
RESEARCH ARTICLE

Pandemina: Psychological Effects of Becoming First Time Mothers In The Middle of the Pandemic

Basan, Ewina Marie S.¹, Sumicad, Rulthan P.² ✉ Arciete, Diane C.³, Antolijao, Karyll⁴, Apor, Shimmer Angel⁵ and Bellen, Shaimaika⁶

¹RPm, College of Arts and Sciences, University of Cebu-Main, Cebu City, Philippines

²MA-Mathematics, LPT, College of Arts and Sciences, University of Cebu-Main, Cebu City, Philippines

³MA Rpm, College of Arts and Sciences, University of Cebu-Main, Cebu City, Philippines

^{4,5,6}College of Arts and Sciences, University of Cebu-Main, Cebu City, Philippines

Corresponding Author: Sumicad, Rulthan P, **E-mail:** rulthanpatoc@gmail.com

ABSTRACT

This research investigated the psychological effects of selected first-time mothers in Cebu province during COVID-19. It further described the participant's experiences as a first-time mother during a pandemic, the apprehensions and challenges of a first-time mom, and the effects on the psychological well-being of such challenges and uncertainties. This study utilized the qualitative research method. This study's sixteen (16) participants were selected through convenient and purposive random sampling. The researcher's semi-structured interview guide was used in data gathering through in-depth interviews. The thematic analysis of Braun and Clarke was used to analyze the qualitative data. Codes, categories, and common themes were identified from the transcript of in-depth interviews. Eight (8) emergent themes were established from the participants' responses that were classified under three (3) overarching themes that provided answers to the sub-problems. The emergent themes were extracted from the significant statements of the key participants. For the descriptions of the participants on their experiences as first-time moms during the pandemic, the overarching theme, *The Experiences of the Participants during the Pandemic*, has two (2) emergent themes that were categorized as: *On Experiences on COVID-19 health protocols* and *Heightened Maternal Protective Instinct*. For the challenges and apprehensions of the participants as first-time mothers during COVID-19, the overarching theme is *Challenges and Apprehensions*. *The participants* have two (2) emergent themes classified as *Transition to Motherhood* and *Financial Factors Affecting Emotions*. For the effects of such challenges and apprehensions on the psychological well-being of first-time mothers during COVID, the overarching theme *Effects of Such Challenges and Apprehensions on the Psychological well-being of the Participants* has four (4) emergent themes were identified: *Psychological Effects during Motherhood*; *Increased Maternal Value*; *Relationship with Society*; and *Heightened Maternal Motivation from Witnessing Developmental Milestones*. The findings and recommendations derived from the study were used to improve understanding of the lived experiences of first-time mothers during COVID and future research designed to delve into coping strategies for such experiences to the overall well-being.

KEYWORDS

First-time Mother, Pandemic, Psychological Effects, Qualitative Study, Thematic Analysis, Covid-19

ARTICLE INFORMATION

ACCEPTED: 02 September 2023

PUBLISHED: 30 September 2023

DOI: 10.32996/jpbs.2023.3.2.2

1. Introduction

Mothers are the light of the family. They compose the basic unit of society. Various books hold to the criticality of mothers' existence. An example is the ancient proverbs and T.D Jake's "Mother Made the Difference." Mothers are timeless and powerful educators, nurturers, and agents of change. Mothers have dealt with various changes before, during, and after pregnancy.

Copyright: © 2023 the Author(s). This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC-BY) 4.0 license (<https://creativecommons.org/licenses/by/4.0/>). Published by Al-Kindi Centre for Research and Development, London, United Kingdom.

Becoming a mother starts with childbearing- a challenging process amidst typical situations. The simultaneous changes in physiology, appearance, body, and social status make pregnancy a unique period of a woman's life. However, with the onset of a global health crisis, being a mother has never been more challenging.

The American College of Obstetricians and Gynecologists (2021) states that pregnant women have more risk of severe illnesses from COVID-19 than those who are not pregnant. Mayo Clinic (2021) also stated that there is an overall low risk of COVID-19 to pregnant women. However, pregnancy raises the possibility of risks with COVID-19. Jeanne Sheffield, MD, indicated that changes in pregnant women's immune systems make them vulnerable to the virus (Johns et al., 2021). On hospitalizations, pregnant women's access to proper hospital care is being delayed and, at some point, neglected due to community efforts to stem the speed of virus transmission. There has been a wider time gap in the post-delivery status of 12-24 hours than the 48 hours before the pandemic, proving difficulty in ensuring the proper postnatal care for mothers and babies (Institute for Healthcare Improvement, 2020). Many hospitals are changing their policies to ensure the safety of everyone as well, which includes strict implementation of labor and delivery visitors (Johns et al., 2021). These would eventually be potential causes for first-time mothers' current mental processes. Women are most likely to develop mental health problems during the perinatal period, which can also be the time to leverage opportunities. The anticipation of carrying the baby for the first time, first trimester, third trimester, and labor and birth is an arduous process. Anxiety starts to fall as fatigue, hormonal changes, nausea, health status, and the idea of giving birth alter emotional responses (Australian Psychological Society, 2017). After childbirth, new mothers experience psychological and physiological changes. Mothers' psychological problems are insomnia, anxiety, and depression (Hindawi, 2017). Psychological problems surface from the presence of the child giving birth and attachment issues in the transition to motherhood. These deal with first-time mothers' social relationships with family and kin.

COVID-19 has taken a tremendous toll on first-time mothers. Bringing a baby into this world causes much stress to the mothers, entailing several individual and interpersonal changes, leading to various forms of distress with different intensities and duration. Research has emphasized that various medical, psychological, and social factors can contribute to developing or exacerbating perinatal maternal conditions. The pandemic crisis and the precautionary measures implemented by local authorities to curb the coronavirus transmission may have adverse consequences on mothers who just gave birth and those about to have their baby, potentially elevating the risk of experiencing anxiety, depression, or post-traumatic symptoms. Studies focused on pregnant women have thoroughly investigated the influence and frequency of antenatal anxiety and depression, documenting elevated rates of these conditions in diverse nations (Biaggi et al., 2016). The aims of this study are consistent with the developmental work and preparation needed for a future complex intervention study. The aims were to (1) investigate the psychological effects caused by the pandemic on first-time mothers, (2) help the researchers come up with intervention plans that could help the study, and (3) provide ideas and information to the following researchers.

Little to no study regarding this topic has been presented majorly with mutually different focus areas. The onset of the pandemic has led to this pursuit to provide a detailed explanation of how first-time mothers' psychosocial state differs from those before the pandemic. Doing this study is a timely and relevant undertaking that will lead to another exploration of the mothers' psychosocial state impact on the children from the womb and as they develop. This study shall pursue the discovery of comparisons and contrasts of the children born before and during the health crisis. A study like this can be a forerunner for a longitudinal study. Studies have shown that secure motherly attachment and the relationship between mother and child strongly affect children's social development. The children's ability to buffer and cope with a stressor is also affected by such attachment (APA Online, 2009). This study can further be developed into a scientific approach concerning first-time mothers affected by the virus. Research on the effects of the virus being passed to children or the possibility of such transmission is still ongoing (World Health Organization, 2020). However, knowledge of these inquiries will be discovered as the study progresses in the different areas concerned. The researchers will pursue this study as it highlights the importance of societal responsibility for knowledge contribution rather than an academic requirement. It will shed a better light on maternal psychology and its relevance to today's pandemic.

2. Theoretical Background

Motherhood is one of the most crucial stages of being a woman. Being a mother takes a lot of courage and sacrifices, particularly during these times of uncertainty. This section will discuss the leading theory and supporting theories in maternal psychology. This section of the paper presents theories integral to a better understanding of psychological states that first-time mothers undergo before and even after giving birth.

This study is anchored on the psychophysiology of pregnancy from the psychoanalytic perspective using the Early Drive Model of Sigmund Freud. According to Freud, pregnancy is an ego psychology that emphasizes how our ego and its defenses adaptively manage our instinctual drives- our coping resources. Earlier modes of cognition typically appear during pregnancy with the said regressions. Behaviors such as ego regression with a distorted perception of reality, magical thinking associated with primary processes (*e.g.*, irrational beliefs and fears), and greater emotional volatility are normal for pregnancy. These behaviors often lead

to anxiety, with obsessional, compulsive, and phobic preoccupations that give emotional disturbances on psychological measures. Psychoanalytic interventions are at an optimal stage during these times of lessened defenses during pregnancy (Leon, 2008).

On the Relational Models of the Psychoanalytic perspective, theorists have emphasized that a woman's identification with her mother is a crucial determinant of the course and outcome of pregnancy. A woman's history of being mothered through infancy and childhood is intimately linked with her growing sense of maternity. Resonating with the mother's experienced infantile helplessness is her ability to effectively prepare the mother for her dependent infant by understanding the baby's experience. According to Brazelton and Cramer, "She will simultaneously identify with her mother *and* fetus and thus will play out and work through the roles and attributes of both mother and baby, based on past experiences with *her* mother and *herself* as a baby. It explains why ego regressions are considered primitive cognitive and emotional reactions during pregnancy, and the puerperium forms an adaptive preparation for empathizing with and parenting a baby. Benedek (1956) understands a mother's pain engendered by her helpless, crying baby that this simultaneously evokes not only her sense of being the "bad mother" who cannot effectively care for her child (corresponding to images of her disappointing mother) but the "bad infant" as well (linked with her earlier images of an angry, bitter, unhappy self). Formulating a new relationship not with the earliest other—typically the mother—but with oneself is another relational perspective. A considerable portion of the expectant mothers' self-esteem is invested in the child-to-be. Pregnancy fulfills other normal narcissistic ambitions by fostering a sense of omnipotence through the act of human creation. Involving a connection with a separate person—extending and enhancing the best parts of oneself are the threads of pregnancy that intertwine with the Relational models of psychoanalysis. There is a gradual change from sensing the fetus as a part of one's body, psyche, and self to viewing the unborn child as a separate individual awaiting birth throughout pregnancy.

Nonetheless, both elements persist even after delivery. The pride felt with each developmental achievement accounts for the devotion to that child as if one is very life-dependent on it, which explains the narcissistic experience of the baby. Respect for the child's individuality is channeled through recognizing one's child as having a separate identity and the need to support that child in becoming himself apart from whatever wishes a parent may have in mind. Either strand alone presents a distorted image of parenting (Leon, 2008).

Early mother-infant interactions begin with the mother adding meaning to the child's behaviors, which move on to mutual adjustment of emotions as exchanges increase. Then, the interactions begin to be experienced intersubjectively as the infant begins to understand the presence of intentions and minds in other people. Mother-infant interaction begins to have significance called "shared experience of emotions (mind)," which is essential for the affective development of infants or the personality formation. Consequently, emotional availability constitutes a key feature of parenting and children's development (Bornstein, 2000).

Concerning the tasks of psychological development during this phase, we can base it on Erikson's Theory of Psychosocial Development (1958). He stated that the task of psychological development for the first year of life is to gain essential trust, and the task around the age of two is to gain autonomy. Erikson says that these development tasks are achieved through an appropriate parenting environment for the infant, namely, a qualitatively favorable maternal relationship. Being a first-time mom has been a big emotion for a mother, especially expecting one relationship and the experience of having one's firstborn. However, in this time and situation, it is possible to assume that the usual distress several women undergo due to the critical experience of motherhood would be amplified by the pandemic. Indeed, this situation has already been proven to have fatal effects on the psychological well-being of expectant mothers and postpartum women. Specifically, previous studies on women found higher anxiety symptoms (Saccone et al., 2020) and increased concerns and fears about childbirth (Ravaldi et al., 2020) among pregnant women. Moreover, international studies found more excellent rates of depression, anxiety, and stress among mothers of infants and young babies (Cameron et al., 2020).

This global COVID-19 pandemic became a significant stressor that originated outside of the family system. However, given the novelty and uncertainty concerning this disease, it is likely to be perceived as a significant stressor for many parents and children. Studies have revealed a connection between parents' perception of the impact of COVID-19 and heightened levels of parenting stress, which, in turn, elevates the risk of engaging in harsh parenting practices (Chung et al., 2020). Even families not directly exposed to the virus are likely to experience the indirect effects of the COVID-19 pandemic (Van Bavel et al., 2020).

Transition theory by Burr (1972) underscores the behavioral and psychosocial dimensions of the transition to new parenthood while identifying factors that can either facilitate or impede the process of becoming a mother. Oakley (1986), Crouch, and Manderson (1993) utilized in-depth interviews to give proper avenues for mothers to share their childbirth and motherhood experiences openly. The cultural context of a society significantly shapes a woman's childbirth experience (Simkin, 1996). Being pregnant during this pandemic may affect a woman's psychological aspect and performance as a mother. Prior research on pregnant women has extensively examined the influence and occurrence of antenatal anxiety and depression, consistently reporting elevated rates across multiple countries (Biaggi et al., 2016). While studies have noted variations attributable to differing

methodological approaches, the approximate prevalence of anxiety disorders among pregnant women is around 15% (Dennis et al., 2017). Antenatal depression, on its side, has been reported to affect 10–20% of expectant mothers—depending on the different cut-off scores used in the studies (Sunnqvist et al., 2018).

This study is anchored to the theory of John Bowlby's Attachment Theory (1958), which was tested to be one of the suitable theories about a mother's emotional state during childbirth. Their state is that external behaviors are guided by internal mental representations, which are instrumental in shaping one's state of mind. Social cognition plays a central role in this theoretical model. Consequently, the theory posits that a mother is more inclined to engage in positive parenting when her perceptions of the surrounding and social world are positive. Expressing emotions through their voices, faces, and gestures, mothers engage their children, direct and maintain child attention, and build rhythms of expectable dyadic interaction (Bornstein et al., 2006; Martin et al., 2002; Weinberg & Tronick, 1996).

In this study, John Bowlby's Attachment Theory relates to the study for it shows the attachment of a mom to her child after birth and how her surroundings would change her perception and behavior significantly if it would harm her child. In this ongoing pandemic we are having now, attachment to the mother is a behavior that's formed, especially when the mom breastfeeds the child. "Early environments matter, and nurturing relationships are essential (Shonkoff & Phillips, 2000, p. 4) ... Children grow and bloom in an environment of close and dependable relationships that provide love and care, security, responsive interaction, and encouragement for exploration. Development is disrupted without at least one such relationship, and the consequences can be severe and long-lasting". A mother's perception may differ, affecting her performance as a mother. Thus, the primary assumption of this theory is that parents' social cognition affects their children's social cognition via the quality of parenting.

3. Objective of the study

This study investigated the psychological effects of the global pandemic in Cebu Province on first-time mothers. Specifically, it investigated the participant's experiences, challenges, and coping mechanisms.

4. Research

This section explains how the researchers gathered, investigated, and deduced data. Purposely, this discussed the researcher design, research locale, research instrument, data gathering procedure, and the study's data analysis.

4.1 Research Design

This qualitative research used the phenomenological study approach. Phenomenological study is a process of studying phenomena as they are expressed in our experiences and our subjective responses to such phenomena. In this regard, it underlines the first-time mothers' experiences during a pandemic. Specifically, it utilizes a descriptive method in research. Interview questions can be answered with the research participants' personal words, ideas, symbols, and actions.

4.2 Research Locale

The study was conducted in selected areas of Cebu Province. These places were identified with the inclusion of factors such as geography, accessibility, and resources of the researchers within the restrictions of the pandemic. Currently, with the onset of the global health crisis and the learning arrangement, specific areas of participants were **Cebu City**- The center of exchange and the heart of Cebu. It has an area of 315 km² and a population of 922,611. **Mandaue City**- This is a first-class City in Cebu that is highly urbanized. It has a land area of 34.87 km² and a population of 362,654. Moreover, the **Municipality of San Fernando** is in the South of Cebu Province. It is a second-class Municipality with a land area of 69.39 km² and a population of 66,280.

4.3 Research Respondents

The study's respondents were first-time mothers during the pandemic, specifically in the Cities of Mandaue and Cebu and the Municipality of San Fernando. Both single moms and partners are suitable for answering the question. No age limit will be imposed on the study. However, the average age of the samples was in the young adulthood stage of 18-35. A total of 16 samples were chosen using convenience and purposive sampling techniques.

4.4 Research Instruments

Gathering and collecting necessary data for the study was done through an individual semi-structured interview guide with open-ended questions. Since the method was done individually, this provides much more detailed information unavailable on other data collection methods. They were carried out face to face, by telephone, and by computer, along with the strict observation and implementation of health and safety protocols. Data obtained by the researchers were recorded via smartphone and field notes as recording devices.

4.5 Research Procedure

This section presents the study's data collection, analysis, ethical considerations, and trustworthiness. Questions such as how the data were gathered, in what specific were the data to be analyzed to come up with a valid and reliable conclusion, and the necessary ethical procedures to exercise Republic Act 10173 or the Data Privacy Act of 2012 were reflected.

4.5.1 Data Collection

Before the conduct of the study, the researchers sought permission from the Research Advisers and Subject Teacher. Due to the current learning arrangement, the data was collected outside the school premises. Before the interview, the respondents were informed about the nature and purpose of the study and were encouraged by the research team for their complete and sincere participation. Along with the respondents' agreement was the distribution of informed consent forms. Interview questionnaires were conducted virtually for the time being and pursued face-to-face when mandates were made. In these interviews, follow-up questions were used, and all interviews were tape-recorded and transcribed virtually to make notes on important and relevant information regarding the study, as this defends against bias and gives room for a permanent record of what was and was not said by the participants. All reassuring that the information gathered was kept confidential. Respondents were debriefed about the study and were given gratitude for their participation.

The research interview occurred in the Second Semester of the Academic Year 2021-2022. Specific time frames depended on the availability of the participants and the start of the academic year. In striving to promote social good and prevent or mitigate social harm, the researchers observed respect and confidentiality.

4.5.2 Data Analysis

The researchers utilized Thematic Content Analysis. It was used to analyze the interview data. This analysis method consisted of five steps: transcription, checking and editing, analysis and interpretation, and verification (Karlsson, undated; Sarantakos, 1998). The steps involved in the analysis were *Transcription, Checking and Editing, Analysis and Interpretation, Generalization, and Validation*.

The researchers used visual representations like tables and graphical presentations to analyze and interpret the data effectively. Besides, the researchers used triangulation to provide a well-established analysis. The research team reviewed data collected through interviews to grasp essential concepts and evaluate and translate the use of language into a more formal and understandable tone. To ensure a comprehensive understanding of such follow-up evaluation t, he reviewed the recording and the accurate notes taken. Researcher-adviser consultations were employed to analyze and interpret the data carefully and objectively.

5. Results and Discussion

This chapter summarized the findings from participant interviews and questionnaires and Bamberg's (2012) data analysis using narrative analysis to understand the study comprehensively.

This qualitative study was based on an in-depth examination of the transcribed responses. (Please refer to Appendix E for the Transcription Verification Form.) for each primary participant's transcribed responses by thoroughly reading the transcripts to ascertain the overall sense of their content coverage. The significant statement was extracted, recorded, and encoded from the interviews and questionnaires using Microsoft Word. Significant statements were properly encoded with their assigned response and participant numbers for efficient tracing. There were 112 significant statements (please see Appendix F for the Coded Significant Statements) that described the psychological effects on first-time mothers during the pandemic.

The researchers gave each of the 112 significant statements extracted from the transcripts a formulated meaning. One hundred twelve coded formulated meanings explained the participant's experiences succinctly.

The formulated core meanings that shared common conceptual and structural patterns were grouped. Cluster themes were assigned to these frequently occurring groups of formulated meanings. Eight cluster themes were developed. Afterward, the cluster themes were enhanced and reorganized into sub-themes, consolidating two or more cluster themes. The identification of cluster themes resulted in the formation of eight sub-themes. Finally, the eight sub-themes were clustered to form the emergent themes. Eight (8) emergent themes represented the study's three (3) significant sub-problems.

After a thorough and time-consuming process of core meaning formation using Bamberg's (2012) narrative analysis, eight (8) cluster themes were generated and reorganized into eight (8) sub-themes, which were further divided into eight (8) major emergent themes. The emerging themes were classified into three (3) significant categories that provide context for the study's sub-problems. The following are the overarching themes, along with their emergent counterparts:

- I. The Experiences of the Participants During the Pandemic**
 - a. Experiences on COVID-19 health protocols
 - b. Heightened maternal protective instinct.
- II. The Challenges and Apprehensions of the Participants**
 - a. Transition to motherhood
 - b. Financial factors affecting emotions.
- III. Effects of Such Challenges and Apprehensions on the Psychological Wellbeing of the Participants**
 - a. Psychological Effects During Motherhood
 - b. Increased maternal value.
 - c. Relationship with the society
 - d. It heightened maternal motivation from witnessing developmental milestones.

Themes developed to describe the study's responses to the research questions. The three (3) primary themes were discussed in detail, along with the various emergent themes.

I. The Experiences of the Participants During the Pandemic

1. Experiences on COVID-19 health protocols.
2. It heightened maternal protective instinct.

The themes constructed with main themes provided descriptions of participants' experiences, their experiences, and the fear and avoidance during the pandemic as a first-time mother.

The following two (2) emergent themes characterized the participants' experiences with this study's sub-problem number 1:

1. Experience during COVID-19 health protocols. This theme described the experiences of first-time mothers with travel restrictions and safety protocols.

During the one-on-one virtual interview, participant 5 was asked to describe her life as a first-time mother during the pandemic. She answered:

It goes like this, actually, it-it really isn't easy.. 'cause of how you fe-feel right now. Because everything, your pregnant- and it's all over the place. Like, is it safe? Is it safe to give birth in the hospital? It's like 50/50 because the truth is, if you're pregnant, we're just 50/50. We can- we can be gone, and we can also be alive, right? And especially of the pandemic right now, you really need to take the SWAB test for the hospital and that's why it's really hard. That's why you really have a lot of experiences if you ever get pregnant. It's like your one foot is in the grave. That's what you call 50/50.

Participants 6 and 7 added:

At first, it was hard. Well. Um.. All of the time, it is hard. Hahahaha! But like, really.. but it's really hard especially um.. because of the pandemic. Um.. a ot of things changed especially on like how the doctors handle the patients. I-I guess.. This pandemic made it difficult to be in a hospital and have a baby.. I guess for this one, it is very hard. Yeah. It's really hard, especially because of health, because.. you can't really just carelessly like.. your baby. Now that there's covid, we just stay at home and that it's always safe.

According to the responses, the researchers believed that the experiences with travel restrictions and safety protocols has been the most initial difficulties the first-time mothers have experienced.

2. Heightened maternal protective instinct. This theme describes how mothers' protective instinct has increased.

Participant 10, when asked about how motherhood was, replied:

Uhhhmm tiresome but fun. Irritating uhhhmm you cry without a reason uhm I do not know hahaha. It is really a mix of emotions that I do not know and that I really do not understand. Sometimes I get irritated, but later on I laugh... I really do not know hahaha. You know, the feeling of being angry you just want to ttttssss you want to pinch like you know what babies do like hahahaha. Uhhhmm I also fear travelling because we are distant from the clinic because it is in Minglanilla, Duyongco. And I get afraid because, of course, it is a pandemic, and viruses are likely in the air and also... yeah, it is scary uhhmm when you go to have prenatal, it is scary because at times you get to meet a variety of people along the way

uuhhmm it makes you feel hesitant to go out. But it is crucial I cannot just stay and be like I can wait after the pandemic is over..... hahahha. The most difficult is uhhhmmm, I think it is always the travel, and prenatal is the most difficult. The relationship with other people is okay I am happy with people just kidding hahahha.

Participant 14 answered on the same question added:

Amazing. It is really priceless, and though difficult, it is really worth it. Though difficult, especially when the baby is sick ,uh hmm it is really worth it, especially when the baby smiles at you and there is the baby's development is present. Specially also when the kid pronounces "Mama" or "Papa" things like that. Hahaha. Oh mmmmy! However tiring it may get, it will just go away.

I am afraid that we will get sick. All of us as a family because it was like the pandemic... uhmm Milbert's Mom tested positive soo.. and also Milbert goes to duty as a frontliner so I was afraid for me and my baby's health because what I like one of us will test positive. And he will disinfect and take a bath before coming inside the house and it was also the time when you know the controversy between their family. Yes, it was so much. I was also stressed at that time, and the only thing that I was afraid of was that when I gave birth, I would test positive, and the baby would be isolated far from me. Both of you will be separated. That's it.

Difficulties? I think, uhhhhm, like, what are those, though...my first experience of giving birth, the main difficulty was how to breastfeed the baby. Because the baby does not like, I feel she does not feed from me, and then the nurse said, " Okay, Maam. Just let her feed from you always". Then the second one was when we came home from the hospital and the baby was also under antibiotics because she consumed dirt while inside my tummy. And then the most difficult experience was that staying at A1. Their room rate was three thousand, and that is no longer covered by PhilHealth, and then it was similarly the time when we did not hmm because of the stuff going around. Yes, the sudden happenings. That is why we decided to go home and luckily we were just in Carcar renting our house. And we decided to go home. We usually go home every 6 AM to 6 PM because it is crucial to go back to the hospital so that my baby will be injected and take note I just gave birth at that time. And also the travel, luckily Papa knows someone whom he contacted and also a mechanic was the first person to take us to the hospital whenever we visit specially uhhhmm the road going to A1 is really bumpy and my stitched area was so painful hahaha. And I also had hemorrhoids at that time so that;s why uughhh I endured it for my baby to uhmm to get the dirt that she consumed. And the third difficulty I had was how to take her baths. Hahaha. Days have passed that I did not get to bathe her because I was so afraid because she is so little. That's why mommy said, "Just go and bathe her because blood stains have already dried up her head," because A1 does not really bathe babies. We were not taught how to bathe babies. That's why I went to YouTube and watched tutorials instead. Really. And when I bathed her and the moment I wet her hair I just did like this... like I think this should be enough because they say it should not take so long because the kid might have too much air in the tummy. That's it. And one thing I found difficult also was that I had relapse. Yes and Milbert started to go on duty that time that is why like... ohh mmyy. There are so many happenings hahaha. That's it for now because I think that should suffice.

The theme obtained from the participants' responses demonstrated that their protective instinct has increased and they have become more meticulous in providing care.

II. The Challenges and Apprehensions of the Participants

1. Transition to motherhood.
2. Financial factors affecting emotions.

This overall theme described the study's sub-problem of what challenges and apprehensions of participants as first-time mothers during this pandemic are- to their way of thinking, adjustment, and financial stability.

From the responses of the key participants, Two (2) compelling themes were generated. The two (2) compelling themes were as follows:

1. Transition to motherhood. This theme described the effects and changes of a first-time mother during a pandemic- a complete transition between past single life and current maternal life.

During the one-on-one virtual interview of Participant 3, when asked about what she says about motherhood, she answered:

hmmm it's different from the times that I was still single because before, I could do things that I wanted like hangout with friends, parties and whatever I wanted to buy, but today, that I'm a mother, for example, parties, I can't do drink liquor and beers because I'm breast feed mom and I need to save money to support the needs of my baby. but still, I'm thankful that AJ (my son) came. He saved me from the darkest side of me. He saved me from my depression before. Yes, during my pregnancy, I've been anxious because I'm a teenage mom and I can't graduate. I'm worried because I need to stop my studies. I experience also mood swings until now. I still have that, but I can control it for the sake of my baby. but at the same time I'm thankful to my family and to my partner for the patience they give and support also.

Participants 2 and 9 answered the same question, as they added:

hmmm, Kuan is difficult because I'm the only child in my family, and it's my first time handling a baby at a young age my daily routine before was just eat, sleep, and clean the house, but today I have a baby to take care of like first-time nako mo wake up in the middle of the night to feed my baby I'm also struggling in adjusting of handling a baby because before I'm scared to carry a baby in case something happen but now It's my time to learn and care my own baby so far I learn how to handle it na by adopting how to take a bath my baby the way how to breastfeed my baby and other mother obligations.

Uhm, it's hard to explain because I don't have any plans yet to be a mom during that time because I'm still enjoying life with my partner, and it's a really fun journey to spend time with each other, so for me, it's very challenging because I have to give up that kind of freedom and happiness I felt for my kid. You need to sacrifice a lot if you will be a mother, but even though you have many sacrifices as a mother, even though you didn't anticipate it, the feeling of having a child in your womb is just very different. You can treat yourself as a superhero because you will do everything for your kid. I've been anxious, especially since it's the pandemic. I don't have any source of income, so I was really scared about how we could provide for my baby.

Participant 14 also replied to his challenges and adjustment as first-time mom:

Difficult. Yes. Because you do not have an entire idea on how to raise your baby, what to do when there aches and sickness. It is really difficult hahaha. Really. If I will rate it, it should be 9 or 10. Because... for my part, I do not have you know when I gave birth, my Mom was not there, Milbert's Mom was also not there, so it is just the two of us. That's why uhhmm specially when the baby cries or when she has some aches, like really it is very difficult. We both cried hahahaha. We really cried on what to do. We always call our parents on what to do like stuffs but it has been manageable like we are here now. Always fighting. Hahaha. Because that's what mothers do.

According to the responses, researchers discovered the pandemic's effect on every first-time mother and their struggle and adjustment to a Pandem-lna.

2. Financial factors affecting emotions. This theme described the financial stability of the participants. Financial security is a significant factor in maternal depression.

During the one-on-one virtual interview of Participant 10, when asked how she thinks the pandemic decreased or increased today's maternal roles? She answered:

Ah first of all is financial as in. I'm the only one who's working now since my partner decided to resign and find a company that pays more so he can provide well for us so I'm the breadwinner as of the moment. We also have debts to pay during our expenses on my baby's christening. Of course, as a mother, you want to give everything to your children and let them experience things we didn't get to experience, so yeah, it's really hard financially as of the moment. As parents, it's difficult since it's our first time and it's pandemic, so it's really hard for us, especially me. My emotions are everywhere, and sometimes I hurt and shout at my partner since I can't control my anger. Sometimes even my baby's cry irritates me that it makes me cry. I'm also thankful that my partner understands me so much.

Also, Participant 3 and Participant 11 answered the same question and added:

Moreover, as I said earlier, we need to stand on our own feet to survive because we already have an obligation, which is our baby and to support our daily needs because this pandemic is really hard if you don't know how to manage and approach on your own you can't have the things that you want. There are also times that I'm so depressed because we don't have anything, and I am shy from asking for help from our parents. I just cry and pray because I believe that prayers will be the only solution if you have no one.

Ah, the difficulties we felt the most were our financial needs; of course we're in the middle of the pandemic, and my partner is having a hard time working since I'm on maternity leave, so it's really tough, but thankfully, the past months, we were able to overcome it. Also, the pandemic itself, because my anxieties really rose up during the delta variant cases because there was a lot of news that made me scared as a first-time mom, I'm very scared for my baby's safety, especially those months are also my due date so I was really praying hard.

The theme illustrated the participants' responses, the effect of increasing responsibility of maternal role, especially when it comes to financial support that affects their emotional state. The pandemic made them realize the crucial importance of financial stability.

III. Effects of Such Challenges and Apprehensions on the Psychological Wellbeing of the Participants

1. Psychological effects during motherhood.
2. It increased maternal value.
3. Relationship with society.
4. Heightened maternal motivation from witnessing developmental milestones

The themes constructed with main themes provided descriptions of participants' experiences, the different psychological effects they have experienced, the stress factors affecting their roles, their relationship with society, and the influence of their family and the environment during the pandemic as first-time mothers.

The following two (4) emergent themes characterized the participants' experiences with this study's sub-problem number 3:

1. Psychological effects during motherhood. This theme described the experiences of first-time mothers with travel restrictions and safety protocols.

During the one-on-one virtual interview, participant 10 was asked to describe the different challenges and apprehensions she experienced that affected her psychological well-being as a first-time mother. She answered:

I think it increased my anxieties, and post-partum depression also increased. I mean, it's normal to experience these things, but with the presence of this pandemic, it really changed the way I view motherhood like it's really different. My main goal now is to give my baby the things that he needs. He's my number one priority.

Participant 11 also shared her own experiences:

Yes, I think so, I think my emotions are all over the place during motherhood I feel alone and I can't control my mood. I also feel like I prioritize my baby more than anything. There are times I don't think of other people's emotions anymore, that's the trait I want to change in me because it's really hard.

Participant 14 also stated:

Oh, I was stressed and depressed that time, and at times, I would just cry and, uhmm, I don't understand. Like post-partum depression, you can really feel it/ Like you suddenly get angry and like you do not understand what you feel, but what can I say? I am a mother, and I should fight for my baby. Lord Jesus help us. We should strive really hard and there are things like just.. I just think of things on a positive note to be able to carry through..... The people that I talk to always are Mama and Mommy and I have people to talk to, especially my Mom, my own Mom, and my own Aunt.

The theme illustrated the participants' responses. Psychological effects during motherhood showed the different psychological effects of a mother during a pandemic and how these affect their role as a mother. This pandemic increased the psychological effects on first-time mothers.

2. It increased maternal value. This theme is obtained from the participants' responses describing the stress factors affecting their role as a mother during the pandemic.

During the one-on-one virtual interview, participant 13 was asked to describe the stressors that affect maternal roles these days. She stated:

I think it increased because they are now more focused on uhhm the babies like their time is uhmm when you just gave birth and it is really difficult to just let other people take care of her and trust them because you do not know that uuhmm the whereabouts of those that took care of your child and this CoViD is the worst. You cannot trust people now so easily because, hmm, compared to the earlier years, "Okay, I'll just drop my child there," hahaha, but now you cannot do that so easily because, like ooh ,my where did these people go?

Participant 9 also added:

Yes I think this pandemic make me wiser cause I think if I'm pregnant during normal times, I can still be able to go out frequently, have work and pretend that nothing changed in me but because of this pandemic, my mindset changes so much as a mother especially we're on a battle that we can't see so me as a mother, I get anxious all the time, everything my baby touches I make sure it's safe so it really changes my perception as a mother. I also think that everything changes in my surroundings since I became a mother during pandemic since everything is fragile and I need to do almost all the major stuff in my pregnancy alone.

Participant 15 also stated:

Yes. Especially when he cries and I cannot immediately tend to him way back when I was working from home, he would cry while I still had clients, so it set me off to worry about him, and fortunately, hahaha, even though I have little milk in my breast at least it is a bit of help. The pace should be double-time, everything should be multi-tasked hahaha like while you make the formula milk for him. And that's what concerns me. Depressed

Participant 1 also shared some experiences:

Yes, the role of being a mother increased during this pandemic, especially in safety protocol.cols, you need to fight your baby in COVID-19. Isn't there anything called postpartum depression? I've experienced mood swings, but so far, I've been able to handle it so that my baby won't be affected. also they're times that I get insecurities to other because there are free to go somewhere and do these things as a simple teenage unlike to me now my obligation is my baby to take care of.

The theme obtained from the participants' responses demonstrated the stress they experienced during this pandemic and how it affected their maternal role as first-time mothers.

3. Relationship with society. This theme is obtained from the participants' responses describing the mother's relationship with society.

During the one-on-one virtual interview, participant 5 was asked to share how her relationship with society when she became a first-time mother:

Participant 5 stated her experiences:

Yes. It really changed. It really changed. It's really different before like "Hey bi-" like it's really different before that "Hey, you really like so sexy, so beautiful" like that. "You're really white." But now that I have a baby, they just ignore me. Hahaha! So plastic! Hahahahaha! Nothing really, not a word. Just nods and a raise of eyebrows. Like you really can say that it's really different when you're like-like pregnant, that you have a baby. Something like that. Am I dirty? Is that what they think? Why am I pregnant? It's just like --- very wrong.

Participant 6 also added:

Maybe like... It's not the same... Like... I see the toxic people. Like the people I think is toxic, not only for me but for the future of my baby, I cut them off. I don't think it's healthy. Maybe before my pregnancy, it was okay to hang out with them, but now that I have someone to take care of, it's different.

The theme obtained from the participants' responses classifies the different responses of society to first-time mothers and how these responses affect their mental health.

4. Heightened maternal motivation from witnessing developmental milestones. This theme is obtained from the participants' responses describing how their respective family and the environment around them have influenced them.

During the one-on-one virtual interview, participant 9 was asked to share how her relationship with her family and the environment around her influenced her as a mother.

Participant 9 stated that:

Hmm, actually, I think it really depends on the person if they change, but in my case, my partner has been so supportive, and my friends have been visiting me, but then there are only limits because if they want to touch my baby, I will never allow it because I'm just protective, but overall, my social relationship has been okay.

Participants 13 and 2 also added:

Uhhh, I think you should value family because you do not know when your life would end and things like that. And CoViD really affects people for instance when you are tested positive and you will be isolated far from your baby it really is.... family is truly important.

hmmm, Kuan is difficult because I'm the only child in my family, and it's my first time handling a baby at a young age my daily routine before was just eat, sleep, and clean the house, but today I have a baby to take care of like first-time nako mo wake up in the middle of the night to feed my baby I'm also struggling in adjusting of handling a baby because before I'm scared to carry a baby in case something happen but now It's my time to learn and care my own baby so far I learn how to handle it na by adopting how to take a bath my baby the way how to breastfeed my baby and other mother obligations.

The theme described how family and the environment are a big factor in a mother's experiences as a first-time mom.

5.2 Analysis of Data

According to (Fraenkel & Wallen, 2003), qualitative research elicits an understanding of a situation or phenomenon by eliciting narratives rather than establishing cause-and-effect relationships. According to Baxter and Jack (2008), a qualitative case study is a type of research that enables the investigation of a phenomenon in a particular context using various data sources.

Bamberg's narrative analysis was used to extract and analyze the qualitatively significant data from the participants' responses (2012).

The data was gathered, coded, segmented, clustered, classified, and summarized so that the data set's central concepts were captured. The process involved extracting 112 significant statements and 112 formulated meanings from the transcribed responses of the participants. The solution then entails categorizing formulated meanings into eight cluster themes, each further divided into eight sub-themes. Sub-themes were then classified and organized into eight major or emergent themes. Themes were developed to explain the participants' perspectives on Pandemina: Psychological Effects of Becoming First-Time Mothers During a Pandemic.

This case study explored the experiences of first-time mothers in the middle of the pandemic focusing on the psychological effects and maternal role, which is anchored on the psychophysiology of pregnancy in the psychoanalytic perspective using the Early Drive Model of Sigmund Freud, Erikson's Theory on Psychosocial Development, Transition Theory by Wesley Burr, and Attachment Theory by John Bowlby.

The primary theory applied in his research was the Early Drive Model of Sigmund Freud. According to Freud, pregnancy is an ego psychology that emphasizes how our instinctual drives are adaptively managed by our ego and its defenses- our coping resources. Earlier modes of cognition typically appear during pregnancy with the said regressions. Behaviors such as ego regression with a distorted perception of reality, magical thinking associated with primary processes (*e.g.*, irrational beliefs and fears), and greater emotional volatility are normal for pregnancy. These behaviors often lead to anxiety, with obsessional, compulsive, and phobic preoccupations that give emotional disturbances on psychological measures. Psychoanalytic interventions are at an optimal stage during these times of lessened defenses during pregnancy (Leon, 2008).

By exploring the unconscious drives on childbearing, Erikson's Theory on Psychosocial Development now highlights the role of mothers to their children. He stated that the task of psychological development for the first year of life is to gain essential trust,

and the task around the age of two is to gain autonomy. Erikson says that these development tasks are achieved through an appropriate parenting environment for the infant, namely, a qualitatively favorable maternal relationship.

By highlighting the healthy crucial relationship between mothers and their children, the Transition Theory of Wesley Burr (1972) expresses both internal and external factors of the mothers' psychological state. This theory stresses new parenthood's behavioral and psychosocial aspects and identifies factors that ease or hinder the transition to motherhood. Previous research on pregnant women has extensively examined the impact and prevalence of antenatal anxiety and depression, with numerous countries reporting high rates of these conditions (Van de Loo et al., 2018).

Along with the unconscious drive of pregnancy, maternal interaction, and internal and external associations to the psychological state are the lasting relationship of children to their mothers and the impact of social relationships, which is elaborated by John Bowlby's Attachment Theory (1958). This theory proved one of the best theories about a mother's emotional state during childbirth. Their state is that external behaviors are guided by internal mental representations, which are useful in building one's mind, thus this model centers on social cognition is at the heart of this theoretical model.

Other theories and related studies were also cited to support the findings of this study. Shown are the emergent themes derived from the participants' responses based on the study's sub-problems.

I. The Experiences of the Participants During the Pandemic

The two (2) emergent themes under this overarching theme described the responses of the key participants on the descriptions of first-time mothers' psychological experiences during the pandemic.

1. On experiences regarding COVID-19 health protocols, this emergent theme came from 12 formulated meanings. It described how complex pregnancy health routines become demanding. Implementing public safety protocols has been considered one of the most challenging experiences during pregnancy, especially regarding regular healthcare access, such as prenatal checkups. According to participants, this one fear is not only rooted in the fear of self but rather the greater risk of infantile exposure to viral illnesses.

This theme is reinforced by Freud's Early Drive Model, which places a premium on increased emotional volatility. Additionally, several studies included a high prevalence of fear, the most frequently reported symptom in pregnant women Lebel et al. (2020). Concerns about infection were primarily for the pregnant woman and her family and children. Numerous women in the reviewed studies from various countries expressed concern about their health and the health of their unborn children concerning the pandemic, as well as concerns about delivery (e.g., whether their partner will be present during labor and delivery) and the baby's health (e.g., the infant having a problem) (Khourey, J.E et al. 2021). Moreover, the variety of travel options, particularly for those lacking access to a private vehicle, has proven nerve-wracking. According to Molgora and Accordini (2020), while depression and anxiety symptoms are pretty common in pregnant and postpartum women, the women in our study will most likely develop anxiety and depressive symptoms; findings like this means that the pandemic and the measures taken to combat its spread have had a detrimental effect on the well-being of expectant and postpartum women, thereby constituting an additional risk factor for this disease (Molgora & Accordini, 2020).

2. On heightened maternal protective instinct, his emergent theme came from 22 formulated meanings that specifically stood out on their own. This fear and avoidance of almost everything from the external environment promotes distress to these first-time mothers. Anxiety is stroked when maternal sensitivity to unpleasant stimuli increases. Mothers became careful in choosing every little detail surrounding their vicinity. They became meticulous in providing care. A decrease in people's trust was widely manifested as mothers became the sole protectors of their homes. An increase in independence surfaced because of being vigilant to the surrounding environment, most especially when members of the family or community have been infected with COVID-19.

Supported by Relational Models of Psychoanalysis and the early drive model of emotional volatility, both of which emphasize the critical role of a woman's identification with her mother in determining the course and outcome of pregnancy. The history of a woman's mothering during her infancy and childhood is inextricably linked to her developing sense of maternity. The participants have witnessed how infants should be cared for by their biological mother or maternal figure, even more so now that corona stress has heightened maternal instincts. Additionally, not all fear is irrational; some is necessary for survival. When parents experience threat to their children's safety, stress hormones are released into the bloodstream, enabling us to sprint away from danger, maintain alertness, and react quickly to sudden environmental changes. McBride (2021) said, Individual vigilance has been critical in interpreting and responding to the steady stream of new information during the coronavirus pandemic.

II. The Challenges and Apprehensions of the Participants

1. This emergent theme was derived from ten formulated interpretations of participants' responses on the transition to motherhood. There were significant adjustment difficulties associated with being a first-time mother. There is a complete transition between the previous single life and current maternal life-matrescence-there. The first difficulty was having no idea how to care for and nurture a baby during a pandemic. Raising a child is an entirely different experience, especially during times of major health crisis. For expectant parents, the transition to parenthood is a significant life event that impacts their personal and relational well-being. Unfortunately, the global coronavirus disease pandemic of 2019 (COVID-19) may jeopardize the emotional health of first-time expectant mothers, as elevated rates of depression, stress, and anxiety have been reported (Rajkumar, 2020). Before the pandemic, mothers viewed the highly significant transition to motherhood more positively, with a greater sense of meaning in their lives. However, women undergoing this transition during the pandemic may be more troubled by the stress and ambiguity associated with the crisis (Chasson et al., 2020; Taubman–Ben–Ari et al., 2020), making them more susceptible to debilitating feelings and an internal need to make sense of this unprecedented situation.

In line with Wesley Burr's Transition Theory, that emphasizes the behavioral and psychosocial dimensions of new parenthood and identifies factors that can facilitate or hinder the transition to motherhood. The fundamental premise is that role transition patterns that deviate from socially prescribed norms result in stress and subsequent social pathologies. Adult roles, such as those associated with marriage and parenthood, should ideally be separated from childhood roles by a lengthy period known as adolescence, which is characterized by the abandonment of dependent child roles and the adaptation to frequently complex and ambiguous sets of roles intermediate to the transition to adult roles (Mead, 1928).

2. This emergent theme of financial factors affecting emotions came from six formulated meanings. From the participants' responses, others lost their jobs during the pandemic, and others maintained theirs. However, it is not only the constant maternal fear that the baby might get sick but more concern about the finances that will carry an uneventful experience. One major factor of maternal depression and anxiety was financial security heightened by CoViD. Mothers believe that to give care to their babies is their capacity to afford complete health services. The pandemic made them realize the cruciality of financial stability.

Supported by John Bowlby's Attachment Theory (1958), when the mother's environment is positive, it would result to positive-parenting style that will likely she will have as well. According to a United Nations Children's Fund in the Philippines (2020) study, nearly all IDI respondents experienced significant income loss because of the crisis. In a few instances, the crisis resulted in severe mental health problems. The primary concerns of a household are health, finances, and their children's education. When asked about their primary concerns, nearly everyone mentioned either the health of their family members or having enough money to live. Additionally, several respondents expressed concern about their children's education. Following the publication of the Albert et al. working paper, the International Monetary Fund revised its growth forecast for the Philippines sharply downward, from negative 3.6 percent to negative 8.3 percent. According to the UNDP Pulse survey conducted in the National Capital Region and Cebu, 40% of households lost all income in May, and 25% lost all in September. Additionally, these data indicate that income losses disproportionately impacted people experiencing poverty. 37 Additionally, evidence from previous pandemics indicates that the crisis's impact will likely be much more significant on households near the poverty line than wealthier households.

III. Effects of Such Challenges and Apprehensions on the Psychological Wellbeing of the Participants

1. On the psychological effects of motherhood, this emergent theme has one of the most formulated meanings combined, 18 of such. From the participants' responses, expected and unexpected pregnancies and births happened. As a first-time mom, this brought additional emotional baggage, and anxiety symptoms increased from the constant thought of CoViD's existence. Constant overthinking and lack of sleep because of over-worrying for the baby's health and safety. Feelings of postpartum depression manifested either in the short term or long term, questioning one's ability to become worthy as a mother. Self-care is rarely accessed due to giving full attention to the baby. Emotional regulation is far from reach since all focus is solely on the baby. Sometimes, disregarding other people's feelings resurfaces.

They were supported by Wesley Burr's (1972) Transition Theory and John Bowlby's (1958) Theory of Attachment. The birth of a child is a watershed moment in a woman's life, bringing with it numerous changes on both an individual (physical and psychological) and interpersonal level (Lawrence et al., 2008; Guzzo & Hayford, 2020). This experience may have a detrimental effect on an individual's well-being, resulting in a variety of forms of distress and disease, such as anxiety, depression, and post-traumatic stress disorder (Paulson & Bazemore, 2010; Meltzer-Brody et al., 2017; Mohammed, 2019; Pellowski et al., 2019). Pregnancy and childbirth are potentially stressful, even traumatic, events that require women to adjust to changes in their lifestyles, habits, self-image, and identity (Molgora et al., 2018). Postpartum women, based on research, has identified a range of clinical

conditions that can impact their well-being after giving birth. These conditions include the relatively common and temporary "baby blues," which is a physiological state (Rezaie-Keikhaie et al., 2020), as well as more severe disorders such as anxiety and mood disorders, puerperal psychosis, and post-traumatic stress disorder (Pellowski et al., 2019). Numerous variables have been examined concerning postpartum maternal psychological health. It has been demonstrated that mothers' subjective experiences during childbirth predict their postpartum well-being (MacKinnon et al., 2017; Molgora et al., 2020b). Numerous variables (e.g., medical, demographic, psychological, and social) have been identified as risk/protective factors that can influence the quality of this experience (Fenaroli et al., 2016, 2019). Moreover, Lebel et al. (2020) identified a significant association between increased symptoms of depression and anxiety during the COVID-19 pandemic and concerns directly related to COVID-19. These concerns encompassed fears regarding the health of their baby and their own well-being, apprehensions about receiving insufficient prenatal care, and anxieties about social isolation. These levels are significantly higher than those found in pregnant women and the general population during the COVID-19 pandemic.

2. On increased maternal value. With seven formulated meanings, this emergent theme states that there is an increased value on the roles of moms during the pandemic. Mothers of today need to overcome additional baggage due to the presence of the deadly virus that can potentially affect babies. Maternal responsibility has increased along with the rise of stress-inducing factors within the surrounding environment. It became challenging.

They were supported by Wesley Burr's (1972) Transition Theory and John Bowlby's (1958) Theory of Attachment. Mothers frequently assume the caretaker role in the family, which may increase their sensitivity to, and thus potential receivers of, other family members' emotions (Motherhood, n.d). Though it appeared at first that COVID-19 did not affect children, reports of children becoming ill or carriers of the virus have surfaced since the outbreak began. The uncertainty surrounding children's health has left many parents wondering how to best care for them—the even more pressing question for single parents and families in crisis. COVID-19 has had an unexpected effect on everyone. However, for many women, motherhood during a coronavirus outbreak entails additional responsibilities, both inside and outside the home. Mothers worldwide are concerned about keeping their families healthy and safe as the crisis continues (UNFPA, 2020).

3. On relationship with society. From 14 formulated meanings, this emergent theme states that society has quite a role to play in the experiences of first-time mothers. Insecurities to the life of other girls their age started to pile up as in the cases of those younger moms. Judgments of strangers, family, friends, and neighbors have brutally contributed to such an emotional state. Negative thoughts had also been thrown at these first-time moms, as well as the disappointments of society and theirs to society. People close to them began to distance themselves by the time the perinatal period began. While others receive unpleasant experiences, other people are fortunate to receive ample, if not overflowing, support from the society they are in, especially their respective families. Hence, they learned the importance of family through constant family bonding and social media reconnection.

This study is supported by Bowlby's Attachment Theory (1958). However, several reviewed studies examined possible mediators/moderators of the pandemic's impact on women's mental health. According to some researchers, increased perceived social support and effectiveness of support were associated with decreased mental health symptoms and appeared to act as protective factors against depression and anxiety (Lebel et al., 2020). Similarly, a Japanese study of 1777 pregnant women found that a lack of social support is associated with depressive symptoms (Matsushima et al., 2020). At the interpersonal level, numerous studies have demonstrated a link between expectant mothers' psychological well-being and relational variables, precisely the quality of the couple relationship and social support, both during pregnancy and delivery (Lukasse et al., 2014; Figueiredo et al., 2018; Poggi et al., 2018):

Absence of social support, whether it comes from a partner or an extended network, has been recognized as a notable predictor of antenatal anxiety and depression (Biaggi et al., 2016). Partner support mediated the relationship between pregnant women's concerns and psychological well-being (Ilska & Przybya-Basista, 2017). Additionally, mothers perceived social support during pregnancy as a protective factor against postpartum depression, while also mitigating the negative aspects of childbirth (Tani & Castagna, 2017).

4. On increased maternal motivation from witnessing developmental milestones, from 19 formulated meanings, this emergent theme stated that despite initially describing motherhood as a challenging and complex life experience, positive vibes still rose to the occasion. With the increased responsibility of becoming first-time moms, the ability to strive harder went along with it. Mothers are motivated to become more aware, productive, creative, and resourceful. Above all, they are motivated to work ten times more. Mothers would be tired, but the smiles of their babies pay all off. The sudden hardship of doing daily routines felt lighter because of the baby. Being able to witness critical

developmental milestones makes all the challenges worthwhile. Motherhood is a stressful and grueling experience, yet the most joyful moment in one's life.

Supported by Erikson's Theory on Psychosocial Development (1958) and Theory on Attachment by John Bowlby (1958). Following childbirth, a mother's world becomes intensely focused on meeting her infant's needs. Infants are helpless and require constant love and care. Mothers of infants frequently vacillate between happiness and joy and overwhelm and exhaustion. Parents frequently describe the first three months of their child's life as miraculous, but they frequently admit to feeling exhausted for the first time in their lives. Between the ages of three months and three years, infants experience excitement, joy, and adjustment as they begin to reach developmental milestones. Rolling over, sitting independently, crawling, and walking are all accomplishments that bring joy to a mother's heart (Debrito, 2020).

6. Conclusion

This study investigated the psychological effects of the global pandemic in Cebu Province on first-time mothers. Specifically, it investigated the participant's experiences, challenges, and coping mechanisms.

Findings on the participants' experiences were centered on *On Experiences with COVID-19 health protocols and Heightened Maternal Protective Instinct*. The challenges encountered centered on *Transition to Motherhood and Financial Factors Affecting Emotions*. Lastly, the coping mechanism was *Psychological Effects during Motherhood, Increased Maternal Value, Relationship with Society, and Heightened Maternal Motivation from Witnessing Developmental Milestones*.

This study identified a substantial qualitative report on how COVID protocols, heightened maternal protective instinct, financial difficulties, and transition to motherhood were the primary challenges that first-time mothers during the pandemic have experienced. The significant psychological effects of increased maternal value, relationship with society, and heightened maternal motivation mirror how the participants' lived apprehensions impacted their general well-being around this time.

With the continued fight of all types of community sectors against the life-threatening disease, there is a crucial need to understand how one sector, women- specifically mothers deal with the ongoing combat as well. One thing that the findings emphasized is the critical importance of increased awareness of maternal psychological states that persevere in their transitioning life. This understanding, however, suggests ways to help this sector cope initially within their reach through social-familial support to buffer the worsening of negative impulses, increasing the mother-child relationship, which is central and integral to motherhood. The findings also tacitly imply assessing and treating maternal mental health with professionals in the worst case. These findings suggest a potential intervention for all pregnant and postpartum women to help them improve or maintain their mental health during this highly stressful time when diagnosis and treatment are more difficult to obtain.

Practice mindful parenting techniques: Transition to Motherhood. The pandemic altered the expected transition into motherhood. Mindful parenting is bringing conscious and non-judgmental attention to parenting situations. This practice involves fostering parenting skills that encompass being attuned to both the parent's and the child's emotions, actively listening to the child with undivided attention, and showing empathy and understanding toward the child and their needs. Navigating Postpartum Depression: Experiences of Motherhood. Wild depression and mood swings are common in new mothers. However, if experiencing anxiety and depression, it is essential to contact professionals for help. Also, mothers need to practice their own time and self-care. Financial stress on families with economically vulnerable households: Financial Problems During the Covid-19 Pandemic. Expecting an infant could be financially draining, especially if the household can merely survive for a day. With the pandemic, a mother's and her family's financial stress is challenged. Job loss and lockdowns take a toll on their mental health. Unemployment compensation plus federal stimulus money to families may have prevented these factors.

However, the study focuses only on the effect of the pandemic on first mothers, excluding mothers in their menopausal period mothers who bore a child, but it was not the first time. Also, it does not include the psychological effect of the pandemic on the physical and mental state of the child and even the fathers, both first time and not. Thus, this area was also among the topics suggested for further study.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

ORCID ID

0009-0002-2036-9420

0000-0001-6854-3237

0009-0003-3409-2054

0009-0008-6480-9841

0009-0006-5455-7033

0009-0004-1494-1191

Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers.

References

- [1] Andersson E., Andersson, K and Christensson, I. H (2012). Parents' experiences and perceptions of group-based antenatal care in four clinics in Sweden. *Midwifery*, 28 (2012) 502-508
- [2] Atbel, R. (2020). Association between the Mothers' Social Cognition and the Child's Social Functioning in Kindergarten: *The Mediating Role of the Child's Social Cognition*. (2020). 48-49
- [3] Atbel, R. (2020). *Association between the Mothers' Social Cognition and the Child's Social Functioning in Kindergarten: The Mediating Role of the Child's Social Cognition*. (2020). 48-49
- [4] Bjelica, A. & Stanulovic, N. (2004). [Pregnancy as a psychological event]. National Library of Medicine. doi: 10.2298/mpns0404144b.
- [5] Brandon, A. (2009). *A History of the Theory of Prenatal Attachment*. US National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3083029/>
- [6] Chandu, V. (2020). Measuring the Impact of COVID-19 on Mental Health: A Scoping Review of the Existing Scales. *Indian Journal of Psychological Medicine*. <https://doi.org/10.1177/0253717620946439>
- [7] *Clinical Master Thesis*. Witwatersrand University. http://wiredspace.wits.ac.za/bitstream/handle/10539/2202/LenonoPR_Chapter%203.pdf?sequence=5&fbclid=IwAR3vVgBXdf6Pzmw15k3ebhupNRjdg5RNryKz26q0f_nm0onDCgt4plcWBDc
- [8] Dippel et al. (2017). *Applying the Theory of Reasoned Action to Understanding Teen Pregnancy with American Indian Communities*. US National Library of Medicine. National Institute of Health. doi: [10.1007/s10995-017-2262-7](https://doi.org/10.1007/s10995-017-2262-7)
- [9] DrSymes, E. (2017). *The Transition to Motherhood: Psychological Factors Associated with Pregnancy, Labour and Birth*. Australian Psychological Society. <https://www.psychology.org.au/inpsych/2017/february/symes>
- [10] Fischer, L. (2020). *The Fear of Hospitals or Nosocomophobia*. Very Well Mind. <https://www.verywellmind.com/what-is-the-fear-of-hospitals-2671888>
- [11] Glynn, L. (2011). *How Pregnancy Changes a Woman's Brain*. Association for Psychological Science. <https://www.psychologicalscience.org/news/releases/how-pregnancy-changes-a-womans-brain.html>
- [12] Goldberg, W., (1988). *Introduction: Perspectives on the transition to parenthood*. In: *The Transition to Parenthood: Current Theory and Research*. Cambridge University Press, Cambridge, pp. 1–20
- [13] Haldar, S. (2017). *Scared to go to the Hospital!': Inpatient Experiences with Undesirable Events*. US National Library of Medicine. National Institute of Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333238/>
- [14] Hammarberg, K. (2008). *Psychological and Social Aspects of Pregnancy, Childbirth and Early Parenting After Assisted Conception: A Systematic Review*. Oxford Academic. <https://doi.org/10.1093/humupd/dmn030>
- [15] Henriques, G. (2015). *Fear and the Fear of Fear*. Psychology Today. <https://www.psychologytoday.com/us/blog/theory-knowledge/201503/fear-and-the-fear-fear>
- [16] Leon, I. (2008). *Psychology of Reproduction: Pregnancy, Parenthood, and Parental Ties*. The Global Library of Women's Medicine. DOI 10.3843/GLOWM.10419
- [17] Li (2001). *The Transition to First Time Motherhood in Hong Kong, Chinese Women: A Grounded Theory Study*. 169-180
- [18] Mattson, S. (2010). *Women's Health During and After Pregnancy: A Theory-Based Study of Adaptation to Change*. Taylor and Francis Online. <https://doi.org/10.1080/07399330390212135>
- [19] Mercer R. (2006). *Maternal Role Attainment of becoming a mother*, (2006) Chapter 27
- [20] Miller, L. (2016). *Psychological, Behavioral, and Cognitive Changes During Pregnancy and the Postpartum Period*. *The Oxford Handbook of Perinatal Psychology*. <https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199778072.001.0001/oxfordhb-9780199778072-e-002>
- [21] Nelson, A.M. (2003). Transition to motherhood. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 32 (2003), 465-477
- [22] Pati, D. (2016). Can Hospital Form Trigger Fear Response? *Sage Journals*. <https://doi.org/10.1177/1937586715624210>
- [23] Petepriin (2020). *MERCER'S MATERNAL ROLE ATTAINMENT THEORY*. (2020) <https://nursing-theory.org/theories-and-models/mercer-maternal-role-attainment-theory.php?fbclid=IwAR1L-bNifkE3SX1TjYYzt-ypbB5Zv8r2OrGoYdT-KfO4QkKm5lgFuWci6w8>
- [24] Rafii F, Alinejad-Naeini M, Peyrovi H. (2020). *Maternal role attainment in mothers with term neonate: A hybrid concept analysis*. *Iranian J Nursing Midwifery Res* 2020. 25:304-1
- [25] Rudman and Waldenstrom (2007). *Critical views on postpartum care expressed by new mothers*. *BMC Health Services Research*, 7 (2007), p. 178

- [26] Salehi L, Rahimzadeh M, Molaei E, Zaheri H, Esmaelzadeh-Saeieh S. (2020). *The relationship among fear and anxiety of COVID-19, pregnancy experience, and mental health disorder in pregnant women: A structural equation model*. *Brain Behave*. 2020;10:e01835. <https://doi.org/10.1002/brb3.1>
- [27] Schetter, C. (2010). *Psychological Science on Pregnancy: Stress Processes, Biopsychosocial Models, and Emerging Research Issues*. Department of Psychology, University of California, Los Angeles, California 90095; <https://cds.psych.ucla.edu/wp-content/uploads/sites/48/2020/11/CDS-Annual-Review-2010-Psychological-science-on-pregnancy.pdf>
- [28] Stangl, A.L., Earnshaw, V.A., Logie, C.H (2019). *The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas*. *BMC Med* 17, 31 (2019). <https://doi.org/10.1186/s12916-019-1271-3>
- [29] Ungar, T., Knaak, S., Szeto, A., CH. (2015). *Theoretical and Practical Considerations for Combating Mental Illness Stigma in Health Care*. *Community Ment Health J* (2016) 52:262–271 DOI 10.1007/s10597-015-9910-4
- [30] Vygotsky L. (2013). *Learning Theories and the Family* (2013) <https://learningtheoriesandfamily.wordpress.com/>
- [31] Wilkins, C. (2006). *A qualitative study explores first-time mothers' support needs on their journey towards intuitive parenting*. *Midwifery*, 22 (2006), 169-180
- [32] Zimmer, C. (2006). *Silent Struggle: A New Theory of Pregnancy*. *The New York Times*. <https://www.nytimes.com/2006/03/14/health/silent-struggle-a-new-theory-of-pregnancy.html>