

Family Support and Psychological Adaptation (Letting-Go) in Primipara Post-partum

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ABSTRACT

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During the recovery period, the post-partum mother will experience psychological changes proposed by several theories, which divides the period of psychological adjustment for the post-partum mother through three phases, namely the taking-in phase, taking-hold phase, and letting go. The moms' emotional, intellectual, and behavioral disorders are triggered by their awareness of their culpability. Mothers must adjust to their new positions as they deal with new families with babies. Inadequately adapting to the post-partum period, mothers should get support from the family. This study aimed to determine the relationship between family support and the process of psychological adaptation (letting go) in primiparous post-partum mothers. This study sampled 33 primiparous post-partum mothers using a proportional random sampling technique. These involved primiparous post-partum mothers who lived with their families for 10-42 days and were willing to be respondents. The research used a questionnaire to analyze data. Data analysis using the Kolmogorov-Smirnov showed a p-value of 0.047 ($p\text{-value} \leq 0.05$). The results suggest that there is a relationship between family support and the process of psychological adaptation. Improving early screening for post-partum depression and increasing understanding of mothers and families can help reduce baby blues syndrome and post-partum depression in post-partum mothers.

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INTRODUCTION

A woman who has given birth will go through a transition period from pregnancy to the post-partum period (Tsai & Wang, 2019). The post-partum phase continues six weeks after the baby is born (Al-Zahrani et al., 2021). Women go through physiological and psychological changes throughout this period (Tsai & Wang, 2019). Post-partum mothers undergo physiological and psychological changes during the six-week transition period after giving birth. Rubin's (1977) theories divide this process into three phases: taking in, taking hold, and letting go (Rubin, 1977; Rosa et al., 2021).

Post-partum mothers often experience anxiety, weariness, and emotional mood changes, which can be unappealing to spouses. This anxiety can be exceptionally high in the first few months after delivery, especially in the early post-partum period. The degree of exhaustion varies based on the mother's and baby's sleeping patterns and nursing state. Post-partum mothers

must quickly adjust to breastfeeding and new responsibilities. Another difference is weariness, which affects 27% to 39% of new mothers within the first year which includes high levels in the first few months following delivery, particularly in the early post-partum period (Jeong et al., 2021).

Post-partum mothers often experience hormonal changes, increased sensitivity, and mental health changes. Many women experience changes in mental health conditions, with 1 in 5 women experiencing this, and most receive little mental health support (World Health Organization, 2022). The overall prevalence of Post-partum blues is 39%, with a range between 13.7% to 76% in terms of culture and geography (Rezaie-Keikhaie et al., 2020), which is common and affects at least 1 in 10 women in high-income countries, while 1 in 5 women from low-income and developing countries (World Health Organization, 2022).

The incidence rate of post-partum blues in Indonesia is 30-80% (Ministry of Health RI,

2019). Among them, 5-25% worsens into post-partum depression (Kurniawati & Septiyono, 2022). Riskeudas 2018 shows that the prevalence of post-partum blues in East Java is 0.61% (Ministry of Health RI, 2019). The following factors influence the prevalence of post-partum blues: hormonal factors, pregnancy and birth experiences, physical discomfort, psychological background, fatigue, stress, baby condition, and parity status. After pain, perineal wound pain, inability to adapt, the mother's psychological background experienced by the mother (Khoerunisa, 2018).

Post-partum blues is a condition causing mothers to struggle with adjustment due to an imbalance. It can manifest as mood lability, irritability, crying, anxiety, sleep disturbances, and appetite changes (Astuti et al., 2021). Post-partum blues begin to occur 3-5 days after delivery, often coincide with the start of lactation, and last several days to several weeks after delivery (Vidayati & Zainiyah, 2021). It typically peaks between the 5th and 14th days and can develop into depression. Preparation is crucial to avoid disruptions in the mother's developmental stages (Yunita et al., 2021).

Mothers must adjust to their new position due to their new experience dealing with new family members with newborns requiring care and affection (Rosa et al., 2021). Mothers need relaxation to perform post-partum activities (Rahmawati et al., 2020). These pressures make women more vulnerable during the post-partum period, necessitating dedicated attention from primary care providers, doctors, health authorities, and society as a whole. To avoid harmful psychological adaptation changes, it is critical to explain the mother's state and psychological approach (Wang et al., 2021).

To adapt well during the post-partum period, mothers should receive support from family members, including husbands, parents, in-laws, and other families. (Pulungan et al., 2020). Social support can fulfill a person's needs, such as showing interest in someone and feelings of affection, respect, and intimacy toward others. This support can positively affect physical and mental health, motivating mothers to go through the post-partum period healthily and safely without complications that can trigger maternal death (Guille et al., 2022).

A preliminary study conducted in Kediri Regency found that the coverage of post-partum visits was 57.33%, with Kunjang having the highest data at 66.53% and Tarokan at 65.40%. Mental disorders were recorded in adolescents and adults in Kediri District, with Tarokan

Community Health Center ranking 6th out of the top 10, with 140 per 1000 household members experiencing serious mental disorders (Health Office Kediri Regency, 2022).

This study aims to explore the connection between family support and the psychological adaptation process in primiparous post-partum mothers, focusing on identifying family support, identifying psychological adaptation, and analyzing this relationship. It is hoped that future researchers can use this research to increase knowledge and information and to become a reference for increasing knowledge and usefulness in post-partum maternal health.

METHOD

The study was designed using a cross-sectional approach to analyze the correlation between exposure to family support and its effects on post-partum mothers. This research was conducted at the Tarokan Community Health Center, Kediri Regency, from 24 June to 21 July 2023. The sample consisted of 33 primiparous mothers aged 10-42 days, who lived with their husbands or biological mothers with proportional random sampling. Primary data was obtained from respondents through questionnaires within a maximum filling limit of ± 30 minutes, including age, education, employment, family support, and the mother's attitude towards psychological adaptation. After the respondents had filled out the questionnaire, it was collected for the researcher to check the completeness of the contents. The data was analyzed using Kolmogorov-Smirnov for normality.

This study has ethical approval from the Ethic Committee Poltekkes Kemenkes Malang with number DP.04.03/F.XXI.31/1053/2023.

RESULTS

Table 1 shows that the majority of respondents' families are aged 21-35, with 21 respondents (63.7%), the majority of them being high school students and 24 respondents (72.8%). Most families work as workers/farmers or are self-employed, and 14 respondents (42.4%). Almost all of the respondents who had a family relationship with their husbands were 31 respondents (94%).

Table 1. Respondents' family characteristics

Characteristics	n	%
Age (years) Family		
<20 Years	0	0
21-35	21	63.7
> 35	12	36.3
Family Education		
Elementary School	1	3
Junior High School	5	15.1
Senior High School	24	72.8
College	3	9.1
Family Work		
Housewife	3	9.09
Laborers/Farmers	14	42.4
Self-employed	14	42.4
Civil servants	2	6.1
Family relationship		
Husband	31	94.0
Biological mother	2	6.0

Table 2. Distribution of primipara post-partum mothers characteristics

Characteristics	n	%
Age (years)		
<20 Years	2	6.0
21-35	24	72.8
> 35	7	21.2
Education		
Elementary School	2	6.0
Junior High School	6	18.1
Senior High School	21	63.7
College	4	12.2
Work		
Housewife	22	66.7
Laborers/Farmers	5	15.1
Self-employed	4	12.2
Civil servants	2	6.0
Type of Childbirth		
Normal	25	75.7
Cesarean section	8	24.3

Table 2 show that the age of primiparous post-partum mothers is mainly in the 21-25year age range with a percentage of (72.8%) or 24 respondents. In the education data of primipara post-partum mothers, the majority were high school students from 21 respondents with a percentage (63.7%). It also shows that most primiparous post-partum mothers work as housewives, with 22 respondents with a percentage (66.7%). It shows that the majority of mothers' types of birth are normal births, with a percentage of 25 respondents (75.7%).

Table 3. Distribution of family support for post-partum mothers

Family support	n	%
Good	27	81.8
Enough	4	12.2
Not enough	2	6.0

Table 3 shows that almost all respondents with good family support are 27 respondents with a percentage of (81%). Respondents with sufficient family support were four respondents with a percentage (12.2%), while respondents with insufficient family support were 6% or 2 respondents.

Table 4. Distribution of psychological adaptation process (letting-go) in post-partum mothers

Psychological Adaptation (Letting Go)	n	%
Adaptive	31	94
Maladaptive	2	6

Table 4 shows that the psychological adaptation process (letting go) for almost all respondents is adaptive, with a percentage of 31 respondents (94%).

Table 5. Kolmogorov-Smirnov analysis of family support and the psychological adaptation (letting-go) in primiparous post-partum mothers

Family support	Psychological Adaptation (Letting Go)				Total		p-value
	Adaptive	%	Maladaptive	%	n	%	
Good	27	81.8	0	0	27	100	0.047
Enough	4	12.1	0	0	4	100	
Not enough	0	0	2	6.1	2	100	
Total	31	93.9	2	6.1	33	100	

Table 5 reveals that 81.8% of respondents received good family support, leading to an adaptive psychological adaptation process (letting go). Only 12.1% experienced maladaptive adaptation, while 0% and 2% experienced it.

Based on analysis tests with Kolmogorov-Smirnov, Table 5 shows that the p-value=0.047 (p-value≤0.05), it can be concluded that there is a relationship between the relationship between family support with the process of psychological adaptation (letting-go) to primiparous post-partum mothers at the Tarokan Health Center, Kediri Regency.

DISCUSSION

Family support

Several factors, including age, influence the quality of family support given to the mother's family. In this study, the age range of the respondent's family was 21-35 years (63.7%) with a total of 21 respondents, education level and it can be seen in this study that the education level of the respondent's family is high school with a percentage (72.8%) of 24 respondents.

Occupations where in this study, most of the respondents' families worked as Laborers/Farmers and Entrepreneurs, with each percentage (42.4%) with a total of 14 respondents having family relations, especially husbands; almost all respondents had family relations, namely 31 respondents' husbands' respondents with a percentage (94%).

The findings of a study conducted by La Isa (2022), revealed that the age factor affects family support in adjusting to becoming a mother, with the majority of respondents being between the ages of 26 and 25. This age group is more mature and capable of thinking clearly. Family support can make mothers feel loved and cared for, helping them deal with challenges effectively. Other factors influencing family support include emotional, instrumental, and appreciation support. Positive comparisons to a good primiparous mother's role also benefit pregnant women.

Family support, especially from the spouse, can bring inner calm and satisfaction to a wife. Husbands can help care for the baby by not sleeping all night, lifting the baby, changing its diaper, and giving it to the mother. According to Friedman, Family support can be divided into instrumental, informational, emotional, psychological, physiological, informational, and financial aspects (Friedman, 2010). Emotional support, such as love, trust, and listening, is crucial for post-partum mothers' recovery. Informational assistance includes communication networks and shared duties, while other types of assistance include domestic duties and caring for babies. Men are also responsible for seeking assistance if their partner is unwell.

The research conducted by Yanti et al. (2021) highlights the optimal role of the family in post-partum mothers, highlighting the relationship between emotional, instrumental, information, and assessment assistance. The study suggests that providing good family support reduces stress and ensures a supportive structure for members.

Therefore, based on theory and previous research, the results show that various factors provide support, including age, maturity, education, work, financial, and instrumental factors, particularly where harmonious husbands' support in caring for the baby and the mother's recovery.

Psychological adaptation process (letting go)

Based on the research that has been done, it was found that almost all primiparous post-partum mothers experience adaptive psychological adaptation (letting go) (94%) with as many as 31 respondents, while 6% experience maladaptive adaptation. These mothers need adjustments to face new activities and roles, undergoing the letting-go phase well. A woman needs several adjustments to face her new activities and role as a mother. In this case, the mother goes through the psychological adaptation phase (letting go) well.

The study reveals that the average age of primiparous post-partum mothers with 24 respondents (72.8%) is 21-25 years, with 63.7% being high school students. The majority work as housewives is 22 respondents (66.7%), with 75.7% having normal labor are 25 respondents. Family support is also a significant factor in their lives.

According to Febriati et al. (2022), research concludes that mothers with a greater level of education are more oriented toward preventative measures, have a better understanding of health information, and have a better health status. Women benefit from higher education because it better prepares them for the future.

According to Jannah & Latifah (2022) research reveals that Factors to consider include age, parity, social support, birth type, unplanned birth, biological fragility, psychological sensitivity, stressful environments, maladaptive solutions, and socioeconomic level influencing post-partum blues, with age often affecting emotional readiness for motherhood. The mother's knowledge and experience in caring for a baby significantly influence post-partum blues in first-time mothers. Lack of support from husbands increases suicide risk. Labor types and Section caesareans also affect baby blues syndrome incidence. Physical trauma during labor leads to increased psychological anguish, new sensitivity, and stressful situations. Unbalanced hormones and physical endurance during labor can further exacerbate the issue.

This study supports the findings of Nababan & Sofiyanti (2022), revealing factors contributing to post-partum depression in mothers, including family and environmental support, social and economic position, and the mother's psychological adaptation. Based on observations of post-partum moms' psychological adaptation, both primipara and multipara, utilizing the EPDS questionnaire, factors include fatigue, lack of support from her husband, family, and surrounding environment, economic factors, the mother living with her in-laws and/or another family, economic factors, and local culture influence.

The researcher assumes that age, parity, education, work, and family support influence psychological adaptation in primiparous post-partum women. Early adulthood, characterized by reproductive productivity, is influenced by education, which impacts thinking abilities. In this scenario, a person's thinking and level of concern are considered.

Family support and the psychological adaptation (letting-go) in primiparous post-partum mothers

Based on analysis tests to assess the relationship between family support and the psychological adaptation process (letting go) in primiparous post-partum mothers, the study at Tarokan Health Center, Kediri Regency, discovered a significant relationship between family support and the psychological adaptation process (letting go) in primiparous post-partum mothers.

A person's adaptation, or judgment, is a response to environmental changes that may alter their body's integrity. It is a response to maintain equilibrium and spiritual growth. Their mother's psychological stimuli influence women's psychological adaptation post-birth, and they need love, approval, recognition, appreciation, attention, and support. This process can lead to mild depression (Nova & Zagoto, 2020)

Motherhood achievement is influenced by a mother's psychological condition, particularly during the post-partum phase. Adequate family support is crucial for maternal health and child nurturing. Inadequate support can negatively impact a mother's psychological health and her baby's well-being (La Isa, 2022).

The findings of a study conducted by Wijaya (2017), highlight the significant role of the family in providing primary support to new mothers, such as how to change diapers, burp the baby, hold them, comfort the baby when it

screams comforting, and praise the baby, and societal culture plays a role in this support, it helps the mother to adequate rest after giving birth and makes them feel at ease.

In line with Ariani & Shanti (2022) research, reveals the letting go phase, where post-partum women accept responsibility for their new role. Women who entered this phase felt their husbands' assistance needed to be improved. Despite this, they managed to control their psychology and care for their infant calmly. Support from husbands, whether financial or childcare, helped post-partum mothers successfully navigate this phase, despite feeling unfulfilled due to late breastfeeding. Mothers who receive support from their husbands, whether through financial assistance or assistance in carrying and caring for kids, truly help post-partum mothers go through their psychological adaptation phase cheerfully and successfully because their spouse was around.

In another research conducted by Saufika & Farah (2019), the time for achieving psychological adaptation (letting go) in post-partum mothers tends to be fast, with an average of 20 days. The achievement of psychological adaptation 10 (letting go) is the fastest on day 10 and slowest on day 34. In this variation of achievement, all of them are within the normal range.

In this case, the researchers assume that suggest that primiparous post-partum mothers at Tarokan Community Health Center undergo an adaptive adaptation process, allowing them to control their physical and emotional conditions. They began by fearing their abilities and eventually learned to care for their baby independently. Family support, particularly from husbands, provides comfort and security through substituting rewards, negotiation, support or support for cognitive abilities, creating a healthy family environment, and carrying out guidance to individuals and families, such as mental and spiritual guidance.

CONCLUSION

Almost all respondent families provide good family support to primiparous post-partum mothers, and they experienced an adaptive process of psychological adaptation (letting go) in primiparous post-partum mothers.

There is a relationship between family support and the psychological adaptation process (letting go) in primiparous post-partum mothers at the Tarokan Community Health Center, Kediri.

Therefore, family support to increase awareness in providing affection and encouragement to post-partum mothers as a form of early screening

is an important matter in dealing with baby blues and avoiding the development of post-partum depression.

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