and how the maternal role is attained (Mercer, 2006). Stresses and social support within these environments influence both maternal and paternal role attainment and the developing child (Mercer, 2006). While still utilizing Bronfenbrenner’s (1979) Human ecological theory, I have revised Mercer’s model so that it would fit into my research study as illustrated in figure 1.1 below. This model provides a conclusive visual frame for understanding lived experiences of first-time immigrant mothers.
Next, I give an overview of Bronfenbrenner (1979) Human Ecological Theory and I how will frame it to fit in this research study.

2.2 Bronfenbrenner’s Human Ecological Theory

Bronfenbrenner (1979) Human Ecological Theory studies the corresponding relationship between individual persons and their nested environments. Hence, this theory acts as a good foundation when exploring lived experiences of first-time mothers as it presumes that all experiences are interdependently influenced by multiple interactions and the environment. The core assumption of Human Ecological Theory is that the individual interacts with the environment and vice versa and that the environment also consists of various levels, all affecting one another. Bronfenbrenner (1979) model showcases four levels of the ecosystems: the microsystem, mesosystem, exosystem and the macrosystem. Each ecosystem is defined according to the proximities of the person in focus. Even though, Mercer’s Maternal Role Attainment Becoming a Mother model utilized only three of Brofenbrenner’s ecosystems, I will use all the four to advance and revise her model as briefly mentioned earlier so that it will fit into my study objective.

The **microsystem**, according to Bronfenbrenner (1979) involves the complex interrelations within an individual’s immediate setting, the objects or people with whom the person interacts on a face-to-face basis (p. 7). Most importantly, the immediate family is a good example of a microsystem. With regards to this study, the microsystem will include individual participants’ experiences e.g. pregnancy, birthing experience, feelings and attitudes and their immediate family unit, that is, child/children and husband/partner (social support from immediate family unit).

Bronfenbrenner (1979) explains that the **mesosystem** consists of the interrelations among two or more settings in which the developing person actively participates. It is therefore a system of microsystems formed or extended whenever the individual moves into a new setting, for instance, the relations built through the interactions within the family, work and or social life (p. 25). For the purposes of this study, the mesosystem will include participants’ interactions with extended family and friends (social support), community recreational facilities etc.

The **exosystem** according to Bronfenbrenner (1979, p. 25) refers to the indirect influences, that is, the person is not an active participant in such settings but rather, events occur that directly
impact the person in focus. For this study, these will include the partner/husband’s work place, KELA, Neuvola and the daycare centers.

The Final ecosystem Bronfenbrenner (1979) discusses is the macrosystem which he refers to as the consistencies, in the form and content of the initial systems (micro, meso, and exosystem) that exist or could exist, at the level of the larger culture in terms of values, beliefs systems, ideologies, lifestyles underlying such consistencies (p. 26). In this case and for this study’s objective, the macrosystem will consist of a variety of factors such as, culture, language, environmental factors, food, and societal expectations in relation to migration and ex-country circumstances.

2.3 Theoretical Map and Conceptual Model

Figure 1.1 below is an illustration of the two theoretical frameworks selected for this study: Mercer’s (2004) Maternal Role Attainment and Brofenbrenner’s (1979) Human Ecological Theory, with the fundamental concepts of each theory incorporated to provide an understanding of how social and environmental factors influence individual motherhood experiences.

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1 Abbreviated from Finnish: Kansaneläkelaitos, is a Finnish government agency in charge of settling benefits under the National Social Security programs. It was founded in 1937 to handle retirement pay but in the 1980s and 1990s, its role was expanded to handle fields like child benefits, unemployment benefits, sickness benefits, health insurance and student financial aid.

2 Maternity and child health clinics that form a specific branch of the Finnish public healthcare system for maternity, family and children’s health services.
Figure 1.1 Conceptual Model
3 LITERATURE REVIEW

This chapter presents a review of existing literature and will be divided in three sections. The first section gives a brief overview of immigration in Finland and also explains a bit about the social system and maternal care in Finland. The second section discusses transition to motherhood at a universal level while the final section will examine this transition within the context of immigration, focusing on immigrant mothers’ experiences in foreign countries (transition to motherhood within the context of immigration).

3.1. Immigration in Finland and Finland as welfare state

Finland is a Northern European Country and also one of the Nordic countries bordering Sweden, Norway and Russia. According to Sagne et al. (2007), Finland is a bilingual country with Finnish and Swedish as the official languages. It was a country of emigration rather than immigration over years (Sagne et al. 2007). Until the end of 1970s, Finland’s emigration rate had exceeded the annual rate of immigration due to its peripheral location and unfavourable climatic conditions that traditionally made it a country of emigration (Lobodzinska, 2011). In the 1990s, immigration to Finland increased but still the immigrant population was quite small amounting to only 2-3 percent of the total population of 5.2 million people (Sagne et al. 2007). Lobodzinska (2011) contends that by the year 2009, almost 91% of the population spoke Finnish as their mother tongue whereas foreign citizens constituted only 2.9% of the population. However, the number of immigrants has been increasing constantly over the years but is still very low in comparison to other Western European countries (Sagne et al., 2007).

According to recent statistics Finland, there has been an increase in these figures but it is evident that the immigrant population growth and the number of individuals speaking foreign languages in comparison to those speaking domestic languages is quite low (See Appendix 5). Migration to Finland can roughly be divided into five categories: refugees, including UN quota refugees and so called de facto refugees; family reunifications; remigration; labour migration and migration for other reasons with the most common reasons for migrating to Finland being marriage and family purposes, return migration and asylum seeking (Sagne et al., 2007).

Finland is a welfare state that rests upon the principle of universalism (Anttonen & Sipilä, 2012, cited in Rantanen et al., 2015). As a welfare state, Finland thus provides a broad base of social security for its citizens by giving them access to social insurance and benefits, including services such as education and healthcare (Rantanen et al. 2015). Hartikainen-Sorri (1989)
states that maternity care in Finland is provided free of charge and is therefore used by virtually the entire pregnant population, up to 99.7% (cited in Raatikainen et al. 2005). According to Degni et al. (2014), maternity care is provided as part of the publicly funded national health care system and the services are mostly delivered through maternity clinics located in local health centres all-round the country. European Union citizens and all those with a Finnish permanent residence permit are also entitled to (almost) free health care and social services (Malin & Gissler, 2009). Maternity care opportunities during pregnancy are the same for everyone regardless of the mother’s economic situation and failure to attend maternity care services means missing out on maternity benefits (Raatikainen et al. 2005). Kahn & Kamerman (1994), further explains that in addition to the universal free medical services, pregnant women receive a rich maternity package or cash equivalent if they prefer. The package, which varies slightly every year contains new-born supplies and articles for mothers. It is worth more than the cash alternative and is usually the option selected by most first-time mothers. This maternity package is acknowledged with great pride although very few people believe that it is actually the reason a large percentage of pregnant women turn up for pre-natal care (p. 163, also see p. 214). Maternity package to mothers is still an on-going practice and according to Kela, it usually contains baby clothes as well as baby care products and materials. It is updated yearly depending on the feedback from clients.

Mothers are also eligible for maternity and parental benefits and there is usually a child rearing support package in terms of monthly cash payments (Kahn & Kamerman, 1994, p. 165 & 167; Kela). Both mothers and fathers are further eligible to parental leave, including leave allowance and compensations (Kela; Rønsen & Sundström, 2002; Weckström, 2014). There is also major support for parents in relation to availability of day care centres. Rønsen & Sundström (2002) assert that Nordic countries have more comprehensive publicly subsidised day care facilities (also see Weckström, 2014). According to Kahn & Kamerman (1994), Finnish day care centres are solid and often attractive. They are municipal and publicly subsidized and are largely operated publicly, however, there is a small set of them that are privately operated but still do meet public standards (p. 172; also see Rønsen & Sundström, 2002). Rønsen & Sundström (2002), point out that the aim for longstanding parental leave and subsidised day care programs is to facilitate mothers’ employment and to promote gender equality. It is evident that all these aforementioned benefits and opportunities for parents are very beneficial for Finnish as well as immigrant families living in Finland and definitely influence their transition to parenthood experiences.
3.2. Transition to motherhood

Motherhood and the mothering role is always taken for granted in our society and is rarely looked into or given enough thought (Chodorow, 1999, p. 3; Nelson, 2009 as cited in Ziv-Baranov, 2012). Transition to motherhood brings about profound changes than any other stage in an individual’s life (Cowan & Cowan, 2000 as cited in Schmiedigen, 2013) especially since it is highly centred on emotional and psychological functions (Chodorow, 1999, p. 178; Darvill et al. 2010). There are myths surrounding motherhood with regards to it being a natural and instinct-based process in our societies especially portrayed through the media. According to Lee (1997), most cultures view motherhood as a natural and easy process, something that every woman desires (also see Chodorow, 1999, p. 14). Liamputtong et al. (2004) proclaim that the reality of motherhood is a contrast of the perfect motherhood images usually depicted by the media to the society (also see Wardrop & Popadiuk 2013; Weaver & Ussher, 1997). Weaver and Ussher (1997) further argue that the images and expectations women have before they become mothers, mostly reinforced through media and societal images consisting of only highly positive images about motherhood results to many women feeling disillusioned and disappointed when the reality of motherhood strikes.

By projecting only the perfect images of motherhood, societies make it difficult for women becoming mothers and are faced with stressful and vulnerable situations to come forward and claim their negative feelings and experiences that come with this transition for fear of being judged, stigmatised or labelled as “bad mothers” (Parker, 2005; also see Lupton 2000; Wardrop & Popadiuk, 2013). In their study, Wardrop & Popadiuk (2013) report that women believed that it was a taboo to discuss the difficult issues of the transition to motherhood and that the “ugly stuff” was rarely talked about in our society. Women felt that they were constantly being judged on their mothering skills and attributes hence they had pressure to conform to societal expectations (Wardrop & Popadiuk, 2013). Barclay & Kent (1998) reiterate that the society needs different images of new motherhood and parenting that create realistic expectations and allow women and families to react to the changes brought about by motherhood without being labelled as ‘depressed’. According to them, these alternative images should recognise the losses brought about especially in early mothering, value diversity in experiences and how such experiences are managed in different communities, making sure to provide assistance as women handle the extensive roles that come with motherhood (Barclay & Kent, 1998). Further, Taubman-Ben-Ari (2009) contends that in order to move beyond critical life transitions, we
must first assess such transitions as a challenge, then there is great chance that we will perceive them as less threatening and in turn lead to a better well-being (also see Nicolson, 1999).

Today, the reality about motherhood is being depicted differently through various studies that have been conducted over the years or are still being conducted. Accordingly, motherhood is a major life event accompanied with both positive and negative aspects and comes with added responsibilities that need great commitment (Choi et al. 2005; Liamputtong & Naksook, 2003b; Lupton, 2000; Miller, 2007; Nicolson, 1999; Weaver & Ussher, 1997). In her study, Freund (2008) reported that many women agreed that nothing could have prepared them for the intensity of the fatigue and exhaustion in postpartum. Likewise, Buultjens & Liamputtong (2007), in their study reported that women disclosed that having a baby was not all about exciting times, even though some of them acknowledged knowing about the added responsibilities that come with motherhood, no one had informed them to what degree that would be and were unprepared for the extent to which their lives had changed when they became mothers. Despite it being a joyous and magical event, motherhood brings unexpected feelings and emotions to women, for instance, according to Darvill et al. (2010), women who became mothers did not expect to have negative emotions and they also did not expect to feel like they had lost control of their emotions. The mere fact that women have to embrace change in roles, from being responsible solely for themselves to being responsible for another human being often brings anxiety to many women becoming mothers (Warren, 2005). In her book, Rich (1995) narrates, “nothing could have prepared me for the realization that I was a mother…that calm, sure, unambivalent woman who moved through the pages of manuals I read seemed as unlike me as an astronaut” (p. 35). This in itself reveals the changes women have to cope with especially in relation to the ‘self’ as a person and how they perceive their new roles and position as mothers.

The birth of a baby is a time of happiness and excitement for parents but motherhood and transition to mothering has also been proven to be a critical and stressful time in women’s lives (Wisner et al. as cited in Buultjens & Liamputtong, 2007). Mothers have identified factors such as physical and emotional tiredness (Freund, 2008; Lupton, 2000; Liamputtong, 2003b; Nicolson, 1999; Weaver & Ussher, 1997) and continuous interrupted sleep that also leads to the former (Barclay & Kent, 1998; Buultjens & Liamputtong, 2007; Lupton, 2000), endless self-sacrifice and concern for their children and family (Choi et al. 2005; Gittins, 1993, p. 163, Lupton, 2000; Weaver & Ussher, 1997), and change in lifestyle, limited access to other people or loss of independence (Barclay & Kent, 1998; Buultjens & Liamputtong, 2007; Johnson,
2012; Liamputtong, 2006; Nicolson, 1999) as greatly influencing their transition to motherhood experiences. These added responsibilities that result to physical and emotional fatigue tend to be felt more by women rather than men (Chodorow, 1999, p. 3; Gittins, 1993, p. 67; Lupton, 2000). Even though the society today seems to be more organised than before, Gittins (1993) points out that there has always been the assumption that certain household chores constitute a woman’s work and usually men are seen to have a choice in relation to participation in domestic labour than women do (p. 131; also see Chodorow, 1999, p. 178-180; Wardrop & Popadiuk, 2013; Weaver & Ussher, 1997). Furthermore, Wharton (2005) argues that women’s social ties are affected and lessen after the birth of a child than the men’s do because of child rearing (as cited in Freund, 2008). In most cases couples’ relationships are usually challenged especially because of shift in priorities that puts the babies at the centre of everything (Freund, 2008, p. 75) and also because most women view their partner’s lives as essentially unchanged due to unequal balance in roles when the baby arrives (Weaver & ussher, 1997). Consequently, Johnson (2012) claims that adding a baby to the family can be a trying moment even for the most prepared couples. These issues are tied to gender roles issues and vary in time and place, for instance, in a study on Southeast Asian immigrants in Taiwan, Tsai et al. (2011) indicated that the women had much more positive experiences with their mothering roles because they embraced the patriarchal family rules and had no problem accepting the conventional gender roles.

The presence of social support is one of the main external factors in determining successful adaptation of motherhood (Slade et al. 2009, as cited in Schmiedigen, 2013). In their study, Darvill et al. (2010) identified social support as a factor that may influence the way in which the transition is experienced. Their findings revealed that lack of support led to some women feeling more vulnerable at different stages of the transition, whereas feeling supported seemed to facilitate women to gain confidence in their new perceptions of themselves. Lee (1997) asserts that practical and emotional support during and after pregnancy is very important for new mothers’ well-being. In her study, Freund (2008) identified that social support from partners and spouses, as well as from family and friends made a difference in the women’s confidence. Women are expected to need more support from others due to increased physical and emotional demands brought about by the transition. Partners, extended family members, friends or professional providers are likely to be sought for support throughout this period (Slade et al. 2009, as cited in Schmiedigen, 2013). However, this need is recognised and met differently in different cultures especially in relation to western versus non-western societies.
for instance Lee & Keith (1999) reported that in western cultures, the family is fundamentally built on the couple resulting to a more independent kind of parenting.

In addition to family and friends’ support, mothers often seek support through playgroups, support groups, childcare providers and through the media and internet. Even though information that is sought through the media and internet can be helpful, sometimes it may also be overwhelming and reinforces idealistic expectations for new mothers (Tummala-Narra, 2009).

3.3. Transition to motherhood within the context of immigration

As discussed above, it is evident that transition to motherhood is accompanied by a series of challenges that women need to cope with hence when living in foreign countries, these challenges are rapidly heightened through factors such as bicultural conflicts and limited support (Tummala-Narra, 2004). Immigrant mothers often have to deal with double transitions when they have to adapt to the new culture as well as adjust to their new roles as mothers (Liam, 1991, as cited in Liamputtong & Naksook, 2003a).

Akhtar (1999) argues that migration involves profound losses especially when one is forced to give up things they were accustomed to like food, native music, unquestioned social customs for example what is considered appropriate manners in social occasions and even one’s language (p. 5 & p. 142). Such pain over losses brought about by immigration often generates what he calls a “mourning process” because it comes as a burden for immigrants (Akhtar, 1999, p. 6 & p. 142). Akhtar (1999) further asserts that immigration from one country to another is a complex psychological process with substantial lasting effects on individuals’ identities. Across all ages, difficulties in grasping the host language have been proved to be a determinant factor greatly influencing the degree of psychological distress for immigrants (Kiropoulos et al. 2004). Most immigrants have problems mastering the new language and losing their mother tongue in immigration is usually accompanied by a deep sense of loss of self-identity (Mirsky, 1991).

When a woman transitions to motherhood in a foreign country, the challenges brought about by immigration together with those that come with motherhood can be overpowering. Velasco-Hodgson & Kaplan-Sanoff (2014) argue that immigrant mothers, in addition to less support network often face acculturation stress, language and cultural barriers, including more challenges. In a study on Japanese immigrant mothers in Hawaii, USA, Taniguchi & Magnussen (2009) found that coping with a different language, making comparisons and the
distance from family and friends were significant factors challenging the women becoming mothers away from their country of origin. The women in their study revealed feeling stressed and frustrated because of the difficulties they experienced when communicating with healthcare providers and always had a fear of being misunderstood. Language barrier was a huge challenge in their transition process (see also, Degni et al. 2014; Liamputtong, 2006; Tsai et al. 2011). Language barrier causes great challenges for immigrants especially in relation to accessing resources or when seeking needed support. Ahmed et al. (2008) reported that, for immigrant women, their situation is made more difficult because of limited informal support systems, that is, family and barriers to formal support because of lack of knowledge or language proficiency. Likewise, in a study on Thai immigrant mothers in Australia, the women felt that language difficulties made their motherhood roles more difficult and limited their access to opportunities such as receiving available services and employment (Liamputtong & Naksook, 2003a). A similar concern was raised by Southeast Asian immigrant mothers residing in Taiwan (Tsai et al. 2011).

Mirsky (1991) declares that with migration comes an inevitable disruption of one’s social network which can be challenging when one is trying to adapt to the new country. Social network is a source of social support, hence a limit to this, means less social support for immigrants which is usually a cause of distress to many immigrants. Anderson (1994) professes that the lack of social support system is “the chief curse of the immigrant”, it is the main difficulty mothers have to deal with when bringing up children in a new country (Liamputtong & Naksook, 2003a). Previous studies promulgate that limited support for immigrant mothers means that they often have to take on the mothering role single-handedly without their extended family and friends’ support. In such cases, they find themselves isolated, lonely and unable to cope with a new-born at home (Barclay & Kent, 1998; Liamputtong & Naksook, 2003a). Taking on the added responsibilities of motherhood with less support is draining and usually causes both physical and emotional fatigue (Liamputtong & Naksook, 2003a; Liamputtong & Naksook, 2003b; Liamputtong, 2006). Liamputtong et al. (2004) reported that support women receive from their extended family during postpartum period helps them cope with the demands of childcare and also helps them feel less isolated as especially when they are surrounded by their kin.

Immigrants are further influenced by the values set upon child-rearing practices in their host culture (Cohen & Slade as cited in Ziv-Baranov, 2012). They often have to find a balance between their own cultural traditions and that of the host culture which can be a major huddle.
Liamputtong & Naksook (2003a) asserted that migrant women struggle to find a comfort zone between their cultural traditions and those of their new land. In most cases they have to accommodate the differences as best as they can and try to pass on more of their own cultural traditions but are often disappointed if they prevented from doing so (Liamputtong & Naksook, 2003a). In their study, Tsai et al. (2011) reported that women in most cases lost hope in trying to raise their children around their own cultural underpinnings and would result to moving towards the mainstream Taiwanese cultures so that their children would fit well into the Taiwanese society. Consequently, Tummala-Narra (2004) reiterates that in the case of immigration, conceptions of the psychologically healthy mother-child relationship are usually challenged because the mother has to struggle with the culturally divergent values of parenting including the disruption of her cultural representations.

Acculturation, which in most cases brings about acculturation stress is another significant factor immigrant mothers encounter in their new lands. Acculturation, according to Schwartz et al. (2010), is the changes that occur as a result of contact with culturally diverse people, groups or social influences. Acculturation stress arises when immigrants try to balance the differences between the new dominating culture and their cultures of origin (Beckerman & Corbett, 2008) which can be challenging and has often been associated with depression, anxiety, feelings of marginalization, alienation, and identity confusion (Falicov, 1998 as cited in Schmiedigen, 2013). In a study on Somali-born immigrant women in Finland, Degni et al. (2014) found that the women had difficulties in the healthcare centres not only because of language but also due to cultural differences between them and the doctors and nurses, furthermore, conflicts would arise between healthcare providers and Somali immigrant women because of the differences in cultural values and upbringing (see Degni et al. 2012).
4 METHODOLOGICAL FOUNDATION

4.1 Brief Overview

The purpose of this study was to explore and dig into the experiences of immigrant women entering motherhood in Finland, most specifically their first-time motherhood experiences to better understand their transition to motherhood process in foreign country that speaks a different language. In this chapter, I will discuss the methodological choices behind this research project. A qualitative research approach was utilized to address the research questions, in particular phenomenology as my intent was to explore and understand participants’ lived experiences by giving them a chance to voice and speak about these experiences. This study incorporates some specific guidelines brought forth by feminist researcher Ann Oakley (1981) since its focus was to investigate women’s experiences on becoming mothers. Data was collected through semi-structured in-depth individual interviews that provided room to better understand the phenomenon as experienced by 5 mothers. The interviews were analyzed using Interpretive Phenomenological Analysis (IPA) so as to explore in detail individual personal and lived experience and to examine how these 5 women make sense of their personal and social world (Smith & Eatough, 2007). In the next sub-sections I discuss in detail this research design and the reasons I found it most appropriate for this study.

4.2 Qualitative Research

A qualitative research approach was selected for this study as it attempts to understand the world from the participants’ point of view and to uncover the meaning of their experiences (Kvale & Brinkmann, 2015, p. 3). Qualitative research involves studying and collecting a variety of empirical materials such as case study, personal experience, introspection, life story, interview, artifacts, and cultural contents and formulations, including things that we can see, observe and interact with that describe the meanings brought forth in peoples’ lives (Denzin & Lincoln, 2011, p. 3-4). Denzin and Lincoln (2011) elaborate that qualitative researchers study things in their natural settings, trying to examine the phenomena in terms of meanings people bring to them (p. 3). Researchers in this case are especially concerned with how understandings are brought about, how meanings are conveyed and how roles are refined; they are mainly interested in how people live their everyday life, what kind of situations and things they experience and how they make sense of such experiences. The researcher attempts to uncover the meanings that participants attach to their behavior, their views on specific events and how they make sense of those situations (Woods, 1999, p. 3-4). However, it is usually the
researcher’s responsibility to be non-interruptive of the scene and to be modest in their methods, ensuring that the data and analysis process reflect the events as they really occur.

According to Creswell (2013), qualitative research involves gathering up-close information by talking directly to people and seeing them behave and act within their context (p. 45). The aim is to learn about the phenomena from the participants and apply the best practices to obtain that information (Creswell, 2013, p. 47). Creswell (2013) also illustrates several reasons why we use qualitative research, for instance, when there is an issue that needs exploring, when we need a rigorous and in-depth understanding of a problem and also when we want to empower individuals to share their stories, hear their voices, and minimize the power relationships that usually exist between a researcher and participants in a study (p. 48). With all these descriptions in mind, I can confidently say that qualitative research not only coincided with my research focus and theoretical framework, but it also ensured the augmentation of the already existing literature on transition to motherhood experiences. Next, I discuss phenomenology as one of the approaches used in qualitative research and the reasons I found it most suitable for this study.

4.3 The Phenomenological Paradigm

Phenomenology originated from the work of the German mathematician Edmund Husserl (1859-1938) and was expanded by Heidegger, Sartre, and Merleau-Ponty. Phenomenology is mainly applied in the social and health sciences, particularly in sociology, psychology, education and health sciences (Creswell, 2013, p. 77). Patton (2002) asserts that the goal of phenomenology is to gain a deeper understanding of the nature of everyday experiences. He goes further to explain that anything that avails itself to the mind is basically of interest to phenomenology, be it real or unreal, empirically measurable or subjectively felt (p. 104). According to Van Manen (1997), doing phenomenological research means questioning what something is really like and finding out the nature of a particular lived experience (p. 42). This requires methodologically, rigorously and intensively capturing and explaining peoples’ encounter with a particular phenomenon, for instance, how they express and talk about, recall it and make sense of it. It is therefore necessary to conduct in-depth interviews with people who have directly experienced and have “lived experience” of the phenomenon as opposed to second-hand experience (Patton, 2002, p. 104). Patton (2002) insists that for us to really understand someone else’s experiences, we ought to have experienced the same phenomenon as directly as possible (p. 106). Being a first-time immigrant mother placed me in a better
position to conduct this research study with immigrant mothers so as to explore their lived experience of becoming mothers in a foreign country.

Van Manen (1997) claims that the problem of phenomenological inquiry usually, is that researchers know too much about the phenomenon under investigation hence their preunderstandings, suppositions, assumptions and the existing bodies of scientific knowledge may influence their interpretation of the phenomenon before it is investigated (p. 46). Thus, it is the researcher’s responsibility to suspend or bracket past knowledge and experience so as to understand the phenomenon at a much deeper level. Husserl used the term “bracketing” to describe how one sets aside one’s beliefs, feelings and perceptions so as to be more impartial to the phenomenon. However, Van Manen (1997) argues that we ought to be vigilant while doing this, in his words, “if we simply try to forget or ignore what we already know, we may find that the presuppositions persistently creep back into our reflections. It is better to make explicit our understandings, beliefs biases, assumptions, presuppositions and theories” (p. 47). Van Manen (1997) recommends that researchers describe their personal experience with the phenomenon under investigation without offering causal explanations or generalizations (p. 54). In the introduction section, I explain researcher’s bias by giving a brief description of my personal background as a first-time immigrant mother and how this position influenced this particular topic of study. Nevertheless, doing this doesn’t mean that the researcher is taken out of the study entirely, the purpose is to make clear the personal experiences with the phenomenon and to partly set them aside so as to focus on the experiences of the participants in the study (Creswell, 2013, p. 79). I will discuss more on my position as a researcher and reflexivity in the section below to elaborate Van Manen’s point and how self-reflection was an important aspect of this research study.

4.4 Researcher’s Position and Reflexivity

In this qualitative phenomenological research study, I was the sole researcher and therefore I was key instrument in data collection. Consequently, I was the one who was actively involved in learning about participant’s experiences and interpreted their lives and experiences. It was therefore necessary that I acknowledged among other things, my own background, social class, gender, ethnicity, values and beliefs and the way they shaped my construction of reality including the interpretation of qualitative data (Sword, 1999). Additionally, I recognized abstract differences of the experiences and values and did not make any assumptions based on the fact the participants had all experienced the phenomenon under investigation. Instead, I
respected each participant’s story recognizing all the similarities and differences as brought forth by each one of them individually. It was also absolutely necessary for me to determine the specific role that I wished to present to participants. In my advertisement to recruit participants (Appendix 2), I clearly stated my position as a master’s degree student conducting research and also explained a little bit about myself as a first-time immigrant mother. Before the interviews, through telephone conversations and emails to interested participants, including right before the interview, I provided specific background information and explained to them that this was my very first research and hence I was not an expert in the field. I further elaborated that there were no right or wrong answers in what I was going to ask them but was only there to understand and not to question their experiences. Engaging in this kind of comfortable conversation was extremely helpful in building rapport with the participants and putting them at ease throughout the interview process.

As discussed in the above paragraph, in qualitative research, the researcher was the key instrument through which data was collected. Therefore, reflexivity on behalf of the researcher is essential for the trustworthiness of findings. According to Hesse-Biber & Leavy (2007), reflexivity means reflecting on one’s own lived experiences by taking a critical inward look and understanding the importance of one’s own beliefs and character in relation to the research process (p. 129). Reflexivity enables researchers to make a balance between having an awareness of personal biases and being able to demonstrate that such personal beliefs do not interfere with the interpretation of the data (Denzin & Lincoln, 2011, p. 183-184; Hesse-Biber & Leavy, 2007, p. 130).

At the beginning of the study, it is vital that the researcher clarifies his or her bias to enable the reader to understand the position of the researcher and any biases or assumptions that impact the study. In such clarification, he or she comments on past experiences, biases, prejudices and orientations that influence the interpretation of the data and eventually the findings (Creswell, 2013, p. 251). As briefly mentioned earlier, I discuss and clarify my position and background experience as a first-time immigrant mother in the introduction section of this research paper. The experiences I had as a first-time mother far away from my extended family aroused my interest on topics revolving around the process of transition to motherhood and specifically among immigrant women. I was curious to investigate and understand what other women in a similar situation had experienced or were experiencing in the process of transitioning to motherhood far away from their home countries and in a country that spoke a different language. Consequently, being a mother myself made me aware that my position brought forth
a very significant connection with the participants. This special significant factor however, was a great influence in creating a common ground of comfort with the participants during the interview process. Some of them even engaged me by inquiring about my baby’s gender and what age she was at the beginning of the interviews. In the next section, I discuss feminist research and how I incorporated it in the interviewing process.

4.5 Feminist Research and the Interviewing process

The main purpose of feminist research is to break the hierarchy between the researcher and the people being researched (Hesse-Biber & Leavy, 2007, p. 128). Feminist researcher Ann Oakley (1981) argued for the importance of personal involvement in research practice. According to her, the interviewer should be friendly, considerate, attentive, and conversant but remain unbiased by avoiding the temptation to express his or her opinions under any circumstances. However, he or she should neither be too gloomy and shy nor be too talkative. This helps to put the participants at ease and will enable them speak candidly and more sufficiently (Oakley, 1981, p. 34-36; also see, Davies 2007, p. 159). Oakley (1981) reiterates that, “personal involvement is more than dangerous bias, but a condition under which people come to know each other and to admit others in their lives” (p. 58). It helps to gain rapport in the interview process thus illuminating the idea of power and authority invested in the role of the researcher. Interviewing, according to Hesse-Biber & Leavy (2007), is the most viable research method used in feminist research to gain recognition into the world of participants (p. 114). The goal of a feminist interviewer is to empower participants to voice the realities that are often secluded but at the same time being aware of the nature of the relationship that exists, taking caution to understand personal and research standpoints of what role he or she plays in the interview process in terms of power and authority over the interview process. Importantly, the questions are not yes or no questions and sometimes questions are in response to what participants say for clarification or further explanations (Hesse-Biber & Leavy, 2007, p. 113-114). The interview process in this sense is not merely a simple question and answer session but more of a conversation between the researcher and participants.

With this in mind, I completed 4 face-to-face interviews and one telephone interview with the 5 mothers to gather detailed descriptions of their first-time motherhood experience in a foreign country and how these experiences influenced their transition to motherhood process. Creswell (2013) recommends that researchers interview between 5-25 individuals who all have experienced the phenomenon under investigation (p. 81). Also, this being a Master’s and not a
Doctoral study, 5 participants is considered a large enough sample for in-depth interviews. The interviews lasted approximately 60 to 80 minutes. The interviews took place in a location that was convenient and comfortable for the participants, that is, in their homes or a reserved private room at the university library that was not accessible to anyone else during the interview proceeding. Davies (2007) explains that interviews should be held in a comfortable setting that is familiar to the interviewees and free from any disruptions to give room for a free flowing conversation (p. 154). Relating to the interview format, I first engaged with participants through telephone conversations and emails to develop rapport and familiarization before the interviews. I discussed the informed consent procedures in details prior to the interviews (Appendix 1). This involved explaining a bit about the purpose of the research, the interview process and confidentiality of information as well as the participants’ right to withdraw their participation at any time during the process (Denzin & Lincoln, 2011, p. 65; Kvale & Brinkmann, 2015, p. 93). Copies of the consent form (Appendix 1), were sent to participants prior to the interviews but explained that I would bring hard copies on the day of the interview for them to sign for which they did, with an exception of the participant whose interview was done via the telephone. I signed and sent a copy to her via post. She also signed this copy and sent back a scanned copy of the form. A copy of the demographic questionnaire (Appendix 3) was also introduced to participants on the day of the interview and was filled before the interviews begun.

All materials were coded to protect participants’ confidentiality, that is, their identities were kept confidential by using pseudonyms as illustrated in participants demographic information; see Table 1. Giving participants pseudonyms or changing their names is the most dominant way of protecting participants’ identities (Patton, 2002, p. 411). All participants were informed about audio recording of the interview for which they consented with an exception of one participant who opted out as she was not comfortable with the idea of being audio recorded. Interviews followed feminist research interviewing approach described above to provide greater comfort to participants and allow them speak freely and easily. In the following section, I discuss the process of data collection.

4.6 Semi-Structured In-depth Interviews

Semi-structured, in-depth interviews were utilized for this study. These interviews consisted of 4 face-to-face interviews and one telephone interview with participants to gather individual viewpoints of their experiences on becoming mothers in a foreign country. All interviews were
held at a time that suit all the participants because once they consented to participate, I asked them to choose a location and time that was convenient for them. The interviews were thereafter conducted by the researcher in participants’ homes or in a reserved private room at the University Library for participants who were unable to have the interviews in their homes. The interviews addressed various aspects of the lived experience of immigrant women becoming mothers and their transition to motherhood experience. Kvale & Brinkmann (2015) argues that semi-structured interviews aim to gather descriptions of individual’s lived experience in relation to how they interpret and describe the phenomena under investigation (p. 31). The interviews are descriptive in nature in that they encourage interviewees to narrate their experiences and feelings as accurately as possible without only giving general views on the subject (Kvale & Brinkmann, 2015, p. 33). Throughout the interview, the conversation progressed freely with all participants beginning with general accounts of the experience, to sometimes very detailed, reflective accounts of specific thoughts and feelings.

In this study, semi-structured interview questions acted as a guide and facilitated a flowing bilateral interaction between the participants and researcher but also gave room to probe participants based on their precise responses. Probing, according to Hesse-Biber & Leavy (2007) allows researchers to encourage participants to speak fully and exhaustively (p. 126). The goal is to gain rich data of the phenomena under study from the perspectives of the participants without necessarily driving own motives into the conversation. Consequently, semi-structured interviews aimed to create an environment that enabled participants to share their perspectives in a naturally unfolding way (Marshall & Rossman, 2011). Few follow up questions were posed to participants during data analysis process through the telephone for elaboration and further exploration.

All 5 participants spoke English well enough for me to understand hence transcribing and analyzing the interviews thereafter was not a problem. All participants consented to audio recording that was very helpful to capture the conversations as elaborately as possible and henceforth useful for the transcription and analysis process. The fact that I identified myself as a student and also as an immigrant mother and explained my reasons for doing the interviews built some form of trust with the participants. I allowed for an open flow of conversation by encouraging participants to be themselves and to share their feelings, perspectives and experiences on the phenomena and also emphasized anonymity of their contribution. Anonymity within confidentiality protects participants from unwanted exposure by keeping their identities hidden from the public (Denzin & Lincoln, 2011, p. 66; Kvale & Brinkmann,
2015, p. 94; Silverman, 2005). Overall, all participants seemed to be at ease and spoke freely during the interviews apart from a few limited reservations I encountered with some participants and felt like they might have been holding back just a bit to speak fully about their experiences. This might also have been as a result that the participants came from distinct cultural backgrounds and far different from the researcher’s own culture. Kvale and Brinkmann (2015), explain that there may be some difficulties when interviewing across gender and generation or social class and religion, in making out the difference in language use, gestures, and cultural norms within a researcher’s own culture. According to them, intercultural misunderstandings arise as a result of extra linguistic features of communication within a conversation (p. 168).

4.7 Research Participants Recruitment and Selection Process

I recruited and selected participants keeping in mind the ethical guidelines and standards brought forward by Kvale and Brinkmann (2015) on the importance confidentiality and informed consent (p. 93-95) also (see Creswell, 2013, p.57; Denzin & Lincoln, 2011, p.66; Silverman, 2005). First, I sent out an email advertisement to students and teachers around the university. This was due to the fact that the university is very international with individuals from across the world hence it was my belief that doing this would greatly help with the recruitment process within the shortest time possible. In my advertisement, (Appendix 2), I indicated that people could also pass a word of mouth to individuals who met my criteria. I also recruited participants through my own personal network and also through the ‘snowball’ sampling technique where I asked other mothers to contact their friends who might be interested in participating in the study. In order to reach as many mothers as possible, I also did a site-based recruitment where I pinned up advertisements (Appendix 2) at the healthcare centers and the Finnish Integration School for immigrants, however, I got no reply from the latter.

Persons who showed interest in the study were contacted over the phone or by email and were provided an overview of the study as well as evaluated for the following criteria:

- Participants should be first-time immigrant mothers of a 3-year-old baby or younger.
- Participants should have had their first baby within months or at least 2 years of relocating to Finland.
- Participants should be at least 18 years of age or older.
- Participants should be fluent in English.
• Participants should have spoken no or very little Finnish language prior to having their first child.
• Participants should be willing to share their experience of becoming mothers in a foreign country.

Due to time limitation and difficulty recruiting enough participants, the above relatively strict criteria was slightly revised to allow persons who had already come forward to take part in the study as outlined in participants’ demographic information below. It is important to mention that the only participants I left out were those that were pregnant with their first child at the time of the interview. I explained to them that since the study revolved around the entire pregnancy, birth and post-partum experiences, it would be impossible for them to speak about something they were yet to experience.

4.8 Participants Demographics

Five participants were interviewed for this study. Participants were asked to complete a short demographic questionnaire (Appendix 3) so as to collect basic information that would be useful for data analysis. Participants were immigrants from: South Korea, China, Indonesia, United States of America and Nigeria. All participants were married at the time of the interview. Participants’ ages ranged between 29-38 years old. All participants were well educated with either an undergraduate or a graduate degree. At the time of the interview, all participants were students: 3 of them had taken a break from the Finnish language course to care for their still young babies but intended to go back, one was taking the Finnish language course while one participant was a graduate student. Participants’ duration of living in Finland ranged, with the highest period being 6 and half years while the lowest 1 year 9 months. 3 out of the 5 women had their first child within the first year of moving to Finland. At the time of the interview, 4 out of the 5 women had two children already, 1 of them a first-time mother of twins whereas the other 3 had 2 babies of different ages but insisted on participating in the interview. According to them, “a first-time mothers’ experience is not something you just forget”. This was highly reflected in the data and thereafter in the findings as they spoke about their experiences. As I have briefly mentioned before, due to difficulties soliciting participants who met my initial intended criteria, I decided to interview these women who were more than willing to share and speak about their experiences on becoming mothers. The fact that they had two children at the time of the interview did not interfere with the findings in any particular way. A summary of the demographic information is presented in Table 4.1 below.
Table 4.1 Participant Demographic Information

<table>
<thead>
<tr>
<th>Participant number &amp; Pseudonym</th>
<th>Age</th>
<th>Age and Gender of Child/Children</th>
<th>Period of stay in Finland</th>
<th>Period of stay before first child</th>
<th>Country of origin</th>
<th>Spouse country of origin</th>
<th>Education</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Sujin</td>
<td>33</td>
<td>Girl 2years Boy 11months</td>
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<td>2 Ling</td>
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<td>Twin Girls 5months</td>
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<td>3 Amisha</td>
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<td>4 Amanda</td>
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<td>5 Nadia</td>
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4.9 Data Analysis: Interpretative Phenomenological Analysis (IPA) Approach

Data analysis involves organization of the data by reading through it and coding it into themes and thereafter forming an interpretation of these significant themes. In qualitative research, data analysis involves preparing and organizing the data in the form of transcripts (text data) or photographs (image data) and then coding the data by reducing it into meaningful segments or themes (Creswell, 2013, p. 180). Coding means reading through the data and highlighting relevant or significant statements then assigning one or more keywords to these statements for later interpretation (Kvale & Brinkmann, 2015, p. 220). According to Davies (2007), data analysis involves marking any significant quotes that the researcher would wish to use later when interpreting the data (p. 189). This study used a very small, purposively selected sample since the aim was to extensively examine participants’ lived experience in-depth, therefore, it was important for me to select a method of analysis that was clearly aligned with the study purpose.
Interpretive Phenomenological Analysis (IPA) was used to explore participants’ accounts of their experiences (Smith, 2015). Smith (2015) contends that IPA is phenomenological since it is concerned with detailed exploration of personal meaning and lived experience of participants and how they make sense of their personal and social world (p. 25). According to Smith and Eatough (2007), in IPA the researcher has an active role of accessing participant’s experience by his or her own conceptions through the process of interpretative activity. Hence, a two-stage process called double hermeneutic is involved. This means participants try to make sense of their world and the researcher tries to make sense of how the participants are trying to make sense of their world. In this case the researcher belongs to the same group as the participants (immigrant mothers in Finland), drawing on mental faculties they have in common but at the same time different from them in the sense that the researcher is all the time engaging in second order sense-making of their experiences (Smith & Eatough, 2007).

In IPA, the researcher is specifically concerned with learning something about participant’s lived experience. Therefore, the aim is to understand the context and complexity of those meanings instead of measuring how frequently they occur. It is therefore important for the researcher to engage in an interpretation relationship with the transcripts, looking in detail at one interview transcript before moving on to analyze the rest, case by case (Smith, 2015, p. 38-39). This requires a thorough, accurate and well-ordered engagement with every participant’s interview transcript by utilizing inductive and iterative processes of reading, exploring, questioning, reflecting, coding, organizing and finally thematising (Flowers et al., 2011). In IPA, the ultimate analysis aims to reflect the common understandings of the experience under investigation but at the same time giving sense of individual differences in relation to individual participants’ accounts within the data (Flowers, et al., 2011). As a result, IPA studies are conducted with relatively small sample sizes so as to do justice to each case and doing such detailed case-by-case analysis of individual transcripts takes a long time (Smith & Eatough, 2007).

I transcribed the data by listening to the audio-recorded interviews and writing down all the interviews manually leaving enough space for analysis. I structured data analysis around the key stages of IPA. I read and reread the first transcript thoroughly so as to get familiar with the data. I then went back to the beginning of the first transcript, this time utilizing the detailed, line-by-line approach (Van Manen, 1997, p. 93). In this step, I was very keen to mark salient quotes and statements and to scribble down comments on a small section of right-hand side of the transcript making sense of what was being said by the participant. Next, I went back again,
this time using the remaining section of the right-hand margin to transform the initial notes and comments I had written into more specific themes. I then went back further to cut down these initial themes by establishing connections between them and merging or clustering them appropriately. Smith & Eatough (2007) argue that at this stage, the researcher imagines a magnet pulling some of the themes together to help make sense of them. In this case, divergence and convergence of themes was explored making sure that the connection between the participant’s words and the researcher’s interpretations was not lost (Smith & Eatough, 2007). Following the same steps, I proceeded to analyze the other 4 transcripts from other interviewees with room left for similarities and differences among them. In the final analysis, I conducted a cross case comparison looking for relationships between themes and produced a group-level list of superordinate themes. In the next chapter; Results and Findings I discuss these themes in details.
5 FINDINGS

The purpose of this study was to explore the experiences of women becoming mothers in a foreign country that speaks a different language. Specifically, the study explored their first-time motherhood experiences as the focus was to understand their experiences in relation to their transition to motherhood process. To achieve this, I was concerned with the experiences they had with the birth of their first child. I explained the reasons for selecting these participants in the previous chapter (methodological foundation). The relevant themes that emerged from this study provided a more extensive understanding of this topic. I carried out the analysis by linking it to the two theoretical foundations guiding this research study (Mercer’s (2004) Maternal Role Attainment Becoming a Mother theory and Bronfenbrenner’s (1979) Human Ecological Theory and basing the whole process on my initial conceptual model (Figure 1.1). In this chapter, I present the findings that were obtained by interviewing 5 mothers through semi-structured in-depth interviews. Relevant quotes from the transcripts are presented in the next section using pseudonyms as illustrated in participants’ demographic information: Table 1 in the previous chapter. Using pseudonyms is a good way to keep participants’ identities anonymous.

5.1 Emergent Themes

The use of Interpretive Phenomenological Analysis (IPA) saw the following themes emerging from participants transcripts, which basically focus on two key perspectives: motherhood experiences (1 and 2), and challenges related to motherhood (3 and 4)

1. Individual factors relating to motherhood experience
2. Factors influencing motherhood experiences in Finland
3. Challenges specific to motherhood experiences
4. Challenges experienced by immigrant mothers in Finland

Within these themes, were several subthemes that will be discussed in detail using relevant direct or paraphrased quotes from the interview transcripts. After this, the findings will be discussed conclusively with references to theoretical notions and existing literature (see summary and interpretation of findings section at the end of this chapter)
5.1.1 Individual factors relating to motherhood experience

Mothers in this study described their transition process as having been influenced by individual factors specific to their motherhood experiences such as pregnancy, birth, breastfeeding, personal feelings and attitudes, identity transformation and learning.

![Diagram of individual factors relating to motherhood experience]

**Figure 5.1. Individual factors relating to motherhood experience**

**Pregnancy**

All participants spoke about their pregnancy experience and how this was a period filled with great anticipation and preparation for upcoming their roles as new mothers. 3 out 5 women described their pregnancy as easy and smooth apart from “normal” pains experienced by most pregnant women as Amisha recalls;

“Actually, it was easy...I didn’t have much problem, only like you know normal so-called problems like back pain and so on...it went pretty smoothly.” (Amisha)

The other 2 women on the other hand had what they recalled as very difficult pregnancies. They both developed complications during their pregnancy. Ling spoke emotionally about her pregnancy when she recalled being very prone to sickness that she even developed gestational diabetes during the time. She could not understand how this could have happened to her. In her words;
“...um and also I have more easily to have a cold to have a fever compared to before and also my nose often have blood come out...I don’t know what is the reason...it come out sometimes um even I didn’t do anything, even I eat good, sleep good but the blood still come out and later one time the blood come out without stopping so so much. I think because I have two babies. And I also have um diabetes. I am slim but I had diabetes!” (Ling)

Nadia too recalls how difficult her pregnancy was at some point that she had to question if that was what pregnancy felt like even though she had always looked forward to that phase of her life. She shares her story;

“I actually had some issues medically...like I had low hemoglobin and I was actually given blood transfusion so that was actually sorted out but later they discovered some issues with the fetus, coz she had issues too and they had to give the fetus blood twice but after the second time, they said they had to bring her out coz it would be risky for them to be giving her blood...it wasn’t really sweet experience for me...It is something that I have actually looked, I have been waiting that it happen one day, do you get? But some things that I actually went through when I was pregnant coz at the point I was just like, wow! Is this how pregnancy goes?” (Nadia)

Through their narrations, it is clear that pregnancy experiences greatly differ among women and hence most women will have very different or sometimes almost similar stories to share on what experiences they had during their pregnancies.

Birth

The birthing experience was somewhat similar but also different amongst the five women. Some of the participants expressed their feelings of fear and uncertainty during the process. 3 out of 5 women had an emergency C-section while 2 women had vaginal birth. Even though 3 women had the emergency C-section, only 2 of them were scared, felt quite unprepared and did not know what to expect as Nadia narrates intensely;

“I was actually not prepared for the C-section coz even when they told me that they would bring out the baby at 37 weeks, they said they will induce me so I thought it will actually go on very fine but no. After the first day of the induction I did not fall into labor so the second day, they tried another method for me, it did not work again, so after like 2 hours they just, the doctor just came in and told me that I will be going to
the theatre in the next 1 hour. I was like, wow! What is this? I didn’t prepare for this...So I started crying like a baby.” (Nadia)

Similarly, Ling expressed her feelings at the time;

“...first time I went to the surgery bed, I’m afraid so much because they will cut my belly...” (Ling)

However, they both share their relief about how quickly and smoothly the surgery went by except for the excruciating pain afterwards that they managed to cope with bravely.

The two women who had vaginal birth also shared how difficult the process of delivery was. They also recall feeling very scared at one point. Sujin profoundly spoke about how she had perineal tear right after delivery and had to undergo surgery. She mentions being scared about the surgery;

“Well I was quite cowardice at the time and after that I had a big rupture at the first delivery. I got a very big wound right after delivery that I needed surgery...it was quite big [...] Well it was terrible time after that...my baby was healthy and okay but for me it was quite big bad experience. Big surgery. It was the first surgery in my life so I was quite scared when I heard I should now, yeah, have surgery right now.” (Sujin)

Amanda also recalls her experience as agonizing and extremely awful. She recalls that moment as very traumatizing because the nurses were very mean and mishandled her. She reveals that the horrible experience she had right before birth made her feel extremely isolated even though it was a very vulnerable time that needed to be handled with uttermost care and consideration.

“My water broke early and it was two months away, so I was very scared because this is very early and it affects the baby [...] And then they were telling me to lie in bed and not to move which was fine but then I started going into labor and the nurse didn’t believe me...so then I was in the bathroom alone having like, holding onto the towel rack and um having all the labor pains by myself, like they didn’t call my husband, I was alone. I told them that like the pain was coming more often and they didn’t believe me [...] She told me that they weren’t allowed to give me anything to help me with the pain and um then she said like if you wake up and you call me again, then you have, there’s only one option, and like it could hurt or something and I didn’t understand, and then like I called and I was like the pain is really bad and I can’t go to sleep and so she came with another nurse and they pushed me on my stomach on the bed and they took like an injection of water and injected it into my back and I was screaming like
noooo! and they were still holding me down the bed and like it was extremely painful! I remember that more than the labor pain...” (Amanda)

Amanda further narrates that this horrible experience with the nurses made her scared of them including the doctors that by the time her baby was ready to come out she had set up a plan that she would get an epidural for pain but she was too upset with the whole experience that she just could not let them come close or touch her any more. She however reveals that her birthing experience was not as painful even without the epidural because her baby was very small or perhaps because she had gone through great torture right before that giving birth seemed painless.

**Breastfeeding**

All mothers spoke about breastfeeding as having greatly influenced their motherhood experiences. 2 out of 5 women had trouble with breastfeeding due to low milk production, something they considered extremely frustrating and challenging. For instance, Nadia voices her deep frustration on her inability to breastfeed as follows;

“The milk production wasn’t that much. In fact, it was after like one week before I started having, before milk started coming out from my breasts. So that one too was really really challenging coz I was feeling so bad that I couldn’t breastfeed my baby coz during those times I couldn’t breastfeed her, she was on formula...Even when the milk started coming out, the production wasn’t that much so I used to feel so bad...coz it’s something that I said I would do when I give birth, that I would breastfeed, in fact I would go on exclusive breastfeeding but it didn’t work out for me.” (Nadia)

Ling equally spells out her frustration for not being able to breastfeed her twins. She regrets and blames herself for making the wrong choices during this period that influenced her low milk production;

“...the first night the worker come and say that they want the babies to suck my breasts, I say oh no because am too pain, my breasts, I feel very very pain, huge huge pain, I really couldn’t stand it any moment and I couldn’t move so I didn’t let the babies suck my breast at the first night, but later I regret so much [...] why I regret so much, um if the first day I give my breast to my babies then I will have much much milk come out in the future. This knowledge, I don’t know this knowledge that’s why the first night I didn’t give the breast to the babies [...] I haven’t enough milk [...] after immunization, they became very tired and they have fever, this is normal but because that day they are very
impatient and cry all day and behave very bad, behave very abnormal compared to usually, so that day I decided, oh maybe because they are tired maybe it’s better I gave them bottle but not breast [...] then second day they never never suck my breast anymore [...] I try one month and they don’t suck at all. I feel very depressed and very sad because before when they suck my breast, then I have milk come out, but now my milk become less and less.” (Ling)

The remaining 3 women had enough milk production. Amanda, for instance spoke about how plenty her milk production was that she even had to donate some to the hospital. The women also explained how breastfeeding was a good time for them to bond with their babies. In addition to this, Sujin expresses some of the difficulties she had with breastfeeding and the fact that she found it absolutely demanding;

“Breastfeeding is really hard to make my time. It is terrible, but it’s also gift to babies so I give. When my baby started breastfeeding, the first month was hell! It was very very big pain in my breast parts, I couldn’t touch there. It was really terrible and um I really wanted to give up everything [...] usually breastfeed every one or two hours so it was quite no time to take a rest myself.” (Sujin)

Feelings and Attitudes

All participants expressed their thoughts on how they felt before and during their transition to motherhood process. 4 out of 5 women voiced their uncertainties and worry for not knowing what to expect during the transition. For example, Sujin stated;

“At the time, everything was new for me. I was a new immigrant, so everything is new for me and the pregnant also first thing, so it was quite hectic.” (Sujin)

Similarly, Ling expressed;

“When I was pregnant, I um, feel a little bit depressed because um the weather is bad and I have no experience because it’s my first children. Um, I want to find more people to consult about their mothers’ experience but um Chinese people they don’t talk so much about their own experience...Finnish people tell some experience but not so much.” (Ling)

Amanda described her feelings of both happiness and nervousness when she found out she was pregnant. According to her, she had just migrated to Finland and felt that this happened very fast. She
relates her worry to the fact that they were not very well prepared and also because she was in a bad relationship;

“I think I rushed into getting married when I moved here, and then the pregnancy um I didn’t expect to become pregnant so quickly, but it was kind of like we were open to the idea of having children and we were happy but also nervous because we hadn’t set up everything, like our lives to be so secure to take care of the baby, so it was both happiness and also nervousness. Um, I think I had a lot of worry in the beginning stages, but I think a lot of that doesn’t necessarily have to do with being in Finland, it had to do with being a bad situation...I didn’t have a good partner.” (Amanda)

On becoming a mother, Amanda explains;

“In some ways, it made me feel very vulnerable because I felt that I couldn’t be, because I kind of pride myself as being this very strong determined person and I felt like I couldn’t be all that...and maybe like because of that, I was like not the best, you know like I felt like I couldn’t be the best mom that I was capable of...” (Amanda)

Conversely, Amisha describes being ready for motherhood and having no fears as she had helped raise her little brother and cousin;

“It um because um ever since I was, I like took care of my little brother and also my cousin so somehow it came naturally, I didn’t feel scared or anything.” (Amisha)

Amisha however discloses that despite the fact that she felt ready for motherhood, she had to deal with a lot of “push and pull” from her mother-in-law and sister-in-law with them imposing their own values on what they thought was best for her children. These kind of impositions, she admits brought stress and feelings of frustrations on her mothering role. She narrates;

““The first couple of months like um, I argue so much with my husband because my mother-in-law say I have to do this and I don’t want to do that because I read this blah blah, so I argue so much about it, very frustrating at the moment and when my baby was born a couple of months later, she again started to say that give your son like um, formula, don’t give only breast milk. Baby need more milk. So I told her no no no, breast milk is the best at least for the first 6months. You know like it was frustrating moment for me because my husband try to push me to do what his mother and sister say but I didn’t want to do it because what I read is different, so we always argue when...it was frustrating and I didn’t have someone to talk to...My sister-in-law on the other hand,
somewhat like try to um, try to so called oppress, like Finnish is the best and everything from Finland is the best, like why? She even questions why we send our children to English daycare. They have to learn Finnish, they don’t have to learn English and so on…” (Amisha)

Identity Transformation

Identity transformation within selves was brought up by all the participants as an additional individual factor influenced by the process of transitioning to motherhood and more so as immigrant mothers. They all reflected majorly on how their identities had changed thereby gaining growth and new senses of self through the process. For example, Sujin explained;

“Moving to Finland and then becoming a mother was a new start in my life and um I was like reborn again, I have become a new person here [...] my life is totally changed and broadened widely really really and um I’m thinking I was quite patient people but I was not (laughing) after having a child I was more patient person and I have more interest to others. Before when I was in Korea working there was quite hectic busy and I want to only concentrate on winning...competition between other people usually but so I only concentrate on myself, I’m interested on just me and so I don’t like babies (laughing) yeah but when I become mom, totally changed...Before then I don’t like babies but now I like babies, I like even other families’ babies! I’m astonished by myself about these big changes. Many patience, many interest in others also.” (Sujin)

Ling shares her desire to change and become a good role model to her twins. She wants her girls to emulate nothing but the best from her. She explains;

“This whole process has changed my personality. Before I don’t want children but now since I have two cute babies I even want more. I become more patient than before and also I have some bad habit, I will try to get rid of them in front of my babies so that my babies will learn from me in future like for example I try not to speak dirty words with my husband sometimes when I am very angry to him. I want to be a good example in front of them.” (Ling)

Nadia similarly shared her views on how much she felt she had changed as follows;

“Becoming a mother has really changed me and it has actually really exposed me, it has broadened my knowledge on some aspects of life [...] Before I became a mother, I
had poor relationship with people, I rarely check on people...motherhood has made me more compassionate that I started checking on people even before they ask.” (Nadia)

Contrary to their statements of becoming patient, Amisha states that motherhood has made her less patient as she has a lot to deal with now that she has children, she explained;

“Before I was more calm, now with the children, I feel like I don’t have that much patience anymore like before because it is affected with the reality that I have to do all...” (Amisha)

Amisha however goes further to express her feelings on how much she has changed as a person and how she feels her perception regarding other mothers’ actions has changed too since becoming a mother herself;

“Now I respect more um other mothers’ options, other mothers’ choices. Like before when I was in Indonesia, before I got married and had children, I was like oh! Why this mother only give like formula milk for baby, why not give breast milk and so on but now um I respect more, whichever the mother choose, they know what is best for the baby and um because many times they don’t, um, it’s not their option, sometimes the milk just doesn’t come out from the breast, so it happens [...] I accept more of differences now and I don’t really like to comment much more about what other families do...I try to respect more of other peoples’ options [...] I respect other people’s privacy, that I learned from Finland [...] I feel like this whole process has changed me as a person, as a woman and as a mother. It has changed me.” (Amisha)

Likewise, Amanda expressed her feelings as follows;

“I had this idea of how parents should raise their children and then when I actually became a parent myself I was much more understanding because I used to think like all parents should do this, or they are not this and now am much more sensitive to the fact that they are human beings and everyone has like other things happening.” (Amanda)

Amanda further reveals that becoming a mother and having to spend time with her son alone indoors made her reflect more on her relationship with her own mother and made her realize just how connected she was to her;

“...my first baby was born premature so we weren’t supposed to go out of the house because we couldn’t be around other people or he could get sick. Um, so it was like, I
spent a lot of time alone with him bonding and it was kind of, it was a little bit lonely, but also a bond of introspection, thinking about myself, thinking about my relationship and also my relationship with my own mother, like she was far away and usually a mother is like there to help you and I was thinking about my relationship with her and all the things she did for me. I feel like having children really strengthened my relationship with her because when I first moved here, I was being independent and it was fine you know, I was being my own person, but now I realize how connected I am to my mother because of how connected I am to my children.” (Amanda)

Learning

Learning was described as an important aspect in the process in transitioning to motherhood by all 5 participants. In their narration above (identity transformation) Amisha and Amanda profess that their perceptions regarding how mothers or parents should be like or act like with their children had changed when they became mothers. This is a learning occurrence. All participants voiced their opinion on how much their point of views had changed when they became mothers and felt that the whole process had contributed greatly on their individual growth and the way they viewed the world and people around them. Quoting Nadia;

“Motherhood taught me another lesson, it has made me more compassionate [...] It has actually improved my relationship to people.” (Nadia)

Sujin describes the process as very meaningful and one that has given her chance to learn a lot;

“I’m thinking the pregnancy period, delivery and now having a baby, every process is quite meaningful and I learnt a lot of things about myself and also babies.” (Sujin)

Even though Amisha argues that she is still learning to be a good mother to her children, she appreciates the fact that motherhood has taught her proper time management. According to her;

“One thing that I learned is that now I can take a bath very quickly. Before I took time to clean myself, half hour one hour (laughing). Now that half hour I already clean myself, I clean my two children. So it was a call for me and also um I notice that now I get up easily from my sleep. I can’t sleep ten to twelve hours straight like I did before.” (Amisha)
5.1.2 Factors influencing motherhood experiences in Finland

Interactions with the nested systems within the environment greatly influence people’s experiences within that particular environment. In this case, participants spoke about various factors that played a major role in their transition to motherhood process. These factors include; The Finnish Medical System, Healthcare Providers, Mother’s Benefits, Daycare Centers, Finland as a Country, Culture, Internet, Gender Roles and Social Support.

Figure 5.2. Factors influencing motherhood experiences in Finland

The Medical System

Participants praised and acknowledged the Finnish medical system except for a few grievances brought up by some of them. Overall, they all thought that the medical system was highly efficient and less costly. Comparing Finland and America, Amanda appreciates the “treatment first” approach within the Finnish Medical system. In her words;

“Well, I think overall, the fact that um they treat the problem instead of making sure that you can pay first, that’s a giant difference between the United States and here. So
I really appreciate that they care about the health of people first. I’m pretty satisfied.”

(Amanda)

In comparison to her home country Nigeria, Nadia too feels truly appreciative of and praises the Finnish Medical system;

“The medical system here is very very excellent. It’s an excellent system. They are doing well coz you know, for them to, as I told you earlier, I don’t know if it’s my country, they might not even try to like do anything for me big when I was having that problem. They might not even diagnose it in the first place...So it is something that I actually really really appreciate coz it might have become a big problem if they didn’t get to know that. So their medical system is so so nice. And um accessing the health care centers and hospitals, the charges are also very good coz if you actually you have this KELA card, you know, they will subsidize the costs.” (Nadia)

Equally, Sujin explained;

“Finnish medical system was quite good. It is quite stable and quite reasonable they have everything prepared, I couldn’t bring or buy anything for my staying in the ward and it was really good things. It also costs less, almost less and Neuvola is free.” (Sujin)

However, Sujin’s only grievance with the medical system was the fact that there were not that many options available in terms of having more private hospitals and that the Doctors had the greatest authority with no room for personal opinion;

“I think um on the contrary, public medical system is higher so they have big authorities but in Korea, there are more um private clinics, a lot compared to here so and so many compete among the private clinics together so and we have many options to choose, we can choose which, what kind of doctor, what facility kind of, what kind of device they used, we can choose, we have many options there, but here, actually no options, just doctors said we follow, so (laughing) um it’s hard to talk another opinion, ours because authority is quite high, it’s quite hard to talk about something our private views...Public medical system is quite good and stable and I trust them but sometimes there are no options as a parent, so sometimes I’m thinking bad things (laughing).” (Sujin)

3 A personal health insurance card granted by the Finnish National Health Insurance scheme which is part of the Finnish Social Security System. By providing the card at the pharmacy or any medical clinics, you get reimbursed for the cost of treatments that are proven to be medically necessary due to illness, pregnancy or childbirth.
Even though Amisha too describes how good and efficient the Finnish medical system is, she also has some reservations about how they operate. She feels that the "no fever rule" in public hospitals is quite absurd;

“They don’t take you seriously if you don’t have any fever. That is like their basic rule. If you don’t have fever, then that’s it, you don’t have any, you don’t have so called, you don’t have any right to see the doctor. So that makes me frustrated and um you have to wait so long time only to see nurse and in the end you cannot even see the doctor. It’s not that I don’t trust nurse but I come to see the doctor (laughing) and um it’s very frustrating to me with the public health care. I told my husband that I don’t want to go to public health care anymore. Even though, if I have to pay more expensive then be it. I just (laughing) makes me frustrated.” (Amisha)

Healthcare Providers

All participants with an exception of Amanda, had very good experiences with the healthcare providers and spoke very highly about them. They felt that the medical team was very caring and supportive. Ling explains how truly cared for she felt, that she wished she could stay longer at the hospital. She thought they were very good at what they did and had knowledge about everything.

“When I was living in the hospital one week, I feel their services and attitude is very very good and um the midwife was very very nice, I didn’t want to leave after 7 days, after that I don’t want to leave the hospital, I still want to live in the hospital. They are very professional, they know everything no matter what question I ask them...I remember, when I have surgery, I couldn’t move and the worker she help me wash my body and change the diaper everything, change the pee, um very cool. Um much much better than China! That’s why there are some news published in China that how cool the Finnish hospital system and services are very very good.” (Ling)

Even though Amanda had very horrible experiences with the medical staff during birth (see her narration of this bad experience under the Birth sub-theme), she makes her thoughts clear that this may only be at the individual level and not the entire system;

“I think sometimes, depending on the doctor or nurse, you may run into a doctor or nurse that is rude because you are a foreigner but that’s like individual basis, I don’t think it’s the entire system.” (Amanda)
She also mentions there are always complaints from both immigrants and Finnish women in her town of residence about how mean the nurses can be.

Mother’s Benefits

All participants felt very positively and truly appreciative about the benefits provided to women during pregnancy and after the birth of a child in Finland. They all agreed that these benefits played a huge role in their smooth transition to motherhood. These benefits according to participants include; free antenatal and postnatal care, free health check-ups for health risks like cervical cancer, mother’s salary which is money paid to the mother during pregnancy, child benefits which is a salary paid to the child until they turn 18 years old, baby box - a large package with clothes and other necessary items for a newborn baby, long maternity leave and free public transportation. For instance, Amanda describes her feelings about the benefits of becoming a mother in Finland:

“I personally believe that the benefits for mothers and families in Finland are one of the best things about Finland. Um, the baby box was amazing because it had everything the baby actually needed...I really just felt like having the maternity time off and having enough money for own family to survive, like um with one of us staying at home, that that was just the best thing that I could have had for my baby and um I constantly during that time like imagined what my life would have actually been like in America and how difficult that time would have been, so I really appreciate these benefits moms get.”

(Amanda)

Ling correspondingly explained:

“It is quite good thing here because going to Neuvola is free and also mothers get maternity allowance here...I had twins so I get two big packages for the babies and some money and the children also get money each month until they are 17 years old. I think this is also belong to, this is children’s benefit but I think it also to some degree belong to mothers’ benefits. I feel this money they pay to mother and child, the mother has more time to take care of babies and use the money to buy food for the baby and diapers or clothes and so on...When I take bus with baby it’s free...Here, for example, um cervical cancer is free to check in the hospital after baby born, um 6 months later, the mother will receive a letter, invitation letter which invite mother to go to hospital to have a free check. In China, if you go to hospital to check this, we would have to pay quite much. These are very very good things to mothers in Finland, in China, we have
never these kind of good benefits and you pay for everything so I like a lot becoming a mother in Finland (laughing).” (Ling)

Daycare Centers

3 out of 5 mothers felt that Daycare centers too played a huge role in their motherhood process. The other 2 mothers could not contribute to this topic since their babies were still very young and had not started attending daycare at the time of the interview. For all the 3 mothers, having their babies at the daycare gave them time to focus on other responsibilities and also relieved them from the normal busy mommy life as Sujin shares;

“When my baby became 1 year old, she started daycare center. I thought that was quite good timing for both mom and baby to start something new. Especially for me, during the first year of being mom at home, I spent quite good time with baby, it was happy but um so tired and exhausted as a full-time mom taking care of baby whole day at home. So my baby started daycare, first thing I felt really really big freedom and I had more time to do something for myself. This helped me stressed out...also, all those staying with baby at home as you know (laughing slightly) mom is so busy, so it is hard to play with baby well but in daycare, she met and played with other kids and teachers and she um especially she had more outdoor activities, educative activities than before and also learned social skills. I was quite satisfied with these changes as a parent. Daycare centers usually help and support more.” (Sujin)

Equally Amisha shares her feelings about having her kids attend daycare;

“Putting kids to daycare gave them chance to socialize with children their own age and they could learn even more new vocabularies. When they are in the daycare, my husband and I can focus to do our own things not worrying too much whether the kids are safe or not or what we should cook for them and so on. As for me at least for a couple of hours I can enjoy a clean and neat house (laughing).” (Amisha)

Even though Amanda had some bad experience with the first daycare she enrolled her son, she evidently agrees that having her kids at the daycare has been highly beneficial to her mothering role;

“The daycare, I love the daycare, um, I think the first daycare I went to was a private daycare and they weren’t so good with my first son especially because he was disabled and like they had no diagnosis so then um they weren’t so good with him but I would say that is not like the normal experience of Finnish daycare because then we switched
to the public daycare and it was like excellent and um, I thought they were very professional and really good with me and with my kids and then um when I needed to put my second child in the daycare I put him at 10 months because I just felt really comfortable. I had things that I needed to do and um it was just really freeing knowing that like I could trust them even with like a smaller child like my baby to um watch him for the whole day.” (Amanda)

Finland as a Country

Primarily, all the 5 women agreed that Finland was a good country and expressed their sentiments on how lucky and proud they were to be living and raising their children in Finland. In comparison with her home country Korea, Sujin thoroughly explains how lucky she feels to be living in Finland with her family;

“Finland is quite good country for everything, for women and moms, especially pregnant moms and the weak people yeah it is quite good country for being mom here. It is quite lucky things for me [...] Korea is very busy country and have no time with family as well, babies usually in daycare center quite earlier and they stayed long time in the daytime, from early morning to around evening time because parents come back home quite late, so it’s hard to spend time with family together or their kids together just on holidays, weekends only possible, so it’s quite sad thing, but here only 4pm my husband comes home and so family can spend rest of daytime and evening, this is very very wonderful things for babies. So for babies, this country is the best. Also, my close friends really envy me and my family (laughing) because Finland education and Finland system is quite very known in Korea society as well. It is really very developed, good welfare systems and good infrastructure. Everything is quite stable and no compete and um here is more focused on co-operations than competing like Korea… I am thinking I’m quite lucky person. Usually being a mom is a hard thing anywhere but in Finland, it’s quite better.” (Sujin)

Even though Amanda faced a lot of challenges in Finland with her ex-husband, she too admits that Finland is a good country because when she decided to leave him, she sought refuge in a domestic abuse shelter where she was well cared for. Making this step according to her, was the beginning of her “new life.” She now felt much more in control and had less worry about what kind of life she would give her kids. She feels extremely lucky and appreciative of the benefits she gets raising her two autistic children in Finland rather than the United States.
“I feel so much safer raising my children in Finland. I grew up in a fairly safe community, reasonably similar to how Finland is, where you go and play outside but that did change and then I moved to an area where I worked with immigrant families and um this like generational poverty and gang culture, and um so I have seen the dark side of America and I don’t want my children to be exposed to that and Finland doesn’t have that. Finland doesn’t have like um extreme poverty and um crime like organized crime and um just knowing that my kids are safe, my kids will get good education, my kids have opportunities, um also my children um have both been diagnosed with autism and they receive really good support through the daycare and through the hospital. They join together and I don’t have to pay extra. In America, I would need to like have so many insurances to see the doctor and to send the doctor or therapist to their school and I would have to pay or my insurance would pay and um I think in this way, Finland takes care of families so well, their policies are excellent.” (Amanda)

Nadia similarly feels lucky and appreciates living in Finland with her family. She acknowledges the clean environment and admires the peace in Finland. On safety, she equally loves how safe it is, and is extremely baffled by how kids as young as 6 years old could enter the bus or walk home from school unaccompanied by an adult. She makes a comparison with Nigeria where parents are always forced to monitor or accompany their kids even if the distance from home to school is quite small for safety reasons.

Amisha too is very appreciative of many good things Finland has to offer, in terms of children amenities like playgrounds, including security as she intensely contributes;

“Finland has the best education system and it is also free. In Indonesia, we have to pay and especially nowadays um many bad things happening so I am glad they will go to school here...in here it is safer and I love that there are so many playing grounds for children but in Indonesia, mostly playgrounds are inside shopping malls which isn’t good I think, it is not good for health and it is not good for our wallet because it means you have to spend money. But here, you can just enjoy the park free, the nature is much different here and um they really like design the children playground very nicely, safe for children and um security, compared to my city, here it is much better, at least my children can play um safely without um if they run like to the street, at least I know there are not so many cars on the street (laughing) even though I’m worried also but I think it’s safer here.” (Amisha)
Likewise, Ling expressed her thoughts about living in Finland. Comparing Finland with China she thinks her children have better opportunities growing up in Finland and are much safer as she narrates on child molestation incidences in schools by male teachers in China;

“In Finland, to be a mother is quite easier and more safe compared to China. I am very happy my children are growing up in Finland because here, they will get much better education compared to China, they will speak Finnish, Chinese and much better English, in China maybe they only speak Finnish and Chinese. In here um if they have the Finnish Nationality, they can go to Europe and other countries quite easily but in China because our Nationality, coz um we couldn’t go abroad so easily [...] people between each other are more polite, China um so mess and in China, the teacher, they will do something bad for the students especially kindergarten. The men teacher will have sex with the girl and this kind of news come out frequently in China, even in Beijing our capital.” (Ling)

Even though Ling expresses her satisfaction about living in Finland, she raises concern for security as she narrates extensively about incidences she encountered that made her question the safety in Finland;

“There are more refugees, I feel not so safety as before. Since I become a mother, um when I go out, have a walk with my babies, I don’t dare go out just by myself with the babies because I am afraid incase if there are bad people or some terrorist, if they suddenly attack me, what should I do? How can I protect my babies just myself? To be a mother might bring more nervous than before so each time when I go out I have to ask my mother-in-law or my husband with me when I go out.” (Ling)

Ling continues by giving a detailed description of a couple of unpleasant incidences by strange foreign men that she found threatening for her and her twin babies. In her narration, it is evident that her insecurities begun even before she became a mother since she had encountered threatening incidents then as well. However, she confesses that her insecurities heightened when she became a mother for she now feels extreme need to protect her children from strange unknown people approaching her in an unfriendly or disrespectful manner.

Cultural Differences

Coming from very distinct cultural backgrounds, participants expressed their views on what they found different living in Finland amongst the Finnish community. Most participants echoed that the
Finnish people are very reserved and find it very difficult to approach them for a conversation or to seek assistance. For instance, Amisha shares;

“In Finland, people are very private, they are very reserved...so sometimes, I’m sacred even to ask something personal even though I want to ask, but it’s difficult.” (Amisha)

Amisha also shared her views on the family structure. Comparing Finland with Indonesia, she feels that in Indonesia, the family structure is very important, this includes, the extended family members like aunts, cousins, distant family members which is not the case in Finland and hence according to her, limits the amount of social support but something she greatly hopes her kids will get to experience some day.

“I was born in a country, in a culture, in a family where many people help us but here, (laughing) I did everything by myself. I want my kids to also spend time in Indonesia with family there so that they can learn more about um, in Indonesia we are so unified in terms of how our family structure is, so I feel the social support is bigger than here in Finland. Like um, my aunts, my cousins, I feel more, I still connect and contact with them, my aunts, my mom’s cousins also, so I want my children to experience the same thing, maybe not similar but close to what I have experienced before on the importance of family bonds.” (Amisha)

Amanda on the other hand explains how she came to be appreciative of the “silence” in Finland. When she first moved to Finland, she found the silence quite perturbing she says, but later on after travelling abroad she truly appreciated it;

“The silence, when I first came here, the silence was just too much for me and now I enjoy it so much and when I go to back to another culture, like sometimes I go to England with my husband and that’s more like we have a shared culture, and it’s like everyone is so noisy and there’s so many commotions and then I realize that the silence in Finland is like natural but for peace and um, I really enjoy that.” (Amanda)

Ling expressed her thoughts on the differences between Chinese and Finnish culture in terms of the support grandparents provide like helping with the care of their grandchildren;

“Finnish culture, is that Finnish old parents will not help take care of their grandchildren but um, it’s hard for us Chinese to accept this kind of culture. We always think the old parents will be quite selfish if they don’t help take care of the baby. In my own case, I feel lucky my mother-in-law help me, but if she just stayed at home, enjoy
her life, play game, play on computer but don’t help anything, I feel very angry. Some of my Chinese friends they say their mother-in-law or father-in-law will never help them take care of the baby because it’s the culture.” (Ling)

Sujin further added her viewpoint on the different attitudes people have about public breastfeeding, revealing how different it is in Finland compared to her home country, Korea;

“Here in Finland, anywhere, in café, in restaurants, even in a school, I can try breastfeeding anywhere. In Korea, many people look strangely if mom try to breastfeed outside, so it’s quite hard to do it outdoors but here in Finland, never problems.” (Sujin)

**The Internet**

All participants spoke about how important the internet and technology was in their transition to motherhood process in terms of information search and also with regards to communicating and keeping in touch with their extended family members. For example, Sujin mentioned, “I usually studied books and internet websites for information.” Ling similarly contended, “I have to read much knowledge from the internet.”

Additionally, Amisha expressed her views on the importance of the internet;

“I read so much about um, from the website, so I try to find some information [...] Now technology help me to contact my family like in Indonesia...now we have Skype; Whatup calls all that, I use all the technology to stay in touch with my family in Indonesia.” (Amisha)

Nadia similarly shares on how beneficial the internet and technology was in her transition to motherhood process;

“I searched online for information, you know, so it actually exposed me to things I didn’t know before [...] When I gave birth, my mother, she was not here presently with me but the way she will be calling me, it was as if I have her. When we came home from hospital, she was like we have to do video call so that she would be as in instructing us on how to bath the baby and so on.” (Nadia)

**Gender Roles**

All participants reflected on the balance between roles with their spouses. Living in Finland where equality is highly regarded, and roles between spouses or partners are more “equal” rather than patriarchal like in many societies, participants felt that their spouses were and had been very helpful
with child care and other household responsibilities. These sentiments were also echoed by participants with Finnish spouses not by decent who thought that their husbands had adapted and adjusted well to the “equal partnership” way of life in Finland compared to the more traditional way of life between couples in their countries of origin. For instance, Sujin shared;

“In Finland, there is good balance between family and work so my husband usually participate well in household and sharing roles with me together and my husband also did, usually he cooked everything and really could take care of babies and play with them as well. So am thinking here is quite good family culture for balancing wife and husband compared to Korea, well um, in Korea it’s quite hard [...] usually mommies had to do everything, like superwoman, mom is kind of multitasker so many women can have very very stress, they should take care for babies and household and work and everything.” (Sujin)

Ling similarly explained;

“We are quite equal, we share roles for example, um if I make food, then my husband washes dishes. We both share taking care of the children. In China, women is sometimes a little lower than men and the women work too much.” (Ling)

Correspondingly, Amisha also shared;

“My husband and I are equal, we have equal partnership so it’s not like in many Asian countries like the man is the leader and the man has to make decisions and even sometimes they can treat the woman like um misbehave but here for example, we share housework. It’s just that sometimes I prefer to do it all because it’s quicker (laughing). My husband can help me sometimes if I’m really really not in the mood to clean. I like the fact that in Finland, like women can do all the things that men can do without any stereotypes. I think this is very very good.” (Amisha)

Conversely and very interestingly, Amanda intensely echoed her feelings and thoughts about equality amongst couples in Finland, elaborating her point with examples;

“I think it’s still like very um patriarchal and I think a lot of it is more cultural than policy. I feel like in policy, things are more equal but a lot of people are like traditional like this, that the woman should do this and the woman should like stay at home and the woman should take care of the home and um the babies and, it just depends on the family and the couple and the values they were raised with but I feel there are actually
more traditional gender roles here than in California where I’m from [...] I have this one friend, she is Dutch and her husband is Finnish and he believes that like childcare is her responsibility, so like he takes care of building and construction in the yard but the cleaning, taking care of the children, so he doesn’t change diapers, he doesn’t watch his children in the evening, so she can’t go anywhere because it is her responsibility and also like the children’s expenses come out of her salary...In my own case, it was much more equal than that (laughing), I think coz I wouldn’t tolerate that.” (Amanda)

Amanda continues to share her abhorrent experiences with her ex-husband who was very abusive and controlling. Even though he stayed home with the babies when she was in school, she states that she found it very negative when she came back home and her ex-husband would then leave all the responsibilities to her. She explains that she found that unequal. She further explains that she distasted the fact that her ex-husband drunk a lot and at random times and the fact that everyone reinforced the idea and made excuses for him, that he was “the man” so it was okay for him to get drunk so that he could relax and let go of responsibilities, which according to her was a “toxic kind of thing” being reinforced within the Finnish culture. She totally objects to the idea making reference that she did not find it acceptable for her husband to get drunk during the day and especially on a weekday when he home alone with the children. Reiterating on other circumstances that pertain inequality between couple, she states;

“This idea, I see too much the idea like the father should baby sit his kid when if you are equal parents then no one baby sits, we just partaking turns caring, so asking oh, I will ask my husband if he will watch the baby (laughing) it should not be like that if we are speaking of equality.” (Amanda)

Social Support

Participants asserted that their social support system was limited to their spouses, friends, social groups and clubs being that they lived far away from their home countries and away from their extended family. They were however thankful to have supportive partners who played key supportive roles in their transition to motherhood process. Sujin for instance, reflects on her situation finding out she was pregnant having only moved to Finland. Her husband fully supported her but she later on found ways of networking through joining family clubs;

“I was a new immigrant, so everything was new for me and the pregnant, also first thing so it was quite hectic but I didn’t feel any difficulties because my husband at the time fully helped me when I needed to do something, new things [...] We are now participating
in “Muskari” class which is a music like playschool for parents and kids together and everything is done in Finnish but we learn and dance and sing Finnish children’s songs together. It is quite very good time together.” (Sujin)

Ling too is lucky to have support from her husband and mother-in-law with her twins’ care. She also gets support from a Facebook group specific for twin moms;

“My husband and mother-in-law help me take care of the children everyday...my mother-in-law because she likes babies so much and she just retired and she is still in good condition, so now we live together with her in our other home so she can help us take care of the babies [...] I also joined the twins Facebook group which is also very good like I can get much experience from other twins mothers and also they sell different kinds of products that I don’t have to go buy from the shop and they are much cheaper, is very good experience as a new mother.” (Ling)

Amanda on the other hand, founded an international families group together with some friends because according to her, there was a lack of inclusion for most immigrant families in the already existing clubs in her city. She openly shares;

“It was the four of us who originally met and um, we all had small children or were pregnant, then we started meeting for coffee more and more and then more people we met started to join and we would have coffee and play dates with the kids and then that turned into social gathering where we would bring the families like the husbands too and then it turned into this large community parties where we would celebrate from our different cultures and we would share. This group was a very good part of being able to share our experiences and have like um, time to talk over our experiences. We are associated with like the youth services of the city so we are kind of um, given permissions to use like um, public buildings for our meetings sometimes because we are associated...so we kind of formed our own clubs because there was a lack of them in our city, there was a lack of activities where we could participate.”

5.1.3 Challenges relating to motherhood experiences

Participants revealed that motherhood was characterized by various challenges and could be quite overwhelming. They reported that the reality of motherhood was different from expectations and described feeling stressed out, tired and exhausted because of their ever-busy schedules hence less
time allocated for themselves to have rest. Further, participants also expressed how motherhood had greatly influenced their lifestyles.

"My kids actually have insomnia and so they didn’t sleep well for years and it drove me nuts! I always felt like it was my fault...it made me feel like a bad mom [...] like the feelings you go through coz I think it’s also very normal and people don’t like to talk about this when it relates to the baby but like you get upset with your baby when your baby cries for hours and when you don’t get any sleep. I remember like sometimes waking up and I would be just like nursing and nursing and nursing and then you think the baby is about to go to sleep and it doesn’t and so then you have to nurse and nurse again and then the baby is just crying and then sometimes you just think that you, I could just sit you down on the floor and walk away from you or I can use ear plugs and go to sleep with you and I think that like these are things we really have to share as women because it could be very isolating to have those feelings and then to feel like
guilty that you are not supposed to think that way about your baby, yeah, so I think networking is extremely important for that.” (Amanda)

Amanda continues by sharing her experience on how overwhelming early motherhood was for her. She recalls complaining to her aunt, a professor of the midwifery in the United States about the difficulties she was having and that her aunt would encourage her by telling her that such feelings were perfectly normal and that motherhood, especially every first year of motherhood was the most difficult year in every woman’s life. Amanda totally agrees with her aunt’s arguments especially when she looks back and reflects on the difficult moments she experienced;

“...especially the first months when you have a new born and like because it affects relationships with you and your partner, it affects your life because no one can function properly when you are not getting proper sleep and that’s what happens. It’s like hormones, no sleep so it’s very important to have someone to talk to about that because it’s such a big change and it can affect so many parts of your life.” (Amanda)

Sujin also shared her sentiments on motherhood and how demanding she found it;

“It’s quite hard to control emotions and it’s quite um, whenever I got angry to my babies, I don’t know how to discipline my baby in a good way...Also it’s quite busy, I have no time to play together, I try to but sometimes in the morning, I clean and make food and laundry and so many things, so I really want to be a good mom, playing well, nicely with the babies but in reality quite hard, I usually am busy, just play together, play together. I’m thinking sometimes guilty I was a bad mom and also lack of stamina, lack of energy...I just want to have my own time, only concentrate on myself but now I have only some time, few hours and 1 hour evening time when babies go to sleep, that’s when I have time (laughing).” (Sujin)

Similarly, Ling shares her feelings and thoughts on what motherhood has been for her;

“...the babies are really much much work. I will be crazy soon because there’s so much to do and I haven’t enough sleep. I just hope that my babies grow up fast then I have more free time, I have more sleeping time. Now when I am a mother, I have much work to do and um it’s hard to be positive all the time, sometimes I feel a little bit depressed maybe because there’s too much to do and sometimes worry about babies’ health.” (Ling)
Nadia spoke about how difficult it is to avoid stress as a new mother but mentioned the importance of staying calm in order to manage it. She recalls feeling concerned and always anxious about her baby, always having the need to be watchful instead of taking rest whenever her baby was sleeping, something that took a toll on her mental and physical state. She narrates;

“Mothers should learn how to manage stress by staying calm in every difficult situation knowing that everything will be ok. There’s no way, how you can um, stress is not something that you can actually dodge in life, it will surely come as a mother [...] When I actually came home from hospital, being a new mother, you know, as in, you have a lot of fears, and my own case is somehow different coz of what I have actually went through and what they had actually said about the baby, so when I came home, there are sometimes that the baby would be sleeping and the only thing that I would do is just watching the baby coz you know, I was so, I don’t know, maybe it’s excitement, I cannot really place. I would just be watching the baby and before I know it the baby will be up again and I have to take care of the baby. Before everything, time would have gone, I will not even have time to sleep, and it really weighed me down. I was so so slim until when I now got it that whenever the baby is sleeping I have to use the opportunity to sleep that even if am doing anything, I drop everything and will just go to sleep.” (Nadia)

Amisha equally shared her feelings on becoming a mother and how overwhelming it could be at times, just like Amanda, she too spoke about the importance of sharing one’s feelings so as not to feel so alone in difficult situations;

“It’s not easy and then like especially I have to um, you know handle all by myself...of course my husband help me but like because both children are like very attached to me and even I don’t feel good, both children will always be like next to me, sometimes I miss my own time, I need to rest a while but it’s just hard to get it [...] I noticed also that, there are many mother and baby groups and activities and um, it’s easy to access, even many of them are free, but the thing is, I already got too tired at home so only sometimes when I have extra power then I want to join the clubs but mostly I didn’t go...um, this one time, we had like couple of hours, my son’s godmother baby sit him but instead of like doing like quality time, we just like lay down and sleep, we didn’t do anything, like we are too tired, overwhelmed...I really think it’s good to talk more or talk more to other people about what you feel and discuss because you might experience the same thing like other people so that you know you are not alone.” (Amisha)
It is absolutely important to note that despite feeling completely overwhelmed with motherhood responsibilities, all participants expressed their total satisfaction and the joy of becoming mothers. For instance, Sujin mentioned, “Even its hard work and I’m quite tired, I’m very satisfied now, I’m struggling but same time enjoying to be a mother.” Ling too shared her feelings, “Even though I feel depressed and busy all time. I feel lucky and happy coz I have two very cute and clever babies and beautiful too and I still want more.” Likewise, Amanda expressed her feelings as follows, “With all that it entails, I’m truly happy with my children and family. Being a mother is amazing!”

Expectations different from reality

Participants stated that the reality about motherhood was somewhat different from what they expected it to be. They proclaimed having expectations for motherhood but for the most part, such expectations did not hold true and were challenged during their transition. Amanda for instance reveals how her expectations about how parents should raise their kids was challenged when she became a mother herself;

“We all have our expectations before we have children, of how we will raise our children or what it would be like and then the reality is different. Like I was a teacher before I became a parent, so I had this idea of how parents should raise their children and then when I actually became a parent myself I was much more understanding.” (Amanda)

Likewise, Sujin expressed her thoughts on how reality of motherhood was different from her expectations;

“It’s quite hard to control emotions and its quite um, whenever I got angry to my babies, I don’t know how to discipline my baby in a good way, it is really really different than I expected...Well um, I’m thinking being mom is quite hard hard thing, really really hard thing than I expected before, is not just sweet things. It is a big responsibility and the opportunity cost is higher than expected...” (Sujin)

Influence on lifestyle

Participants reflected on how much their lifestyles had changed since becoming mothers. Most women disclosed that this was due to the fact that they now had more responsibilities and valued their time much more than they did before they became mothers. Amanda described her lifestyle before and after she became a mother as follows;
“I was a party girl before but when I suddenly became pregnant, it was like now, this is family time, like this changes, I cannot be a party girl anymore and it did happen slowly that I started to do less and less things that are like um, my time became very important to me. I think this happens when you are a parent, like um, before you would give other people your time so easily, then like you want to spend more of your time with your family and at home or just sleeping (laughing) yeah, and um, that becomes more important than like staying out like after work or whatever to like go have a drink with friends or something...The way I interact with people, like I used to want to go out like dancing and so on and now I’m like, I will be up late, I have to get up early with the kids in the morning...” (Amanda)

Ling similarly revealed how much she had to change a lot of things and behaviors she was accustomed to before she became a mother. She explains;

“Before pregnancy, I have many friends who are university students but after pregnant and have baby, now I have, now my friends, I have more friends who are mothers, I have less connections with university students but more time to contact with mothers. To some degree, I feel that my connection network is less than before because most of my time is that I focus on my babies and focus on um, get the experience from other mothers, so that I think I have no enough time to talk with other people so I feel a little bit limit, I mean my social circle is a bit limited now. Before, I almost haven’t much to talk with mothers, I even don’t want um, to join their circles because I think they have nothing relating to me most of the time. I communicate with um, people who to do business or students but now I understand that I should have good relationship with mothers because they are very important for me now [...] also because of depression, I have less connection with people compared to before I’m pregnant.” (Ling)

Likewise, Amisha spoke about the changes she had to embrace as a mother;

“Before, I took time to clean myself, half hour, one hour. Now that half hour I already clean myself, I clean my two children...now I get up easily from my sleep because I can’t sleep ten to twelve hours straight, now even if I hear a little bit my son is like (making a distinct sound to imitate her son), I wake up so quickly...that’s the difference. Also, um, now when my friends ask like maybe we go out like have dinner like 8 o’clock in the evening and I say I am sorry (laughing) coz before like okay we go out like midnight and come back home like 4 or 5 o’clock.” (Amisha)
5.1.4 Challenges experienced by immigrant mothers in Finland

Participants reported various challenges relating to becoming mothers in Finland. The most prominent challenge they faced was with language. The other challenge highly disclosed by the participants was limited social support from their extended family members. Differences in child rearing practices as a concern for participants was also brought forth and their worries about their kids not being able to learn their culture and also their mother tongue fluently and efficiently being that they were raising their kids in a foreign country was brought up by some of them. Participants had learnt to adapt to extreme cold and dark Finnish weather as highlighted in literature and the food apart from the cravings some of them had while they were pregnant.

Figure 5.4. Challenges experienced by immigrant mothers in Finland

Language Barrier

All participants revealed that their inability to communicate in the language had at one point deterred their ability to express their viewpoints and feelings. They had to rely on either their husbands or provided translators for translation especially during their visits to the health care centers when the staff could not communicate in English or their mother tongues. 2 out of 5 participants also pointed out their concern that language difficulties could deter their future business plans and job opportunities. Understandably, all participants proclaimed that the deep frustration of feeling stuck and incapable to speak for themselves was their biggest motivation to want to learn the language.
Ling for instance expresses her frustration about language barrier and the fact that she felt that sometimes translations were not too exact if they had a translator translate things for her;

“When I go to hospital and when I go to Neuvola, my husband had to help me translate because it is too hard to understand. I remember also when I have the ultra-sound also the worker had to call one Chinese translator for me because there was no translator available here we speak on phone. I feel it’s not convenient and I feel a bit weird sometimes and, even though they translate into Chinese, but I feel maybe the translation is not always so exact. I feel like maybe the Chinese people, maybe their Finnish level also has some limit, maybe not so deep. I think if I can speak and understand Finnish, then I can know more about knowledge or normal situation if my child healthy or not but because I don’t know Finnish and the doctor speak Finnish very fast, I don’t understand, I just understand words and then I ask my husband to help me translate but because the doctor speak too fast, my husband just help me translate to some degree but not, impossible all can be translated. I felt a bit pitiful and disappointed that in most cases, that I couldn’t express my own real feelings especially in front of like the doctor and also in Neuvola each time I go I always have many questions, I write them in Chinese and I try to ask in English or very simple Finnish, but Neuvola they don’t speak, most of them don’t speak English [...] In Finland, the most challenging thing is the language and when babies grow older, I want to find a job, but in Finland, it’s really hard to find a job without speaking very good Finnish.” (Ling)

Amanda, Nadia and Amisha equally share Ling’s frustration with language barrier especially when it came to doctors’ appointments and the fact that they always had to rely on either their husbands or translators for support. For example, Amanda recalls her translator having to result to google translate as she too would have difficulties translating medical terms. She further reveals her frustration with language barrier by stating that she found it to be very isolating: not knowing the language meant she could not go to playgroups as she could not understand what was going on and no one would speak to her in English. She points out that in her town of residence, people refuse to communicate in English and her inability to speak or understand the language meant that she could not access a lot of resources and activities as most events run by the city for families and children are all written in Finnish and there’s never an English translation. The problem with this she says, is that if you want to attend such events then you have to find someone to explain to you what is happening and then once you get there as people move around and socialize, then you get left out because everyone would be communicating in Finnish again. Such difficulties with language barrier including the fact that she
had to handle a lot of paper work and contracts written in Finnish on her own when she left her husband gave her the will and the drive to learn the language.

Likewise, Nadia expresses her frustration with language barrier explaining that without the language some people will be unwilling to listen or help and will avoid a conversation by saying, “no, no English”. She also recalls resulting to google translate with her midwife who could not speak English fluently. She further mentions having difficulties maneuvering major offices like the Social Security Service office (KELA) where Finnish is the dominant language and they would openly tell her that Finnish is the only language they could communicate with. On language barrier, she concludes with the statement;

“Finland is really a language oriented country and to survive in here well, you have to speak and understand the language.” (Nadia)

Sujin on the other hand explains how language barrier wasn’t a problem for her at the beginning of her pregnancy when she still attended university. She states that her studies were done in English and hence she did not need to use the Finnish language that much because she spent most of her time at home and at school and that whenever she needed anything translated, her husband would be there to help her out. She mentions that she later experienced some difficulties at the health care center when she needed to express how she felt emotionally or whenever she had some physical pains but couldn’t and her husband did not really understand how she was feeling, so she would just let it go. She also narrates how her midwife could not speak English at all, hence during delivery, she felt that her husband’s interpretation of what was being said would be delayed so she found this hectic in terms of not knowing when to push the baby out and when to take a break. Her desire and need to learn the language came about when her baby enrolled to the daycare and she needed to communicate with teachers and sometimes other parents in Finnish. Furthermore, when her baby came home from school one time and spoke some Finnish words to her, then she knew that she had to make dire effort to learn the language. Sujin aspires to speak Finnish very well so that she can do a lot in future like starting a business. Her goal is to learn Finnish because according to her, “language is key to reside well in Finland.”

Interestingly, relating to language issues, Amanda proclaimed that there was the need for better integration strategies to be put in place so that immigrant families feel more included in the activities run by the cities in Finland;

“There is a huge need in Finland for services specifically for immigrant families. Like um, it shouldn’t be viewed as a problem, I think that’s a thing that is viewed as extra or
like extra issue, we need to like have extra money for. They have all these services and like, all it would require is like someone with a little bit extra knowledge that is already in a position that runs like the youth center or for example someone runs Muskari. There’s no reason why they couldn’t have another foreigner come in and teach and children could have some cultural aspects as well so that they could get to know different people. The problem is that they would mostly take volunteers that would be teaching Muskari, they don’t get paid and there are plenty of foreigners who would also volunteer their time to come and do Muskari for all children.” (Amanda)

Limited Social Support Network

4 out of 5 participants expressed their deep frustration of having less support network due to the fact that they did not have their extended family members and friends around to help them with the added responsibilities brought about by motherhood.

Nadia’s greatest challenge as an immigrant mother with limited support was evident through her narration of being alone at the most crucial moment of her life. When she was told that she had to have an emergency C-section, she felt so sad and so alone. She had no one there with her because her husband had a flu at the time and could not be allowed in the hospital. She could not call her mother too because she felt like this sudden news of a surgery would agonize her as she narrates;

“I wasn’t prepared for a C-section...so when the nurse said I should call someone, I started crying like a baby. At the time, my husband had a flu so he couldn’t come around coz he would not be allowed to come in the hospital. The next person that I could talk to is my mother and you know, I can’t talk to her you know, being normal that she would somehow be agitated or just like, um I don’t want her to be panicking so I just told them that they shouldn’t worry. I just called my husband and informed him, he said they should go on with it and I just had to put myself together and they wheeled me to the theatre...” (Nadia)

Nadia continues to painfully narrate how difficult her life was when she came back home from hospital. Her wound was still healing but she had her baby who needed her care and attention when her husband was away at work.

“Coming home was another phase coz there was no one there to help out. The person that actually promised me, a friend that I met when I came here had travelled back

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4 Finnish musical playschool for children and parents.
home. She thought by the time she will be back that’s when I um, coz my due date was supposed to be January but because of the things that happened so the baby came early, yeah, so I was just there, sometimes I would just be there alone, sometimes I will just be crying coz I want, the baby will be crying, you know, and my pain, my wound is too there, trying to heal up, you know. It was very very difficult for me coz I had to take care of my baby and also cook with my wound...If I had the baby in my country, there will be full support for me, my mother, even my mother-in-law will be there for me, some friends too, So it would have been at least easier and would have gone a long way. The stress wouldn’t have been that much coz here you have to do everything (laughing). Honestly, in fact I said, if I want to have my second baby, I will have to bring my mother coz the stress was just too much for me but I thank God everything is history now.” (Nadia)

Even though Ling gets help from both her husband and mother-in-law, she admits that it is not enough. She wishes she had much more help with her twins so that she could get more time to rest. She extensively narrates her frustration of having to deal with the never-ending responsibilities and yearns for the day her twins will be all grown up so she can get enough sleep;

“...The babies are really much much much work. I will be crazy soon because there’s so much to do and um, I haven’t enough sleep at night. I just hope that the babies grow up fast then I have more free time, I have more sleeping time and also, I hope that there are more people that can help me except my mother-in-law because my father-in-law die 2004. Actually, I wish my parents could be here to help me to take care of the babies but it is impossible coz it is too far away and the tickets is quite much and also now my parents have to care for my brother’s babies so it’s very hard for them to come. On the other hand, my parents, they are farmers, they are not accustomed to um, come to abroad especially in the quite north places, cold and um maybe boring to them and not so much people and not so much activities outside, maybe they will feel depressed. Even my mother-in-law, she helps quite much to take care of babies but still I still think that is not enough. I’m so busy, so busy, even no time to eat, to sleep. I really want that my babies grow up quickly, then I can get some little rest.” (Ling)

Amisha similarly expresses her frustrations of not having enough support when she became a mother. She makes a comparison of what it would have been if she had her babies in Indonesia and of what she feels she missed out on especially in relation to that “extra helping hand” and someone to talk to in her own language;
“I just hope like I have someone to help me more, like um, to clean, to cook food I like and to discuss in my own language because I don’t have good um, connection or relation with my mother and um, my brothers, both my brothers live in other countries as well. They are both so busy so I cannot talk to them as much as I want and um, it was, I felt um lonely but not lonely. I know that my husband was there to help me and so on but I felt that sometimes I feel lonely, I want to have someone else to talk to…I was born in a country, in a culture, in a family where many people help us but here, I did everything by myself. I cannot even have own time, it is different than what I have experienced before when I was back in my home country. If we were in Indonesia, I get easily someone to help me baby sit the children, like we have house assistant who can help with cleaning and cooking. I really wish she is here and help me with this (laughing) at least I can lay down and she can play with the children for a while.”

(Amisha)

Likewise, Amanda disclosed her feelings;

“Usually a mother is like there to help you…I do regret not being near my family […] Well, I remarried and my new husband is amazing! That’s why I’m even able to be here like he is watching the kids so I could be at school and um, so I rely on him very much more than I normally would because we are both immigrants here so we don’t have family, like if the kids are sick, the parents are sick too, it’s totally different because usually you will call your parents and then they will come over and bring you stuff and maybe watch the kids and that is a very difficult situation here because you don’t have the same kind of network.” (Amanda)

Child-rearing practices

3 out of 5 spoke about experiencing confusion about the practices that were considered natural among the Finnish people in relation to child-rearing. Sujin for instance spoke about her confusion on different aspects of child-rearing practices within the Finnish society;

“Quite small things such as what kind of clothes I should use on the baby for outside and what kind of toys they enjoy here, like what kind of things usually they served or they feed baby here. I just make out any differences with other Finnish babies and I want to make same circumstances but it’s quite hard. It is quite different between Korea and here like washing, how many times washing baby’s body because here is quite dry, so only twice per week is recommended for a baby under 1 year but in Korea, it’s usually
everyday baby washing...just small things but it’s quite different sometimes. I usually found this...and whenever I asked to Neuvola about this (laughing) it’s quite funny, I’m thinking why I asked (laughing).” (Sujin)

Amanda similarly pointed out;

“I think every mom that lives here from a warmer country, it is just, how you worry so much about what to put on your baby and um, it’s like is the baby wearing the right things for the weather or how you know, is it safe for the baby to sleep outside in the cold in winter (laughing). So because there’s no source of information for that and I think, it’s a big worry and quite confusing for a lot of immigrant moms.” (Amanda)

Nadia on the other hand raised her concern on how to discipline a child at later stages because child-rearing practices are very different in Finland compared to Nigeria;

“Unlike in my country, where you know, I am from a tribe that, respect for elders is very valuable, but here (laughing) when you see children around, the way they behave and the way they are exposed to some things. I was not opportuned when I was growing up to use a cell phone, but here you will see little children with phones, you know all these kind of things, you are just like wow, this is, and also you know, you just can’t beat a child here, there’s just, you have to talk to them, but back home before you do anything, they will spank you (laughing). Personally, I don’t know, I don’t know what the future will entail, I just pray that everything will be fine you know, I am trying to like train myself to raise a child in this foreign system.” (Nadia)

Food Cravings

3 out of 5 participants mentioned how much they craved for food from their home countries during pregnancy and the fact that they didn’t like the taste of the Finnish food. In most cases, they tried to make something close to what they had been accustomed to because, there was a lack of them in Finland. For example, Ling stated;

“In Finland, they don’t have so much kind of vegetables like in China. During pregnancy, I don’t want to eat the food and I hate the Finnish food, and um, there is no much food to choose compared to China. I want to eat so much Chinese food especially eat vegetables but I couldn’t get them in here but I tried to buy from Helsinki, the capital city and sometimes from abroad, from Holland.” (Ling)
Nadia similarly shared;

“When I was pregnant, coz you know back home, as a pregnant woman, there are some delicacies that they will actually prepare for you. I was dreaming a lot about those foods but they never came (laughing). Early in my pregnancy, my husband travelled to United Kingdom so I was alone and I was actually craving for some African dishes but I couldn’t get them. He called one of his friends to come help me prepare something closer to it but not really, not really what I had been used to so I just ate.” (Nadia)

Weather

Despite the harsh weather conditions experienced in Finland like the extremely cold and dark winter, participants reported that they had adapted well to the weather and that it did not bother them that much. For instance, Nadia and Amisha both commented that having come from tropical countries, they felt like they were well adapted to the cold weather. Sujin equally stated that even though she does not like cold weather, she had come to enjoy it in the four years she had been living in Finland. Ling however stated that she gets involved in various activities to avoid getting depressed in winter;

“I find winter very very depressing to me especially when it’s too cold and dark so I try to participate in activities like religious activities, I also participate in some sports activities and parties and other kind of activities so that I’m not so depressed.” (Ling)

Other challenges

Participants also expressed distinct challenges they faced as immigrant mothers. For instance, Amisha discloses having awkward moments with strangers when moving about in the city. She also compares the attitudes she encountered enrolling her kids to Finnish versus English daycare centers and the reasons she ended up opting for the latter;

“Many times when I am walking with my husband, many times people especially old people, they are staring at us. It feels strange because for example, this one time I went to Hesburger\(^5\) and there was this old woman staring at me as if I’m a ghost or something (laughing) and I try to smile at her and she gave me this angry face or something and I was like okay, I don’t like it. Um, sometimes I, in the beginning I felt annoyed if someone looked at me that way but now like I don’t care about them anymore… The feeling when I came to English daycare and when I came to Finnish daycare is a bit different because

\(^5\) Fast food chain in Finland
um, the parents are different...when I took my kids to Finnish daycare, they were like not too friendly, but in English daycare, they at least like smile or like hei hei⁶, that’s enough for me but in Finnish daycare, was a bit cold or that’s how I felt or experienced it and um, that’s why nowadays my children go to English daycare.”

Contrary to Amisha’s statement, Sujin thinks that the looks subjected towards her are merely out of curiosity;

“Usually some Northern countries the racism is quite high I heard but here, I’m thinking I don’t experience any strange feelings like that, yeah, even in my village, we are only one foreigner family, only different looking persons but yeah, they are just thinking curiously, but they never looking in a bad way or nothing.” (Sujin)

However, Sujin raises concern on looking different and the fact she puts effort to bring up her daughter as a global citizen and impact a strong personality in her;

“I usually want to make strength in her ability to be happy herself because here, we are foreigners, even she was born in Finland and she is a Finnish citizen, but she is different looking so sometimes she is quite stressful and lonely, sad but for her, I want to make her more that she has strength and power for protecting herself, so I really want to make her a global citizen, you are not only Korean, not only Finnish.” (Sujin)

Amanda’s challenge was with the daycare where she encountered problems with one of the teachers and felt like because she did not know all the words to communicate, she could not express herself better. Also, she raises her concern on the racial stereotypes that she proclaims are common in daycares in books and games where children do dress ups appropriating some cultures in a negative way;

“They have lots of racial stereotypes in children’s games and in books that they read in the daycare. You don’t want your children to learn a negative stereotype from daycare about themselves...these racial stereotypes, like I’m half Native American and so it’s very common here that they have these books and they play games where children will dress up like Indians or they have like these racial stereotypes of Indians in books and so I was like um, if you are going to read a book or an activity or you are going to have this kind of activity, my children are not allowed to be at the daycare that day, you need to tell me first so I can remove them...and so we had some disagreements, because, like

⁶ Saying “hello” or “hi” in Finnish
when you write like the lesson plan for your child in the daycare, then like, you get to add things that you want to and in respect to your own culture." (Amanda)

Among all the 5 women, Ling is the only one who revealed feeling depressed during pregnancy because of the weather and also because she developed gestational diabetes. She mentions having these similar feelings during her postpartum period. This would also be due to the fact that she was the only woman who had delivered twins and also at the time of the interview, her twins were the youngest at only 5months so she still had a lot to deal with as a new mother.

After the findings based on the analysis of data, I will summarize and interpret the findings with existing relevant literature in the following section.

5.2 Summary and Interpretation of Findings

The four themes that emerged from this study were: 1. Individual factors relating to motherhood experience 2. Factors influencing motherhood experience in Finland 3. Challenges specific to motherhood experiences and 4. Challenges experienced by immigrant mothers in Finland. These themes greatly informed the 5 women’s experiences in transitioning to motherhood in a foreign land as was evident in the data analysis process.

5.2.1 Individual factors relating to motherhood experience

Participants spoke about their pregnancy and delivery experiences including their personal feelings and attitudes, identity transformation and the learning process within their transition to motherhood. Pregnancy was easy for some while very difficult and painful for others and through their narrations, it was evident that pregnancy experiences differ among women. Some of the women in the study had C-section while some had vaginal birth. Most of those who had C-section recall the after pains that were very severe but argue that they learned to cope with the pain in order to be strong and able to care of their new-born babies. The women who had vaginal births also recalled painful deliveries with one of them having perineal tear right after delivery while another woman spoke of not having been handled with uttermost care by the health care providers during a time she considered very vulnerable in her life. Breastfeeding was a good time to bond with their babies as most women proclaimed, making those who could not breastfeed due insufficient milk production very frustrated and feeling like they had failed their babies in a way. For those who were able to breastfeed, one woman expressed the difficulties and pain she had to endure because of how swollen, painful and very sensitive her breasts had become, including the fact that breastfeeding was absolutely demanding and time consuming.
The women also spoke about their feelings and attitudes before and after their babies were born with some raising the uncertainties they had and how nervous they felt being that they had no experience with motherhood. This corresponds to mommy blogger-Brantingham’s statement, “Your first child is certainly the hardest since you have no idea what to expect, what you like, what you don’t like, or even what kind of parent you are” (cited in Johnson, 2012). One woman however confirmed having no fears as she had prior experience raising her little brother and cousin. All women stated that migrating and thereafter becoming mothers had changed their identities, perceiving the whole process as a start of a “new life”. Most of them proclaimed that motherhood had made them more patient whereas one woman felt that since becoming a mother, she became less patient because of the fact that she had to tackle more responsibilities alone. According to them, migration and motherhood had changed their identities in a way that they now perceived themselves as more capable because of the constant challenges they had to encounter as new mothers that made them more patient and tolerant. This finding supports Sigad & Eisikovits (2009) finding on North American immigrant women in Israel (see also Schmiedigen, 2013, p. 80). Most women also felt that motherhood had made them less judgemental and more accepting of other women’s mothering and childrearing practices than they did before they became parents.

All participants described learning as an important aspect in their transitioning to motherhood process with some stating that they were still learning to be good mothers. Some of them admitted that their perceptions regarding what mothers or parents should be like or act like with their children had changed after they became mothers themselves, Taylor & Cranton (2012) view this change as a learning occurrence. They argue that learning occurs when a previously held perception is called into question by a new or alternate way of seeing or thinking (p. 8). According to them, some transformative learning experiences completely changes an individual’s very core identity or worldview (Taylor & Cranton, p. 25). Human beings are inherently prompted to make meaning of their daily lives and the mere fact that change is a continuous process, there is never certainty in what people think they know or believe (Taylor, 2008). He further claims that transformative learning theory better explains the process where people formulate new meanings and world views of an experience just like the women in this study did (Taylor, 2008). The women argued that their views regarding different aspects of mothering and motherhood had changed completely since becoming mothers. This also relates to Hartrick (1997) finding on the theme she labelled “living in the shadows”, using the phrase “fog begins to lift”, she explains how women in her study begun to see and perceive things differently when they became mothers. In Katterman’s (2013) study on the
experiences of first-time mothers, participants described learning as a process they had to go through in their adjustment to motherhood.

5.2.2 Factors influencing motherhood experiences in Finland

Development of a person is always influenced by his/her surrounding environmental and social factors as was evident in the findings of this study. In this case, mothers professed that their transition to motherhood process was majorly influenced by factors such as, the Finnish medical system, healthcare providers, mother’s benefits, daycare centers, living in Finland, culture, gender roles, the internet and social support network.

Even though two mothers stated their displeasure with the way the Finnish medical system works in terms of “no fever, no treatment rule” and the fact that the doctor’s word is considered final with no room for personal opinion, and there being less options to access the private hospitals, they all agreed and proclaimed their satisfaction with the entire medical system. They thought the Finnish medical system was very efficient and also less costly making it easy to access medical services. In their study with Somali-born immigrant women in Finland, Degni et al. (2014) found out that immigrant women recognized the safety of Finnish medical services and were satisfied with the quality of care they received in comparison with their own country. Likewise, participants agreed that the medical staff were highly professional and very caring with an exception of one woman who had bad experiences with the staff during labor and delivery but she too stated that her experiences did not generalize the entire system but must have been at the individual level where some medical staff tend to be mean and uncaring to immigrant patients. In their study, Degni et al. (2014) further noted satisfaction among the immigrant women with the Finnish healthcare providers including those who had difficulties communicating due to language barrier. Some participants even made comparisons between the Finnish healthcare centers and their home countries’ and expressed satisfaction with the resources and services provided within the healthcare system. A similar finding was illustrated by Shafiei et al. (2012) in a study conducted on Afghan women in Melbourne, Australia.

According to Kiehl & White (2003), Nordic countries are well known for the great value they place on families through their social policies. Finland is a welfare state that rests upon the principle of universalism (Anttonen & Sipilä, 2012, cited in Rantanen et al., 2015). This was sufficiently evident in the findings where all participants recognized, enjoyed and appreciated the high value Finnish culture places on motherhood. Despite the challenges and losses presented by immigrant motherhood and motherhood in general, participants identified and valued its particular benefits and positive aspects in this new culture, most of the proclaiming that even though motherhood is hard, being a
mother in Finland was highly beneficial and that it was a “good thing”. This finding corresponds to previous literature for instance (see Sigad & Eisikovits, 2009). Participants revealed having a great sense of relief on the benefits provided to them as pregnant women and thereafter when they became mothers. These benefits according to them included free antenatal and postnatal care, free health check-ups for health risks like cervical cancer, mother’s salary which is money paid to the mother during pregnancy, child benefits which is a salary paid to the child until they turn 17 years old, baby box - a large package with clothes and other necessary items for a newborn baby, long maternity leave and free public transportation. Degni et al. (2014) finding on the experiences of Somali-born immigrant women corresponds to this finding as they also found out that the provision of the ‘delivery package’ and the availability of other maternity care services in Finland were absolutely appreciated by the women in their study. In an initiative aimed to help new parents in Alberta, reporter Carolyn Dunn explains the reasons behind the research project with new parents being that the project borrowed a lot from the “Finnish baby boxes” idea of advancing equality among all parents and parents to be. According to her the box contains essentials for the new-born baby including information booklets and is given to all expectant mothers, the goal for this is to ensure that all children regardless of their background get an equal start in life as has been the trend in Finland for years (The National- CBC Television, 2016).

Participants generally agreed that daycare centers were very beneficial in their transition to motherhood process. With an exception of two mothers whose babies were still very young at the time of the interview and were yet to enroll them to daycare centers, the rest pointed out that having their children in daycare centers gave them time and opportunity to focus on themselves and other responsibilities- this relieved off some burden in their mothering roles. They also stated that daycares were beneficial towards their children’s language development and social interaction since they had contact with other children. This supports previous study by Kahn & Kamerman who identified the benefits of the day care system in Finland was for parents. They argued that, “The aim of day care is to support parents in their upbringing tasks and, together with the home, advance the development of a child's well-balanced personality” (p. 174).

The women agreed that Finland was generally a good country to start a family and raise their children in because of the opportunities it provided. They reflected and made comparisons with their own countries and what it would have been if they had their children and had to raise them back in their countries. Their overall opinion towards Finland as a country was positive. They all agreed that Finland was very safe and peaceful, had better education opportunities and healthcare services hence a good place to raise their children. In relation to this finding, Suárez-Orozco & Suárez-Orozco (2002)
content that in the beginning, much of immigration is a process of comparing the “here and now” with the “there and then”, however, over time as immigrants become keen observers in their new homeland, the old troubles they left behind makes the new ones tolerable and their belief that their children will have greater opportunities in their new home makes all their sacrifices worthwhile (p. 23; also, p. 87). In her study on the experiences of Brazilian women entering motherhood in the United States, Schmiedigen (2013) likewise found that the reason most of her study participants wished to stay permanently in the United States were because of factors such as better educational opportunities and resources for their children including a safe environment away from the violence highly experienced in Brazil (p. 83-84). Differences in cultural values was a challenge for most participants but something they pointed out that they had learned to cope with without letting go of their own cultural underpinnings. This supports previous literature by Suárez-Orozco & Suárez-Orozco (2002, p. 93). For instance, some women argued on the importance of extended family unit and how everyone comes together to help with mothering roles and responsibilities, something uncommon in the Finnish culture but something they wished that their children would experience some day. Consequently, this relates to previous literature by Lee & Keith (1999) who justifies that in western societies, the family is essentially built on the couple and their cultural values are based more in independent parenting.

Participants further confessed that the internet played a huge role in their transition to motherhood experiences. They claimed that the internet was beneficial in terms of information search, keeping in touch with family and also connecting with other mothers through sites like Facebook. This finding supports Katterman (2013) finding that mothers made use of the internet as a source of information and a channel to connect with other mothers for support. In relation to connecting with family living far away, the finding corresponds to Drentea and Moren-Cross (2005) findings.

With reference to gender roles, even though most women in this study proclaimed that they took on childcare and household roles more equally with their husbands (both Finnish citizens by descent and Finnish citizens not by descent), being that Finland is a more “equal” society and even those who had Finnish husbands not by descent felt that their husbands had in a way adapted to the Finnish style of equal partnership, it was evident in their narrations that the women were the primary care givers, that is, they took on the burden of domestic roles and childcare more than their husbands did. This was either because their husbands were away at work or simply because the women chose to take on the responsibilities on their own. This finding supports previous literature for instance, Gittins (1993) claims that men and women, boys and girls do not share the same life-chances (p. 2). In most cases,
it is usually the women who takes on more responsibility of child care than the men (Lupton, 2000; Chodorow, 1999, p. 3).

5.2.3 Challenges relating to motherhood experiences

Participants revealed that motherhood was characterized by various challenges and could be very overwhelming. They confirmed that motherhood has both positive and negative aspects. While feeling proud and having a great sense of joy to be mothers, women in this study made it clear that with motherhood comes great responsibility and that motherhood was both physically and emotionally exhausting and tiring. This finding corresponds to previous findings and literature (see Ahmed et al. 2008; Barclay & Kent, 1998; Choi et al., 2005; Lee, 1997; Liamputtong, 2006; Liamputtong & Naksook 2003b; Liamputtong et al., 2004; Lupton, 2000; Miller, 2007; Nicolson, 1999; Rich 1995; Weaver & Ussher, 1997). Some of them revealed the deep frustration they felt having to deal with continuous crying babies as well as frequent feeding that made them very exhausted and completely drained due to interrupted or lack of sleep and limited rest. This finding corresponds to Buultjens & Liamputtong (2007) findings. In their study on Japanese immigrant mothers living in Hawaii, USA (Tanigushi & Magnussen, 2009) found that mothers experienced a similar challenge. Some women further revealed that motherhood meant continuous concern and self-sacrifice meaning that they had to put their children’s needs before their own and had to change their former lifestyles to incorporate their children’s needs which according to them was of uttermost importance and came before anything else.

Some women further claimed that since becoming mothers, they no longer had time or energy to pursue their own interests, or had less time and freedom to go out when they wanted to, be it alone, with their partners or with friends. These findings align with findings from various literature on how motherhood meant change in lifestyle, loss of independence and endless self-sacrifice for women (see Barclay & Kent, 1998; Buultjens & Liamputtong, 2007; Gittins, 1993; Liamputtong et al. 2004; Johnson, 2012; Lupton, 2000; Weaver & Ussher, 1997). Since their babies cried continuously and therefore required extra attention and care, this meant less sleep and rest for some women that it had a negative impact on how they felt even, with their babies. Emitting such negative feelings and emotions is what Parker (2005) calls “maternal ambivalence”. She argues that having children comes with both positive and negative emotions and feelings that the mother will recognize her “nastiness” as well as her capacity for love and peacemaking (p. 6). Also, the fact that mothers are mostly the ones who take on more responsibility of childcare may bring anxiety which in turn influences the ambivalence felt by them (p. 12). Similarly, quoting Kitzinger- author of “the modern woman’s
pregnancy and childbirth”, Brown (1994) contends that, “women must recognize they’re going to fall in and out of love with their baby and that’s natural”. Motherhood comes with mixed feelings and emotions and comes as a shock to most new moms, hence it important for women to know that a lot other women feel this way. The society however makes it difficult for mothers to emit such feelings for fear of being judged or labelled as “bad mothers”, it also makes many women reluctant to discuss the emotional and physical impacts of motherhood on their lives, to avoid stigmatization, disapproval or even rejection (Brown et al. 1994 as cited in Liamputtong, 2006; Choi et al., 2005, Lupton, 2000; Parker, 2005; Wardrop & Popadiuk) even though it is absolutely necessary that mothers speak openly about such feelings and emotions and overall experiences and consider them normal to enable positive and enjoyable feelings of motherhood even when they are physically and emotionally drained (Barclay & Kent, 1998). Some women in this study voiced their arguments on the importance of sharing one’s feelings, emotions and general motherhood experiences with other mothers to avoid feeling lonely and isolated with such overwhelming feelings. A similar argument was made by women in Buultjens & Liamputtong (2007) study.

On expectations, participants reported that the reality of motherhood was something totally different from what they had expected it to be. They confessed having expectations for motherhood that for the most part did not hold true when they became mothers especially when it came to handling the added responsibilities and overpowering feelings that came with it. This finding is consistent with previous literature on women finding reality of motherhood different from their expectations and also different from what the society and media portrays it look like (Buultjens & Liamputtong, 2007; Choi et al., 2005; Freund, 2008; Katterman, 2013; Liamputtong et al. 2004; Miller, 2007; Wardrop & Popadiuk, 2013; Weaver & Ussher, 1997).

Importantly, all the women echoed that they were happy to be mothers even with all the challenges it involved. The most challenging period according to them revolved around early mothering but they were completely satisfied and overjoyed to be mothers. This supports findings by Weaver & Ussher (1997). In the theme they labelled as “overwhelming love” as one of the high points of motherhood, they argued that the women felt joy watching their children grow and develop and had deep emotional warmth and involvement with their children. According to them, this kind of love is unconditional and is given, regardless of whether it is returned (Weaver & Ussher, 1997).

5.2.4 Challenges experienced by immigrant mothers in Finland

In relation to becoming mothers in Finland, participants reported various challenges they encountered that had a great influence on their transition to motherhood experiences. The most predominant
challenge brought forth was with language difficulties. They also discussed having challenges because of limited social support network being that they were immigrants with extended family and friends’ cycle far away from them. Differences in childrearing practices was also a concern for some participants including the fact that some thought that raising their kids in Finland meant their kids would be less proficient in their mother tongues and miss out on aspects relating to their cultural values. Participants stated that even though Finland’s weather was cold and dark, they had learnt to adapt to it including the food apart from a few incidences some of them had with food cravings while they were pregnant.

It was evident through participants’ narrations that language was the greatest challenge they encountered in their transition to motherhood and greatly influenced their motherhood experiences in Finland. Inability to communicate in the language was a great hinderance to their self-expression and accessibility to resources and services around them that they had to rely on either their husbands or translators provided at the health care centers whenever they had appointments. This is something they all agreed made them frustrated and incapable at some point during their transition to motherhood especially with some of them revealing their fears that translations sometimes were never too exact or the issue of delayed translations during delivery raised by one woman. In their study, Degni et al. (2012) found that the use of non-medical trained interpreters during medical consultations had potential consequences to communication quality and relationships between health care providers and immigrant Somali women living in Finland. Similarly, Elderkin-Thompson et al. (2011) reported that the use of untrained interpreters would result to ethical conflicts and cause potential dangers to communication if the interpreters were unfamiliar with medical terms resulting to misrepresentation, errors in translation and a tendency to summarize or leave out information. Some women in this current study further revealed their concern about language difficulties deterring their future business plans and job opportunities. This finding is consistent with Tsai et al. (2011) study on Southeast Asian immigrant mothers in Taiwan who raised a similar concern with language difficulties. According to participants, Finland is a language-oriented country, hence language was key to easily reside within the Finnish culture. Liam (1991) argues that language is overpowering and is key to easy access to information and resources (p. 156 as cited in Liamputtong & Naksook, 2003a). Consequently, Mirsky (1991) contends that’s because immigrants find it difficult to master the new language of their host countries, they are always accompanied by a deep sense of loss of self-identity and of internal objects (also see Tummala-Narra, 2004). These findings are consistent with previous findings that immigrants experience enormous challenges with language in host countries like not being to communicate directly with service providers or experiencing difficulties to access resources (Benza
& Liamputtong, 2014; Hennegan et al., 2014; Liamputtong, 2006; Taniguchi & Magnussen, 2009) unless they have support and that sometimes there arises problems with communication when the people providing support do not speak both languages equally well (Liu et al., 2016). Accessing resources and services was also a challenge and concern for some participants with one pointing out that Finland lacks better integration strategies for immigrants and immigrant families because in most cases integrative projects are viewed and handled as an extra problem, instead of them incorporating immigrants with knowledge and skills to help run all the services already in place. In most cases immigrants feel left out because even though there are plenty of services and activities for families, they are mostly run in Finnish. Accordingly, Sagne et al. (2007) argue that, although immigrant associations participate in integrative projects, there is need to pay attention to the way interaction takes place, that is, projects for immigrants should be organized together with them instead doing it for them. Evidently, these great challenges relating to language barrier gave all the women in the study motivation and strong will to learn the language so that they could be well accommodated within the Finish society. Tsai et al. (2011) similarly found out that immigrant women exercised their agency to build and maintain their families in the new society by engaging in language classes. Luckily, the Finnish government gives immigrants an opportunity to learn the language through various integration Finnish language courses that are free of charge.

Limited social support network was another eminent challenge that was brought up by participants. Anderson (1994) emphasizes that lack of social support system is “the chief curse of the immigrant”. Having support from their husbands was very beneficial (Freund, 2008) but not enough for some participants as was evident in their narrations and had great influence on their motherhood experiences as immigrant mothers. Darvill et al. (2008) identified social support as an important factor that influences women's experiences in their transition to motherhood. In their study, they found out that women who lacked support experienced feelings of vulnerability at different stages of their transition compared to those who had adequate support. Without their extended family members and friends around to assist them with their early mothering roles, some women in this study felt isolated, lonely and deeply frustrated with the never-ending responsibilities of having new born babies at home and yearned for that extra helping hand that they were unable to get being that their extended family members lived far away. This finding supports previous literature on the additional challenges immigrant mothers face when they come home with babies and have no one to rely on for help except their husbands (see Barclay & Kent, 1998; Benza & Liamputtong, 2014; Liamputtong & Naksook, 2003a; Liamputtong & Naksook, 2003b; Schmiedigen, 2013; Taniguchi & Magnussen,
Participants indicated that they kept in touch with family and friends for social and emotional support as well guidance in relation to caring for the newborn.

Some participants further stated experiencing confusion and concern with Finnish child-rearing practices including methods of discipline. In this study, issues that arose were in relation to whether it was safe to leave the baby to sleep outside in the cold winter which is a normal tradition within the Finnish culture and how to discipline a child in later stages of their lives in case they misbehaved since physical punishment is prohibited and is illegal in Finland. Correspondingly, Tummala-Narra (2004), argues that "conceptions of the psychologically healthy mother-child relationship are challenged in the case of immigration, in which the mother typically struggles with culturally divergent values of parenting." Liamputtong and Naksook (2003a) also found that migrant women struggled to find a comfort zone between their cultural traditions including childrearing practices with those of their new land (also see Ziv-Baranov, 2012). In their study on the experience of motherhood among Thai women in Australia, Liamputtong & Naksook (2003a) found that Thai cultural childrearing practices presented conflict between several women and their husbands, especially those whose husbands were of Anglo-Australian decent. The women in their study reported that these differences were great to the extent that they often had arguments with their husbands and would eventually surrender to their husbands’ ways even though they felt uneasy and unhappy about it.

Despite the harsh weather conditions experienced in Finland like the extremely cold and dark winter seasons, participants reported that they had adapted well to the weather and did not seem to be bothered by it. One participant however stated that winter seasons are very depressing especially with no sunlight, so she engages in different social activities to avoid feeling depressed. In relation to food, participants had adjusted to the food except for some who spoke about the cravings they had while they were pregnant and had difficulties getting their local delicacies during the time. This kind of adaptation was necessary for participants because they all showed a strong commitment and dedication to live in Finland and therefore they had to adapt and make sacrifices in order to get comfortable in their new country of residence (see Suárez-Orozco & Suárez-Orozco, 2002; Tsai et al. 2011).

There were unique challenges brought up by participants relating to becoming a mother in a foreign land. Even though participants appreciated the fact their children had better opportunities and benefited a lot from having bicultural upbringing, some felt that raising their children in a foreign land meant that their children’s fluency in their mother tongue and connection to their culture was limited. This finding is consistent with previous findings by Schmiedigen (2013) on experiences of
Brazilian women entering motherhood in the United States, the women in her study had the same worry about raising their children in a foreign country (see also Tsai et al. 2011)

5.3 Conceptual Model from Findings

It is evident from this study findings that the ecological components were discussed interdependently with reference to how the transition to motherhood process was experienced by the 5 women. While many primary components of the initial conceptual model (Figure 1.1) continue to be present in the revised model (Figure 5.5) below, data analysis produced emergent themes that contributed to the final framework. Therefore, the model presented below expounds on the initial factors to provide a much better understanding of the interconnection between ecological components and the transition to motherhood experiences of 5 women portraying how individual experiences are greatly influenced by the interaction between environmental and social factors. Consequently, this model better represents the lived experiences of women transitioning to motherhood in a foreign land, in this case Finland.

Figure 5.5 Revised Conceptual Model
6 CONCLUSION

It is important to note that the findings revealed that the women’s transition to motherhood experiences were greatly influenced by their surrounding environment. Having migrated to Finland, meant that the Finnish culture and society at large played a major role on how they experienced their transition process. Just like Mercer (2006) argues, the development of a role or person cannot be considered separate from their environment because there is always a mutual reconciliation between the developing person and the changing characteristics of the immediate settings, the relationships between the settings and the greater surroundings in which the settings are embedded. A woman’s health, feelings and attitudes and the ecological interacting environment always shape her experiences of becoming a mother (Mercer, 2006). The purpose of this study was to examine women’s subjective experiences on becoming mothers in a foreign country, in this case, Finland, looking at how such experiences were influenced by the surrounding ecological environment. I utilized two theories: Mercer’s (2004) Maternal Role Attainment Becoming a Mother theory and Bronfenbrenner’s (1979) Human Ecological Theory as they fit perfectly within this research study’s objectives.

Mercer’s (2004) Maternal Role Attainment becoming a Mother theory provided room to understand the steps new mothers went through to gain their maternal role identity and to be satisfied in their roles and positions as mothers. These steps were evident in the actual experiences of 5 women as they spoke about their experiences through pregnancy, birth and post-partum period and how they made sense of their motherhood journeys, specifically as immigrant women. Accordingly, Bronfenbrenner’s (1979) Human Ecological theory provided an important visual frame for examining and understanding how the surrounding environmental factors played a key role in these women’s lives and the influence they have on their experiences. It was consequently a relevant connecting theory that allowed me to examine how the women reflected on their motherhood experiences and how these experiences had been influenced by their surrounding environment.

I utilized an appropriate methodology, phenomenology in order to capture five volunteer participants’ lived experiences by giving room to voice such experiences through semi-structured in-depth interviews. I collected data by tape recording the interviews that all participants consented to. Thereafter, I transcribed the interviews using Interpretive Phenomenological Analysis (IPA) which involved a very detailed line-by-line exploration of the data that was collected putting in mind the ethical guidelines required when conducting a qualitative research. Finally, I presented the women’s experiences and how they made sense of their transition to motherhood within the context of immigration.
The findings brought forth diverse participants’ experiences, ranging from positive to negative experiences. Participants’ experiences were influenced greatly by the fact that they became mothers in a foreign land that speaks a different language and away from their extended families and friends. The findings supported existing literature relating to topics on transition to motherhood and more so within the context of immigration. For instance, the fact that language barrier and limited social support was a great challenge and burden to these women relates to a wide range of existing literature introduced in this thesis on such challenges that greatly affect immigrant mothers compared to their native counterparts. Also evident was the fact that participants appreciated the fact that they became mothers in Finland because even with language difficulties, they reported availability of excellent and efficient medical services and that they had many benefits and opportunities as mothers at their disposal.

Another important aspect to bring forward is the fact that participants agreed that learning was part of their transition to motherhood process. They had learnt a lot as mothers and some claimed that they were still learning some aspects of the mothering role in a new culture, but evidently, their initial perceptions before they became mothers had totally changed when they made their transition to motherhood. Taylor (2008), contends that transformative learning theory better explains the process by which people formulate new meanings and world views of an experience as was case made by each of the 5 research participants. In order to relate this research study to the field of Education, I would link this to informal and non-formal learning. Whereas formal learning takes place in classrooms, informal and non-formal learning happens everywhere and anywhere when people are going about with their daily activities and tasks. It is unstructured and happens in the absence of a teacher or instructor. Regarding this, Borghans et al. (2006) found that 94 per cent of learning that occurs refers to informal learning (cited in Schürmann & Beausaert, 2016). Marsick and Watkins (1990) developed a model of informal and incidental learning and according to Marsick and Watkins (2001), the model stresses that individuals largely learn from their experiences and that informal learning occurs when they have “the need, motivation or opportunity for learning” (p. 28, cited in Schürmann & Beausaert, 2016). Further, Marsick andVolpe (1999) affirm that in most cases, informal learning happens because of experiences as was the case made by the 5 women with the experiences they had through their transition to motherhood process (cited in Schürmann & Beausaert, 2016).

This research is further a direct link to globalisation because the issues highlighted revolve around motherhood and immigration which are both global phenomena and are aspects that are majorly discussed on a day-to-day basis on a global scale. Moreover, the women in the study came from
different countries with different cultural backgrounds and migrated to Finland for marriage and family reunification or to pursue Higher Education which is a major effect of globalisation and gives room for much diverse input in the study’s objective. Women further mentioned that the internet and media had greatly influenced their transition to motherhood experiences and ICT in its own is a key influencer of globalisation.

It is my hope that this research has brought new insights and enriched the existing literature relating to women experiences on transitioning to motherhood, specifically within the context of immigration and more so in Finland.

6.1 Final Reflexivity and Thoughts

Primarily, I would like to reflect upon my absolute appreciation for the five mothers that volunteered to participate in this study for without them giving their valuable and undivided attention, this study would not have been complete. I accord my special gratitude to them and their beautiful babies who made it possible for them to reflect on and share their motherhood experiences and journey with me. Their stories were like a mirror to my own experiences as an immigrant mother and analyzing the interviews made me reflect so much upon the similarities and differences that existed within motherhood in general and within the context of immigration. Their stories also revealed a lot on the positive and negative aspects of motherhood making me reflect more on my own personal experiences. Transcribing and analyzing their stories brought humor and mixed emotions and sometimes even gave me a sense of relief thinking that as mothers, many women do actually experience similar circumstances. Just like Nicolson (1999) stated, “there is strong evidence that women having babies have much in common”. Reflecting on this whole process, what struck my mind was Barclay & Kent (1998) proposition and something worthy to be a concluding remark to my reflective process. They reiterated that “We need alternate images of new motherhood and to allow women and families to react to the changes in their lives. These images should acknowledge the losses of early mothering, value diversity in the experience and how it is managed in different communities, and provide help as women tackle the immense task involved of becoming a mother” (Barclay & Kent, 1998). Personally, this has been such an exciting and emotional journey for me as a researcher and a mother and the whole process of analyzing and linking the theoretical frameworks was mind blowing and exhausting being that this is my very first research of a bigger scale. I must admit however that it has largely broadened my perspectives with the field of research.
6.2 Trustworthiness and Ethical Considerations

Having carried out a qualitative research, it was important that I kept the rules of conduct in place hence accountability and trustworthiness of the data was central to the validity and reliability of the research findings (Miles & Huberman, 1994; Morrow, 2005). I explored and examined the experiences of immigrant women entering motherhood in Finland and presented the data obtained from the interviews in a forthright manner.

Triangulation of data was achieved through multiple means of descriptive data as discussed by Creswell (2013), for instance, I made use of multiple sources, methods and theories to support the research findings. I provided an external check of the research by sending a draft to my peers for review (p. 251).

The approach I utilized was phenomenological, therefore it involved a thorough examination of participants’ subjective lived experiences through a narrative recollection of the event as opposed to production of objective statements of the event. The use of semi-structured interviews gave me room to engage in a conversational dialogue and also allowed for probing on important issues that arose during the interviews. Further, using Interpretive Phenomenological Analysis (IPA) to analyse the data meant going deep into the data by thoroughly reading through each participant’s transcript to extract relevant themes relating to the topic. Five volunteer participants was a relatively small sample but also necessary within IPA so as to do justice to each case being that it involves doing a very detailed case-by-case analysis and this takes a very long time (Smith & Eatough, 2007). In my case, I also utilised the line-by-line approach (Van Manen, 1997) to make the analysis much more in-depth and in order to exhaust participant’s accounts of the event.

It is also important to mention that participants’ socio-economic status was fairly good and none of them seemed to be dealing with issues relating to scarcity of resources. The socio-economic status of individuals has been seen to have a great influence on their motherhood experiences hence financial difficulties would have brought about different perspectives in the way women made sense of their motherhood experiences which was not the case with my participants. Participants came from different countries with diverse backgrounds and their ages ranged between 29-38 years old which further permitted for a much wider perspective and insight.

Throughout the study, I discuss reflexivity and my position as a researcher. This research study arose from a personal relation and background with the topic including a review of the existing literature. The fact that my major interest came from personal motivation meant that I had to bracket my own experiences so as not to interfere with the findings by bringing in my personal biases and
presuppositions. However, doing this was a challenge and a limitation to the study since having my own experiences as a first-time immigrant mother, meant that some of my biases would be reflected in the analysis process. Further, it needs to be stressed that this is a representation of a relatively small sample (5 women) of the immigrant mothers in Finland which is why the findings are not to be generalized to concern the wider immigrant population. It is however possible or even likely that other immigrant women have gone through similar issues in their lives.

Relating to ethical considerations, confidentiality and protection of participants identity is important. Following the standard rules of ethical guidelines meant that I had to first and foremost allow the participants to consent to the terms of the research study (Appendix 1). After the interviews, the data was stored in a locked file that was only accessible to me as the sole researcher. Participants also had the right to withdraw their participation in the study at any time and a copy of the thesis was sent to all of them before publication. Anonymity within confidentiality is very crucial when conducting a research as this helps to protect participants from unwanted exposure by keeping their identities hidden from the public (Denzin & Lincoln, 2011, p. 66; Kvale & Brinkmann, 2015, p. 94; Silverman, 2005). To achieve this, I coded all materials by giving participants pseudonyms which is the most dominant way of protecting participant’s identities (Patton, 2002, p. 411). Further, to ensure trustworthiness, authenticity was achieved by allocating pseudonyms to participants on the basis of their countries of origin (see Table 4.1: Participant demographic information).

6.3 Suggestions for future research

It was evident that out of all the 5 women interviewed in this study, only 1 of them seemed to still be struggling a lot with her new role as a mother. She is also the only one who revealed feeling depressed. This could have been because she was the only one in the group who had given birth to twins and also because at the time of the interview, her babies were the youngest at only 5 months old. Therefore, conducting research on new immigrant mothers in Finland who are yet to adapt or adjust to the Finnish culture, weather etc. through a longitudinal study would be a worthwhile idea, even for a PhD. To follow certain people throughout 2-3 years of their lives, to find out what happens, what circumstances they have to cope with, including their coping strategies, critical incidents and so on. Finding this kind of group seemed very difficult but I believe that with enough time, it is possible to find volunteers.

Another important perspective that arose was with differences in child-rearing practices with respect to discipline. One participant raised her concern for this because as I mentioned in my summary section, it is known that any kind of physical punishment is illegal in Finland. The woman was
married to a man from her own cultural background so perhaps it is easy for them to find a balance on what works for them and their child being that they may have a similar childhood upbringing. Even so, the societal regulations put in place bar parents from resulting to any kind of punishment, so how do immigrants tackle the situation when their children misbehave? Hence, it would be interesting to conduct a study on immigrant women or men married to Finnish spouses and how they find balance on different methods of disciplining their children especially if the immigrant man or woman comes from a culture where spanking was an okay practice to impact discipline on children as was mentioned by the participant.

The issue of Finland being more individualistic in terms of the family unit and the fact that grandparents do not help with the care of their grandchildren also came up but it did come as a shock because I have seen grandparents with their grandchildren in the playgrounds or along the streets of the city and villages in Finland so my thought has always been that they get involved in helping to care for their grandchildren. It would be worthy conducting research on this perspective to find out if this individualistic versus collective aspect of family orientation lies at the individual family level or whether it is also practiced in the larger society.

Finally, is Finland an “equal” or patriarchal society with regards to gender roles? This is a point that was brought up and discussed with examples by one participant in this study. She mentioned that equality depends on the individual couple values and that it seemed to be practiced more at the individual level rather than at the societal level. She reiterated that everything is well written in policies but is not the real case in practice. This will be another viable area to research.
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APPENDICES

Appendix 1: Consent Form

CONSENT TO PARTICIPATE IN RESEARCH STUDY

The purpose of this research study is to examine and look into the experiences of immigrant women entering motherhood in Finland. The study is intended to give participants a voice to can speak about their experience of becoming mothers in a new country while contributing to the knowledge around transitioning to motherhood in a foreign country.

The interview will be one-on-one, will be tape-recorded and will last approximately one hour. The recordings are done to help me explicitly reproduce your experience in your own words and will only be heard by me for the purpose of this study. All taped and written records will be kept safely in a locked file.

Information shared in the interview is strictly confidential. Direct quotes from the interviews may be used or paraphrased but will not include any information that could lead to the disclosure of participants identities, i.e. names and any other identifying information that will be kept anonymous. Information collected from the interviews will be used in writing a Master’s thesis which will be read by my professor(s) and may possibly be published or shared with my classmates. A copy of the completed thesis will be provided to participants upon request before it is published.

This research study is voluntary, hence you may choose not to participate and may withdraw your consent to participate at any time. You will not be penalized in any way should you choose to withdraw or not participate in the study.

If you have any questions or concerns about the study or if any problems arise, please contact Linda Matilda Charity at xxxxxxxxxxxxxx or via email at xxxxxxxxxxxx@student.oulu.fi

By signing this consent form I certify that I, ________________________________ have read and agree to the terms of the interview outlined above.

Participants’ signature: ________________________________ Date: __________________

Researcher’s signature: ________________________________ Date: __________________
Appendix 2: Advertisement to Recruit Participants

ADVERTISEMENT

Attention Immigrant Mothers!!

*Get 2 movie tickets by sharing your experience of becoming a mother in Finland!

- Are you a first-time immigrant mother of a 3-year-old baby or younger?
- Did you have your baby a few months and perhaps a year or two after relocating to Finland?
- Are you 18 years or older and can fluently speak English?
- Did you speak and understand basically no Finnish language prior having your baby and/or even presently?
- Are you willing to share your experience of becoming a mother in a new country, in this case Finland, and far away from your extended family?

My name is Linda Charity. I am a Master’s Degree student in Education and Globalisation at the University of Oulu School of Education. As part of my studies, I am conducting a research study to explore the experience of immigrant first time mothers entering motherhood in Finland. My interest for this research study was aroused by the fact that I am an immigrant first time mother as well and hence I was intrigued by the process women like myself go through in transitioning to motherhood in a foreign country far away from their extended family.

If you meet the above criteria and are interested in participating or know someone who meets the criteria and would be interested in participating in my study, please contact me and we will set up a time for an individual interview that will take approximately one hour in a place that is most convenient for you. The interviews will be strictly confidential and will only revolve around the topic of becoming a mother in a foreign country.

Thank you for your time and consideration and I am looking forward to meeting and talking to you!

Yours sincerely,

Linda Charity
Master’s Student in Education and Globalisation
Faculty of Education
University of Oulu
Email: xxxxxxxxxxxxxxxx@student.oulu.fi; Phone: xxxxxxxxxxxxxxxx
Appendix 3: Demographic Questionnaire

DEMOGRAPHIC QUESTIONNAIRE

##: ______________________

What is your age? ______________________

What is your country of origin? ______________________

What is your current marital status?

- Single ( )
- Married ( )
- Separated ( )
- Divorced ( )
- Widowed ( )
- Living with a partner ( )

What is your spouse/partner’s country of origin? ______________________

What is your highest grade or level of school completed?

- High School Diploma ( )
- College Diploma/Degree ( )
- Undergraduate Degree
- Graduate Degree ( )
- None of the above ( ) Please elaborate ______________________

What is your occupation? ______________________

How old were you when you moved to Finland? ______________________

How long have you been living in Finland? ______________________

What was your reason for migrating to Finland? ______________________

How long after moving to Finland did you have your first child? ______________________

How many children do you have? ______________________

How old is your child/children? ______________________

What is your child/children sex? ______________________
Appendix 4: Interview Questions

1. Do you have any other family members living in Finland? (Probe: If yes, what is your relationship with them)

2. What is your social support since becoming a mother? (Probe: Please elaborate)

3. How was your Finnish language like prior having and after having your child? (Probes: How do you think this has influenced your transition to motherhood experience? How has your experience been influenced by the fact that you did not speak the language?)

4. Kindly tell me about your pregnancy experience.

5. How about your childbirth experience?

6. What was it like being treated by the Finnish medical system? (Probes: Tell me about your experience with the healthcare centers and the hospitals including the healthcare providers)

7. Transition to motherhood is a remarkable experience for all women, what was it like becoming a mother and more so in a foreign country? (Probe: Please elaborate)

8. Tell me about your overall experience living in Finland. (Probe: Are there things about life in Finland you found or still find exciting, baffling or even challenging?)

9. How has it been like having your child or children growing up in Finland? (Probes: How was it for you growing up in your home country? Any similarities and differences, positive and negative experiences you can recall?)

10. What is your perception with regard to gender roles, expectations for mothers and from partners in Finland? (Probe: Are there any similarities or differences with your own country of origin?)

11. What were your expectations about motherhood? Is motherhood how you pictured it to be? (Probe: How so? Please elaborate)

12. Looking back, what do you think you would you have done differently before and after your baby was born?

13. How has moving to Finland and becoming a mother changed you as a person? (Please elaborate)

14. How has motherhood affected your relationships with people?

15. Please describe your overall experience of becoming a mother in Finland (pregnancy, birth and post-delivery). What do you think is good or ought to be done differently?

16. What would you recommend to other women in a similar situation?

17. What would you like to add on your motherhood experience? Something perhaps you feel like you have not had the chance to mention before?
18. What has this interview been like for you?
Appendix 5: Finland Population and Immigration Statistics

Population by origin, country of birth and language 2016

5 503 297

Persons with Finnish background 5 138 510
Country of birth Finland 5 037 808
Language domestic languages* 5 031 271
other languages 5 538

Persons with foreign background 364 787
Country of birth foreign country 50 701
Language domestic languages* 44 939
other languages 5 762

Country of birth Finland 57 947
Language domestic languages* 11 550
other languages 40 417

Country of birth foreign country 366 840
Language domestic languages* 11 504
other languages 295 270

*Domestic languages = Finnish, Swedish, Sani

Foreign citizens, persons with foreign backgr., foreign-language speakers and persons born abroad 1990-2016

Source: Statistics Finland - Immigrants in the population, 2016