

## The Relationship Parity and Family Support With Psychological Adaptation of The Postpartum Period

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### ABSTRACT

**Background:** During post partum, mother need to adapt psychologically in the taking in phase, the taking hold phase, and the letting go phase. Inability of adaptation during post partum period will result postpartum blues, or postpartum depression, postpartum psychosis or postpartum psychiatric. The ability to listen and provide adequate time an invaluable family support for the mother. Research Objectives : To determine the relationship between parity and family support with psychological adaptation during the postpartum period at the Jawiriyah Midwife Maternity Clinic, Banda Aceh City.

**Methods:** This research was a cross sectional approach. The sample in this study were mothers who gave birth at the Jawiriyah midwife maternity clinic. Sampling using accidental sampling technique and obtained as many as 30 respondents. Data analyzed using chi-square test.

**Results:** The results of the chi-square test found that there was a relationship between parity (p-value = 0.018), and family support (p-value = 0.009) with psychological adaptation during the postpartum period at the Jawiriyah Midwife Maternity Clinic, Banda Aceh City.

**Conclusion:** There was a relationship between parity and family support with psychological adaptation during the postpartum period. Suggestions for research sites are expected to be input in providing health education for postpartum mothers about psychological adaptation and collaborating with the Public health center in providing counseling regarding psychological adaptation and teaching how to deal with psychological problems that arise during the postpartum period.

Keyword : Psychological Adaptation; Parity; Family Support

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**Background.** The birth of a baby is an event that involves physiological and psychological processes for the mother and family. In a physiological process, this event ends the pregnancy that has lasted until 42 weeks of gestation. As a psychological process, this event is a transitional period that can cause a life crisis for the mother and family. Emotional (psychological) changes can form a fairly complex adaptation for mothers (Mansyur, 2010).

The process of psychological adaptation has occurred during pregnancy, before delivery and after delivery. During this period, a woman's anxiety can increase plus the experience experienced by the mother after childbirth. The postpartum period is a vulnerable period due to several changes, both psychological and physiological. The role of the mother begins after the baby is born

and some mothers experience difficulties in carrying out their role as mothers (Ibrahim, 2012). Psychological changes have a very important role because during this period the mother tends to be passive and dependent. Mothers only follow advice, are hesitant in making decisions, are still focused on meeting their own needs, passionate about discussing childbirth experiences (Purwati Y &, 2017).

The cause of psychological disorders such as postpartum blues is still not clearly known, parity is one of the factors causing postpartum blues. The parity factor is thought to be a history of obstetrics and complications which includes a history of previous pregnancy to delivery and occurs more frequently in low parity women because the mother is in a process of adaptation (Winarni et al., 2018).

Primipara postpartum mothers are in an adaptation process where previously they only thought of themselves once the baby was born if the mother did not understand her role she would become confused while her baby still had to be cared for. Multiparous postpartum mothers will be more realistic in anticipating their physical limitations and can adapt more easily to their roles and social interactions, while primiparas may require greater support so that they need time to adapt to their babies (Saleha, 2014).

If the mother is unable to adapt psychologically in the taking in phase, the taking hold phase, and the letting go phase, the mother will experience impaired psychological adaptation during the postpartum period such as postpartum blues, or postpartum depression, postpartum psychosis or postpartum psychiatric. The ability to listen (listening skills) and provide adequate time is a support that is not valuable for the mother. The presence of husband and family is very necessary in this phase (Purwati Y &, 2017).

Disorders such as postpartum blues, if left untreated, can develop into symptoms of major depression within a year after giving birth. Postpartum blues often cause a disconnect between mother and child, interfering with the attention and guidance that her baby needs to develop properly. Approximately 10-15% of mothers who give birth experience this disorder and almost 90% of mothers do not know postpartum blues (Nirwana, 2011).

Research conducted in the United States explains that postpartum women who experience postpartum blues range from 75-80%. Several research results reported that the highest prevalence of postpartum blues was in Tanzania, namely 83% and the lowest was 8% in a study in Japan. Most of the other authors report that the prevalence of postpartum blues varies between 40% and 60% (Nirwana, 2011).

The incidence of postpartum blues in Asia is quite high and varies between 26-85%.

Meanwhile, in Indonesia the incidence of postpartum blues is between 50-70% of postpartum women (UNICEF, 2020). According to Riskesdas (2018), the incidence of baby blues reached 78,736 people (0.9%). Postpartum mothers experiencing baby blues in urban areas reached 1.1%, while in rural areas it reached 0.7%. For the province of Aceh, the incidence of baby blues reached 3.54%, in the youth group (10-19 years) it reached 3.91% and the adult group (15-49 years) reached 3.54% (Fatmawati, 2015).

Based on an initial study conducted at the Jawiriyah midwife maternity clinic in Banda Aceh City, it was found that the number of postpartum mothers for the period June to December 2020 was 118 postpartum mothers. The number of initial data for primigravida mothers was 76 people, while the number of multigravida mothers was 42 people.

**Methods.** This study used an analytic research method with a cross-sectional approach, namely a method of collecting data between risk factors and effects that was carried out at once at a certain time. The aim of this study was to determine the relationship between parity and family support with psychological adaptation during the postpartum period at the Jawiriyah Midwife Maternity Clinic, Banda Aceh City.

The population used in this study were postpartum mothers in the taking-hold phase for the period February-March 2022 at the Jawiriyah Midwife Maternity Clinic, totaling 30 people. The sample in this study were postpartum mothers who gave birth at the Jawiriyah Midwife Maternity Clinic. The sampling technique in this study was carried out using the accidental sampling technique, namely determining the sample by taking respondents who happened to be available or available at the research site, namely 30 respondents.

The data collection technique used in this study was a questionnaire in the form of questions to measure parity, family support and psychological adaptation of postpartum mothers. The instrument used in this study

was a questionnaire regarding parity with 1 question, psychological adaptation data for postpartum mothers with 10 questions adopted from the journal Astuty (2019) and family support adopted from the journal Anandita (2018).

Furthermore, data collection was carried out by explaining the objectives, benefits and research procedures, providing informed consent, giving questionnaires to postpartum women, then asking questions in the questionnaire. In collecting data, the researcher was assisted by 2 enumerators who had the capacity to fill out the questionnaire. Before filling out the questionnaire, the researcher also first explained the purpose of this study and explained the process, procedure and purpose of each question item in the questionnaire to the enumerators. If the respondent agrees, then the researcher and enumerator will interview the respondent for ± 20 minutes using a questionnaire.

## Result and Discussion

### Characteristics of Respondents

Table 1. Frequency Distribution of Respondent Characteristics at the Jawiriyah Midwife Maternity Clinic in Banda Aceh City

No	Characteristics of Respondents	f	%
1	Age		
	<19 Years old	2	6,7
	20-35 Years old	22	73,3
	>35 Years old	6	20,0
	Total	30	100
2	Work		
	Housewife	19	63,3
	Private employees	2	6,7
	Farmer	4	13,3
	Trader	5	16,7
	Total	30	100
3	Level of Education		
	Higher education	5	16,7
	Middle education	19	63,3
	Basic education	6	20,0
	Total	30	100

Table 1. shows that the majority of mothers are in the 20-35 year category, namely 22 people (73.3%). The majority of mothers' occupations are in the IRT category, namely 19 people (63.3%), and the majority of

mothers' education is in the middle category, namely 19 people (63.3%).

Table 2 Frequency Distribution of Psychological Adaptation in Postpartum Mothers at the Jawiriyah Midwife Maternity Clinic, Banda Aceh City

No	Psychological Adaptation	f	%
1	Good	19	63,3
2	Not good	11	36,7
	Total	30	100

Based on table 2, it shows that the psychological adaptation of postpartum mothers is in the good category, namely 19 postpartum mothers (63.3%).

Table 3 Frequency Distribution of Parity of Postpartum Mothers at the Jawiriyah Midwife Maternity Clinic in Banda Aceh City

No	Parity	f	%
1	Primipara	12	40,0
2	Multipara	16	53,3
3	Grandemultipara	2	6,7
	Total	30	100

Source: Primary Data (Processed April 2022)

Based on table 3, it shows that the parity of postpartum mothers is in the multipara category, namely 16 postpartum mothers (53.3%).

Table 4. Frequency Distribution of Family Support for Postpartum Mothers at the Jawiriyah Midwife Maternity Clinic in Banda Aceh City

No	Family support	f	%
1	Good	18	60,0
2	Not good	12	40,0
	Total	30	100

Source: Primary Data (Processed April 2022)

Based on table 4. it shows that family support for postpartum mothers is in the good category, namely 18 postpartum mothers (60.0%).

**Table 5. The Relationship between Parity and Psychological Adaptation in the Postpartum Period at the Jawiriyah Midwife Maternity Clinic in Banda Aceh City**

Parity	Psychological Adaption				Total		P-value
	Good		Not good		f	%	
Primipara	4	33,3	8	66,7	12	100	0.018
Multipara	13	81,3	3	18,7	16	100	
Grandemultipara	2	100	0	0,0	2	100	
<b>Total</b>	<b>19</b>	<b>63,3</b>	<b>11</b>	<b>36,7</b>	<b>30</b>	<b>100</b>	

Based on table 5, it shows that of the 16 multiparity parity respondents who experienced good psychological adaptation, namely 13 respondents (81.3%). The results of the statistical test obtained a p-value = 0.018 which means that there is a relationship between parity and psychological adaptation during the postpartum period at the Jawiriyah Maternity Clinic, Banda Aceh City.

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The results of this study are in line with research conducted by Astuty (2019), the results of the study showed that there were differences in the psychological adaptation of primiparous and multiparous postpartum mothers to the taking-in phase at Dewi Sartika Hospital (p-value = 0.000). Similar research conducted by Rahmadayanti (2018), showed that there was a relationship between parity and the incidence of postpartum blues (p-value = 0.011).

This is because primiparous postpartum mothers are able to adapt to the changes that occur if there is support or motivation from their husbands, family and health workers. Husband's motivation is very functional for a mother to be able to adapt during the postpartum period. With health workers helping mothers by providing health education about how to care for babies, postpartum mothers are able to adapt to the taking-hold phase, namely the second to fourth day phases where the desire to carry out various activities on their own reappears. Primiparous

mothers need greater support because this is their first experience as a mother.

Postpartum disorders related to parity status are obstetric history which includes a history of pregnancy to delivery and it is necessary to know whether there is a history of complications from previous pregnancies and deliveries and it occurs more frequently in primiparous women. Primiparous women more commonly suffer from postpartum blues because after giving birth primiparous women are in an adaptation process, in this phase the mother is still confused and does not understand her role as a mother while her baby must still be cared for (Fitriahadi, 2018).

According to the researchers' assumptions, based on the results of the study, it was shown that primiparous mothers tend to be in a process of psychological adaptation during the postpartum period so that mothers feel anxious or feel unable to care for newborns. Based on the results of interviews with several primipara postpartum mothers, they said they had difficulty caring for babies because they had no previous experience. Postpartum mothers feel confused and worried if when the baby cries because they don't know whether the baby feels uncomfortable or the baby wants to be breastfed. In addition, there were 2 respondents whose age was still not mature enough to be a mother so that sometimes mothers felt very tired and confused in taking care of babies.

Family Support	Psychological Adaptation				Total		P-value
	Good		Not good		f	%	
Good	15	83,3	3	16,7	18	100	0,009
Not good	4	33,3	8	66,7	12	100	
<b>Total</b>	<b>19</b>	<b>63,3</b>	<b>11</b>	<b>36,7</b>	<b>30</b>	<b>100</b>	

Table 6 shows that out of 18 respondents who received good family support and experienced good psychological adaptation, there were 15 respondents (83.3%). Statistical test results obtained p-value = 0.009, which means there is a relationship between family support and psychological adaptation during the postpartum period at the Jawiriyah Maternity Clinic, Banda Aceh City.

The results showed that of the 18 respondents who received good family support and experienced good psychological adaptation as many as 15 respondents (83.3%), while of the 12 respondents who

received poor family support and experienced poor psychological adaptation, namely 8 respondents (66.7%). The results of the statistical test obtained a p-value = 0.009 which means that there is a relationship between family support and psychological adaptation during the postpartum period at the Jawiriyah Maternity Clinic, Banda Aceh City.

The results of this study are in line with research conducted by Agisni (2016) which states that from the results of the analysis test, a p-value = 0.01 is obtained, which means that there is a relationship between family social support and the psychological adaptation of post partum mothers. The results of a similar study were also carried out by Sulistyaningsih and Wijayanti (2020), which showed that there was a significant relationship between family support and postpartum maternal depression where the p-value = 0.04.

Through family support as a form of social support, a mother can make better adjustments during the postpartum period. Social support will increase psychological well-being and self-adjustment through feelings of belonging, increased self-esteem, reduced distress and provision of needed resources or assistance (Sulistyaningsih & Wijayanti, 2020).

Good family social support and adaptive psychological adaptation are caused by emotional support, instrumental support, informational support and good judgment from the family to postpartum mothers. Mothers who give birth with high family support will not easily assess the situation with anxiety because postpartum mothers know that there will be families who will help. A good relationship between the family and the postpartum mother can prevent anxiety arising from physical changes that affect the psychological condition of the mother (Agisni, 2016).

According to the researchers' assumptions, the family is the closest person to the postpartum mother. Support and good response from the family will be very influential in the process of psychological adaptation of postpartum mothers. Based on the results of an interview with a postpartum mother who became pregnant out of wedlock, the mother stated that she was very tired in caring for the baby because her husband did not help. In addition, there is also no support

from the mother or mother-in-law, so the mother takes care of her baby herself, and sometimes the mother cries because she is tired. Several postpartum mothers also mentioned that while looking after the baby at night, the husband did not participate in helping such as carrying the baby or changing the baby's diaper. Even when close relatives visit, they even criticize the mother's way of caring for the baby.

**Conclusion and Suggestions.** Based on the results of research conducted at the Jawiriyah Maternity Clinic, it can be concluded that There is a relationship between parity and psychological adaptation during the puerperium (p-value = 0.018). There is a relationship between family support and psychological adaptation during the puerperium (p-value = 0.009).

**Suggestion** for related educational institutions, it is suggested that the results of this research can be used as material or learning material among students so that they can carry out prevention or treatment related to psychological adaptation during the postpartum period. For Research Sites It is expected that health workers in maternity clinics will provide health education starting from pregnancy regarding readiness to become parents in order to avoid psychological problems for postpartum mothers, and teach them how to overcome problems that arise in the psychological adaptation of the postpartum period. For Breastfeeding Mothers It is hoped that respondents will increase their awareness of problems that can arise during the puerperium by increasing knowledge about the psychological adaptation of the puerperal period. Respondents applied the knowledge gained in subsequent deliveries so as to avoid psychological adaptation problems. For Further Researchers It is hoped that future researchers can carry out qualitative follow-up research through interviews with postpartum mothers, adding several other research variables such as previous birth experiences, culture and so on that are related to the psychological adaptation of the postpartum period. To measure psychological adaptation can be done more than once for maximum results.

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