



Becoming an adolescent mother: The experiences of young Indonesian new mothers living with their extended families

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ABSTRACT

Objective: Adolescent motherhood brings many challenges. While much is written about young mothers' transition to motherhood and their support needs, there is little from South-East Asian countries such as Indonesia. The aim of this study was to understand the new motherhood experiences of Indonesian adolescent females living with their extended families.

Design: Eleven semi-structured interviews were conducted with new adolescent mothers.

Setting: a large women and children's hospital in Makassar, South Sulawesi, Indonesia.

Participants: Purposive sampling was undertaken. Eleven adolescent mother participated in this study. The mean age of the mothers was 17 years, ranging from 16 to 19 years of age.

Findings: Four themes emerged: demonstrate transfer of knowledge between generations, sharing tasks with extended family, feeling blessed with extended family and local myth and cultural practice related to caring for the baby. Findings demonstrated that transfer of knowledge between generations was important for these adolescent mothers. They shared responsibilities with and felt blessed having their extended families, along with local beliefs and cultural practice related to caring for their babies.

Discussion and implications for practice: Our findings contribute to understandings of experiences to becoming mothers among Indonesian adolescents living with extended family. Results can be used by healthcare providers, especially nurses and midwives, to develop cultural care interventions and educational program for maternity and psychosocial care for adolescent mothers and their families towards success in the transition period and maternal role attainment.

Introduction

Annually, an estimated 12.8 million births are to adolescent females aged 15 to 19 years, representing 44 births per 1,000 globally (World Health Organization, 2019). Around 47 out of every 1,000 adolescent females in Indonesia (15-19 years old) are confirmed to have given birth (Statistics Indonesia (BPS), 2018). However, Indonesian marriage laws set the minimum age of 19 years both for males and females (Kementerian Sekretariat Negara Republik Indonesia, 2019). An in-depth investigation of Indonesian attitudes towards early mar-

riage and adolescent motherhood revealed four key messages conveyed around adolescent pregnancy, namely, adolescent mothers are victims; adolescent mothers are vectors of disease; adolescent pregnancy reflects the moral decay of Indonesian society; and early marriage and adolescent pregnancy are shameful (Bennett, 2013). Negative social stigma towards adolescent pregnancy can result in repercussions such as being expelled from school, social discrimination and lack of social support during hardship (Shaluhiah and Ford, 2014). Irrespective of marital status, teenage pregnancy is associated with increased chances of poor outcomes for mothers and infants (Ganchimeg et al., 2014). For

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new adolescent mothers, the transition of internal sense of identity as they become mothers is an important event and challenging life change (Macintosh and Callister, 2015).

Transition to becoming a mother is a significant step in the lives of women (Howard and Stratton, 2012). This transition requires an intensive commitment from the new mother and active involvement may begin before or during pregnancy, or in the postpartum period with the woman beginning by seeking knowledge and skills to care for herself and her baby (Mercer, 2004). While this period may be challenging for all new mothers, the transition for adolescent mothers is reportedly associated with greater challenges across physical, psychological, social and spiritual domains (Mangeli et al., 2017). Being an adolescent in a disadvantaged ethnic group poses higher risk (Gurung et al., 2020), while continuing to traverse life changes associated with adolescence and becoming young adults (Macintosh and Callister, 2015). Indonesian adolescent mothers are reported to face various challenges during pregnancy and parenthood. Limited access to evidence-based information about reproductive health underpins an unwanted situation and unavoidable stress of early marriage, new roles and responsibilities, and a paradigm shift in their lives (Astuti et al., 2020; Erfina et al., 2019a).

Living with extended family as Indonesian culture

Indonesia is a densely populated country with a population around 268 million people (Statistics Indonesia (BPS), 2020). It is the fourth most densely populated country in the world after China, India, and the United States (Statistics Indonesia (BPS), 2018). In Indonesia, the family is crucial and extended family structures are common, including grandparents, aunts, uncles and cousins, who often live together in one place. Culturally, most Indonesian families are physically and emotionally close, work hard to help each other, and assume responsibility for their families' health, safety and well-being (Moffatt, 2012). Socially, family structure is significantly related to adolescent pregnancy. One study in Indonesia reported that the incidence of adolescent pregnancy to be more common in girls from large (extended) families (Anifah et al., 2018).

Social support is particularly important for adolescent females becoming mothers, and in this context, family support is especially important (Corrigan et al., 2015). When it functions well, living with extended family may provide multiple benefits for adolescent mothers and their infants, including the ability to complete their schooling, meet their own developmental needs and become skilled mothers in a supportive environment (Oberlander et al., 2009). An intergenerational home can provide a positive environment where adolescent mothers can perform and gain confidence in their maternal role, promote better child care and more positive child development, compared to the opportunities for young mothers living alone (SmithBattle, 1997). One study of social needs of young mothers in the United States listed support from family, including the baby's father and his family, as being vital elements of their support system (Dumas et al., 2018). This study also found that new mothers relied on female relatives, such as mothers and sisters, as the greatest supports for adolescent mothers (Dumas et al., 2018).

Most research on experiences of adolescent females becoming mothers, or experiences of adolescents during the transition to motherhood, is from high-income countries (Copeland, 2017; Devito, 2010; Sheeran et al., 2015a), Africa (Copeland, 2017; Devito, 2010; Sheeran et al., 2015b; Wahn et al., 2005; Wilson-Mitchell et al., 2014) or from Asia (Mangeli et al., 2018; Mohammadi et al., 2016; Ngai et al., 2011). Some studies have focused on adolescent pregnancy and the experience of becoming an adolescent mother in Indonesia (Bennett, 2013; Chotimah et al., 2020; Erfina et al., 2019a; Hasanah et al., 2019; Indarti et al., 2020; Oktaviyana et al., 2017; Rahmawati et al., 2019). One study in Indonesia focused on role of family structure and parenting style in adolescent pregnancy (Anifah et al., 2018). However, to our knowledge, there has been no study related to new motherhood transition of adolescent mothers and their extended families in Indonesia. In

Indonesia, culture is one cause of the high rate of early marriage. Parents marry off their daughters due to fear that their children will not marry and are called "perawan tua" meaning spinster. This can cause negative social stigma and can make their parents feel embarrassed (Rahmah et al., 2015). Extended family often provide social support to assist adolescent mothers to face their transitions. The aim of this study was to understand the new motherhood experiences of Indonesian adolescent females living with their extended families.

Methods

Design

A descriptive qualitative approach, inspired by the work of van Manen's (2007) phenomenology, was used to explore experiences of becoming mothers among a group of Indonesian adolescent mothers. This approach was considered the most appropriate method because the study purpose was to understanding lived experiences and meaning of an experience (Van Manen, 2017). This is valuable information that can provide insight and understanding about the life experiences of adolescent mothers who live with their extended families to inform support strategies.

Participants and setting

Purposive sampling was used to recruited participants from a large women and children's hospital in Makassar, South Sulawesi, Indonesia. This study setting has the highest number of adolescent mothers giving birth in hospital in South Sulawesi, approximately 3,000 per year (South Sulawesi Government, 2018). Makassar is the main town of South Sulawesi and one of the largest cities in Indonesia with the largest population in eastern Indonesia (South Sulawesi Government, 2018). In this region, there is a very high marriage rate for teenagers and the percentage of married women under the age of 18 years in South Sulawesi is 33.98%, higher than the Indonesian average of 25.71% (Statistics Indonesia (BPS), 2017).

In line with the aim of this study, participants were teenage mothers who met the inclusion criteria: primiparous mothers aged <20 years of age at time of giving birth, with children ≤ 6 months of age at the time of the study and living with their infants and extended families. Twelve adolescent mothers were agreed to participate in this study, and one declined to participate due her family not approving her participation. Recruitment ceased when data saturation was obtained, that is, after 11 interviews. All of the mothers were interviewed within two to four weeks after giving birth to their infants.

Data collection

In-depth interviews were conducted using semi-structured questions formulated by the researchers, and follow-up questions were collected according to the responses of participants. The questions focused on exploring the experiences of teenage mothers, their maternal roles, family and social support and their educational opportunities after becoming mothers. The first author conducted all interviews, and participants were interviewed individually in Bahasa (Indonesian language) between March and August 2018. The duration of the interviews was 45-60 minutes, collected digitally and transcribed verbatim. Initial data analysis was performed in Bahasa and transcripts were then translated into English and back-translated into Bahasa to ensure no loss of intended context.

All interviews were conducted by the first author (an Indonesian nursing PhD candidate and university staff member) in Bahasa (Indonesian language). Firstly, midwives approached adolescent mothers during their inpatient stay in the postpartum ward to determine their willingness to participate in the study. Those adolescent mothers who agreed were contacted by first author to arrange their interview at a mutually

convenient time. Participants determined interview location, with most choosing to be interviewed in a separate room in their home. During the interview, the women were encouraged to elaborate on their experiences being new adolescent mothers living with their extended families. All interviews were audio-recorded, lasted between 45 to 60 minutes in duration and were transcribed verbatim.

Data analysis

Interviews were analyzed using thematic analysis and transcripts were coded using Open Code 3.6 software for qualitative data processing. The analysis was performed based on Van Manen’s (2007) guidelines for phenomenological analysis, which consists of six steps: (1) turning to a phenomenon under investigation, (2) exploring the experience as lived rather than as conceptualized, (3) focusing on the basic themes that define the phenomenon, (4) explaining the phenomenon through the art of writing and re-writing, (5) retaining a clear and focused connection to the phenomenon, and (6) balancing the research sense by considering sections and the entire phenomenon (van Manen, 2007). The first author conducted initial data analysis and this was discussed with all co-authors (three authors have expertise in qualitative research and one author has expertise in adolescent health), enabling interaction and understanding to allow themes and sub-themes to emerge. All findings were cross-checked and compared to enhance the quality of reporting. Where the data coding process had various meanings, the team discussed these until consensus was reached (Usher and Jackson, 2018).

Study rigor

Several strategies were used to improve the trustworthiness of findings. The principles of trustworthiness of a qualitative study according to Lincoln and Guba (1985) include credibility, transferability, dependability, and confirmability (Lincoln et al., 1985). We established credibility through member checking, whereby two participants reviewed the coding, sub-themes and themes to ensure that the perspectives and experiences of participants were reflected.

Transferability was achieved through detailed descriptions of findings and comparing them with relevant research and concepts surrounding adolescent mothers. Dependability and confirmability were enhanced by detailed discussions between authors during analysis to reach agreement.

Ethical considerations

This study was approved by the institutional ethics review board of the university and received research approval from the research and development department of the hospital. Participants took part voluntarily, were informed they could withdraw at any time without giving an explanation and their personal information was protected. One person agreed to participate and signed the informed consent, however when

the interview was to be conducted withdrew due her family not approving the interview. Reporting of findings uses participant numbers only. Interviews data are stored in a locked filing cabinet and can only be accessed by the first author. The data will be destroyed five years after study completion.

Findings

Eleven adolescent mothers participated in this study. The mean age of the mothers was 17 years, ranging from 16 to 19 years of age. Five of the eleven participants had unplanned pregnancies. Nine had low education levels (elementary and junior high school) and only two had completed senior high school. The majority (n=10) were married and all lived with their extended families including husbands, parents, grandparents, siblings, parents-in-law, brothers-in-law and nieces which is common in Indonesian culture where all family members usually live in one place. Table 1 presents a descriptive summary of the participants.

Four categories of essential meaning interpreted from the data to describe the phenomenon of becoming a mother and living with extended family among these Indonesian adolescent mothers, namely: 1. ‘Demonstrate transfer of knowledge between generations’, 2. ‘Sharing tasks with extended family’, 3. ‘Feeling blessed with extended family’ and 4. ‘Local myth and cultural practice related to caring for the baby’. Reflective quotations for these themes are shown in Table 2.

Demonstrate transfer of knowledge between generations

An intergeneration pattern was observed with regard to adolescent pregnancy. Demonstrate transfer of knowledge from previous generation and related to taking care of the baby was expressed by all participants.

Sub-theme 1: mother and grandmother as key person

Most new young mothers (n=10) felt that because of their inexperience and feelings of fear associated with caring for their babies, they needed help to achieve their maternal roles. This was particularly important in the early period after giving birth. Mothers and grandmothers were significant resources the new mothers used to assist them in building their maternal roles. Even when families held initial feelings of shock and shame at the pregnancy out of marriage, these feelings generally gave way to the family coming together and older female members providing support and education for adolescent mothers in caring for their babies. The majority of adolescent mothers expressed that they learned a lot about how to care for their babies from their grandmothers and/or mothers:

“My grandma and my mother taught me how to bath my baby” (P1,).

One participant recalled living with her grandmother as her parents were divorced. She said that her grandmother was her significant other, taking care of her and her child.

Table 1
Descriptive summary of participants.

Participants	Age (years)	Education	Marital status at pregnancy	Marital status at birth	Baby’s age (months)	Living structure
P1	16	Elementary school	Married	Married	2 months	Husband, grandmother, parents, siblings
P2	16	Elementary school	Married	Married	2 months	Husband, parents, siblings
P3	17	Junior high school	Unmarried	Unmarried	1 month	Parents, siblings
P4	17	Elementary	Married	Married	1 month	Husband, parents-in-law, sister-in-law
P5	17	Junior high school	Unmarried	Married	3 weeks	Husband, parents-in-law, brother-in-law, niece
P6	18	Junior high school	Unmarried	Married	3 weeks	Husband, grandparents, parents, siblings, niece
P7	19	Senior High School	Unmarried	Married	3 weeks	Husband, parents, siblings
P8	18	Elementary school	Unmarried	Married	1 month	Husband, Grandparents, parents, siblings
P9	17	Junior high school	Married	Married	1 month	Husband, Grandparents, parents, siblings
P10	19	Elementary school	Married	Married	2 months	Husband, parents, siblings
P11	19	Senior High School	Married	Married	3 weeks	Husband, parents, siblings

Table 2
Themes, sub-themes and illustrative quotations.

Themes	Sub-themes
Demonstrate transfer of knowledge between generations	Mother and grandmother as key person Learning from family members
Sharing tasks with extended family	Sharing task to taking care of baby with family member Husband is family bread winner
Feeling blessed with extended family	Feeling lucky to have extended family Psychological support from family
Local myth and cultural practice related to caring the baby	Family cultural practice regarding caring for the baby Local myth

"My grandmother taught me many things, she was taking care of me when I was child because my parents were divorced and now, she also helping me to taking care of my baby, my grandmother helps to carry and bathe my baby, I am very lucky to have a grandmother who looks after me and my child (P9)"

Another mother revealed that her mother taught her how to take care of the baby. *"My mother taught me how to bath my baby and take care of the umbilical cord after hospital discharge"* (P8).

The participants regarded it as important to mirror values from their parents such as how to care for the baby and related maternal health. The young mothers revealed that from their mothers, as role models for how to be good mothers, they learnt how to be a young mother.

"My mother always teaches me how to be a mother, my mother also taught that if you have children, you will have more responsibility and you must focus on the baby's needs. For example, my mother always reminds me to consume lots of vegetables to increase breast milk production. That's why I always follow everything taught by my mother" (P10).

Sub-theme 2: learning from family members

Apart from mothers and grandmothers, most participants learned how to care for their babies and about breastfeeding from other family members. One participant revealed that she learnt from her cousin.

"We are living with extended family, there are so many family members at home who teach me how to breastfeed. My cousin who lives with us also has children and taught me how to breastfeed a baby" (P11).

Another participant described how her sister-in-law taught her the correct bathing method:

"There is also my sister-in-law who always helps and shows me how to take care of my baby, many of my family members who help after I gave birth." (P2).

Sharing tasks with extended family

This theme reflects the struggle of young mothers to optimize their maternal responsibilities and assistance from family matriarchs that aided in this process. All participants expressed receiving social support from their extended families. This kind of support included sharing of tasks involved in taking care of the baby.

Sub-theme 1: sharing tasks with family members

Most adolescent mothers were living with different generations, some with husbands, grandmothers, parents, parents-in-law, siblings, aunts, uncles and cousins. This situation usually provided a positive experience related to support received by the new mothers. Most spoke of sharing tasks with other family members as teamwork, especially from mothers and grandmothers, as most important in helping them to care for their babies. One participant who living with six family members revealed that:

"I usually share tasks in caring for babies with my family at home. In the morning, my husband and parents leave for work so my grandmother will help me to take care of the baby. When my mother and husband come home after work, they will help me care for the baby. My mother helps bathe the baby and husband helps with other household chores. I have a big family living in my house so they always help me to take care of my baby." (P1).

Most adolescent mothers reported sharing tasks with their husbands and other family members. One reported how her routine activity involved her extended family:

"In the morning, my mother helped me to take care of my child. After I cleaned my house, I took my child. My husband also helped me at night." (P2).

Sub-theme 2: husband as family bread winner

Other significant support came from husbands. This sub-theme describes how husbands' tasks involved financial support for their family. Ten of the eleven participants were married and living with their husbands after the birth of their babies. One mother (P3) was unmarried and living with her parents. The specific support from husbands that new mothers found helpful were tangible practical and emotional support. The types of practical support from husbands included financial support for the family, and when fathers spent quality time with their infants.

"My husband's always playing with our child. When he comes back home after work, he comes here to play with our child." (P5)

"My husband works as an online driver. He gives me money to buy baby necessities and he bought milk for our baby (P6).

Infants' fathers gave emotional support to their partners and infants:

"My husband asked me to take a rest while our baby sleeps, my husband's care about my condition makes me more relaxed." (P9)

The absence of support was keenly felt by one participant not living with the baby's father, as she reported he never came to see their baby and her extended family banned her meeting and marrying her boyfriend.

"I am angry because the baby's father never came to see our baby. I tried to contact him because he always said that he will come. He promised to marry me after the baby was born but my father was angry with him and banned me from meeting the baby's father. It's so complicated but I still love him and I'm waiting for him to come and marry me." (P3)

Feeling blessed with extended family

This theme revealed how adolescent mothers reported feeling blessed living with their extended families, including many positive experiences such as receiving psychological support and assistance with taking care of their babies.

Sub-theme 1: feeling lucky to have extended family

All participants were living with approximately four to 12 extended family members. All revealed positive feelings regarding living with their extended families. Adolescent mothers received attention and time being taken care of by their mothers during and after pregnancy. This situation was expressed by one adolescent mother who got married after her pregnancy:

"I feel lucky because I have many family members who always help me take care of the baby." (P7).

"When I found out that I was pregnant, I was afraid to tell my parents about my pregnancy because I was still in senior high school at the time, at first my parents were angry but eventually they accepted my pregnancy. I was married with a husband and grateful to have supportive parents, my husband and my mother-in-law." (P6).

"I was very embarrassed to meet other people when I was unmarried and pregnant, I realised I had made a mistake, but I was lucky that my parents accepted my condition and helped me raise the baby." (P3).

Sub-theme 2: psychological support from family

All family members wanted to be able to give support for the growing needs of their families. All participants reported receiving psychological support from their family members, even though the families felt disappointed about the adolescent becoming pregnant when unmarried. However, families, especially parents and grandmothers, provided psychological support that made adolescent mothers feel more confident and blessed. One participant reported that she felt blessed having parents who always gave support to their daughter.

"My mother always accompanied me during my pregnancy until after giving birth. She taught me many things, especially how to care for babies. My parents are my greatest source of psychological support right now because I don't have a husband." (P3)

Local myth and cultural practice related to caring for the baby

Culture and traditional practice, myth, taboos and beliefs play an important role in health behavior in Indonesia society with thousands of different ethnic groups and cultures. This theme reported on local myth and cultural practice related to caring for the baby.

Sub-theme 1: family cultural practice regarding caring for the baby

Some participants revealed their family's cultural practice related to caring for the baby and breastfeeding. One reported that she was taught how to care for the baby's umbilical cord after discharge from hospital: *"My mother taught me to put powder on the umbilical cord area to make*

the cord come off quickly, so I always use powder after the baby is bathed". (P6)

Another participant expressed her family's belief regarding breastfeeding: *"My family taught me to eat a lot, especially vegetables to increase breast milk production and not to lift heavy weights because it will stop the release of breast milk." (P8)*

Sub-theme 2: local myth

Every society has local myths and these will impact on beliefs and decision-making around their health status. Belief in supernatural powers was also related to babies' health conditions, as revealed by one participant: *"My grandmother always teaches me not to leave the baby alone, especially in the first 40 days after birth, because babies can be bothered by" parakang "(ghosts), such as the incident when my neighbor's child died after*

discharge from the hospital. The child was born healthy but when he returned home the baby immediately died, my parents say because of "parakang" (ghosts)" (P1).

Another reported belief related to decision making around using contraception: *"The midwife advised me to use contraception after giving birth, because we are still young, but my grandma and mother ban me, they said after my baby was 40 days old I could use contraception because dirty blood after delivery would be blocked." (P4).*

Discussion

The descriptions of experiences in becoming mothers for these Indonesian adolescents provide insights into the reality of becoming mothers and particularly the role of social support from extended family in line with Indonesian culture. The results demonstrate that transfer of knowledge between generations was an issue these mothers experienced while living with extended families. Adolescent mothers revealed that their mothers and grandmothers were key people during their motherhood transition. Learning to care for the baby from parents (usually mothers and grandmothers) was the most common process for these Indonesian adolescent mothers. The family plays a fundamental role in the process of promoting social competence for better quality of life and health (Bernardo et al., 2020). One study reported that some adolescent mothers in Namibia expressed their experiences of being assisted and supported by their mothers or grandmothers as the most frequent providers of support (David et al., 2017). This is a different finding to studies of adolescent mothers in other countries where adolescent mothers and grandmothers often experienced psychological conflict around taking care of children and parenting styles (Buckingham-Howes et al., 2011).

The maternal role is a crucial transition after childbirth for new mothers (Erfina et al., 2019b) and readiness is one requirement for discharge from hospital after delivery (Hariati et al., 2020). The young mothers in our study reported efforts to enhance their maternal roles by learning from family members. The narratives of new mothers in this study suggested they believed being a good mother meant focusing on their babies. Learning how to take care of the baby was one effort the adolescent mother undertook to demonstrate achievement of their maternal role. Success in the maternal role comes when the mother acquires competence for the care of the child, mother-infant interaction, and creates balance between the new and previous roles (TK and Chandran, 2017).

Teenage couples in Thailand reported receiving support from their families (Sriyasad et al., 2016). This could take the form of emotional, physical, financial, material, and information support (Sriyasad et al., 2016). In this study, adolescent mothers reported sharing responsibilities in taking care of their babies with other family members. Social support from the family helped them to smoothly make the transition to being a teenage parent (Sriyasad et al., 2016). Culturally, most Indonesian families are warm, kind and caring for their members (Riany et al., 2017).

Adolescent mothers are faced with multiple challenges including partner support and financial difficulties (David et al., 2017). Findings from this study identified that husbands were the key family breadwinners. The young fathers provided both crucial financial and emotional support for mothers. Contrastingly, one study in Namibia reported that young mothers lacked support from the biological fathers of their newborn babies and did not have economic security to support themselves and their children (David et al., 2017). The findings of this Indonesian study were different regarding young fathers who were generally committed to the adolescent mothers. Indonesian culture reinforces the traditional major role for women of nurturing children and managing households, while fathers are responsible for being the family breadwinner (Riany et al., 2017). However, gender ideologies act as a moderating mechanism in the double standard applied to gender norm violators. One study showed that primary caregiving fathers and primary bread-

winning mothers were viewed less favourably than caregiving mothers and breadwinning fathers (Gaunt, 2013).

The quality of family support may influence the occurrence of pregnancy in adolescence (Bernardo et al., 2020). This study revealed participants felt blessed having extended family who were willing to accept the pregnancy at a young age and provide them support in taking care of their babies. The Indonesian adolescent mothers in this study received significant support from their extended families as they became mothers. Social support during the transition to motherhood is especially important for adolescents' adaptation to the parenting role (Brown et al., 2018; Suplee et al., 2014). In contrast, one study reported that adolescent mothers lacked support and guidance from their families (David et al., 2017). This is different to this study due to unstable relationship with the biological father of child, as well as health for themselves and their babies (David et al., 2017). When adolescent mothers receive sufficient emotional and material support from their families and husbands/partners, they are reportedly less stressed and suffer (Sámano et al., 2017). This is in line with one study in Indonesia that reported on the variety of adolescent mothers' experiences in receiving social support from significant others (husband, biological mother and mother-in-law) providing increased confidence in caring for the baby (Oktaviana et al., 2018).

Becoming an adolescent mother has become a very important issue recently, in relation to developing physical, as well as psychological vulnerability, for the adolescent (Akter, 2019). This study reported that most mothers expressed positive things about family support. However, some revealed that their decisions were strongly influenced by the decisions of their extended families and family beliefs. For example, one participant was prohibited from using contraception after birth and one was not married to her child's biological father because the extended family disapproved of their relationship. In accordance with another Indonesian study, the extended family influenced parents' decision-making process about the children, so that in this case the adolescents felt pressure from family at home. This is different from those who live with nuclear families and whose decisions are not influenced by others, thus facilitating communication between adolescents and parents (Anifah et al., 2018).

Indonesia, as an archipelago country, has thousands of different ethnic groups and cultures. Every society has its own traditional beliefs and practices related to baby care (Reshma and Sujatha, 2014). This study found that local myth and cultural practice related to caring for babies included family beliefs of supernatural effects on babies' health and decision making to use contraception after delivery. In the community, mothers receive information from family members, elders and traditional birth attendants. Hence, these groups, pregnant women and new mothers should be targeted with appropriate educational messaging (Reshma and Sujatha, 2014).

There are limitations to this study that need acknowledgement. The study was conducted at a single location with 11 mothers who volunteered to participate in Sulawesi, Indonesia so the experiences may be different elsewhere. It is also possible that others who chose not to participate had different experiences. However, it is also possible that findings may be similar for adolescents living with their families in similar sociocultural and family contexts within and outside of Indonesia and south east Asia.

Conclusion and implications for practice

Being an adolescent mother presents distinct challenges. This study contributes to understanding experiences of becoming mothers among Indonesian adolescents by exploring the role of extended family. Findings included demonstrate transfer of knowledge between generations, particularly involving mothers and grandmothers as key people for adolescent mothers facing their new roles. Regarding extended family is part of the family context in Indonesian culture, adolescent mothers reported positive experiences when they shared tasks with extended families. All

family members shared responsibilities in taking care of babies and husbands were the family breadwinners. It was found that the adolescent mothers felt blessed with having their extended families. The crucial family support received made them feel lucky and having less stress in their new roles as adolescent mothers.

Our findings contribute to understandings of experiences to becoming mothers among Indonesian adolescents living with extended family. Results can be used by healthcare providers, especially nurses and midwives, to develop culturally appropriate interventions and educational programs for maternity and psychosocial care for adolescent mothers and empowering significant others, such as husbands and families, towards success in the transition period and maternal role attainment. Nurses in Indonesia have opportunities to improve community health using family-centred care models to help teenage mothers achieve their maternal roles. In Indonesian culture, family is central to a family member's health. Furthermore, there is a broader need for influencing more accepting societal views on adolescent pregnancy. Development of interventional care for adolescent mothers should include the involvement of the extended family. Further studies are needed to explore the maternal roles of adolescent mothers from different cultures globally, and also investigate the effectiveness of nursing interventions to enhance young mothers' development of maternal roles.

Conflicts of Interest

The authors declare that there are no conflicts of interest

Ethical approval

This study was approved by the Hasanuddin University Medical Faculty Ethics Committee (admission number: 175 / H4.8.4.5.31 / PP36-KOMETIK / 2018). This research conforms to the provisions of the Declaration of Helsinki in 1995 (as revised in Edinburgh 2000).

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CRediT authorship contribution statement

Erfina Erfina: Conceptualization, Methodology, Investigation, Data curation, Visualization, Writing – original draft. **Widyawati Widyawati:** Methodology, Data curation, Visualization, Writing – review & editing. **Lisa McKenna:** Data curation, Visualization, Writing – review & editing. **Sonia Reisenhofer:** Data curation, Visualization, Writing – review & editing. **Djauhar Ismail:** Methodology, Supervision.

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Supplementary materials

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