



Psychosocial Condition and Parenting Self-Efficacy Among Postpartum Mothers

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ABSTRACT

The postpartum period is a transitional period of changing roles for parents. Postpartum mothers need to have confidence in their ability to care for and nurture babies. Psychosocial conditions are one of the causes of problems in achieving her new role as a mother and babysitting. The study's focus was to determine the relationship of psychosocial conditions with parenting self-efficacy among postpartum mothers. This study is a correlational quantitative study with a cross-sectional approach. Sampling using purposive sampling of 107 respondents in postpartum mothers. The instrument used to measure psychosocial conditions uses the postnatal risk questionnaire (PNRQ) instrument and the parenting self-efficacy using the self-efficacy parenting scale (PSES) instrument. The statistical test in this study is spearman rank. The results showed that postpartum mothers had psychosocial conditions at risk of 36 (33.6%) and were not at risk by 71 (66.4%). Postpartum mothers had high self-efficacy parenting 98 (91.6%) and low 9 (8.4%). The results of the statistical test showed $p\text{-value} = 0.000$ and correlation coefficient = 0.426. There is a significant association of psychosocial conditions with self-efficacy parenting in postpartum mothers. Nurses need to identify the psychosocial condition of postpartum mothers and improve parenting self-efficacy towards the care of mothers and their babies.

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Kata kunci:

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ABSTRAK

Periode pascapersalinan merupakan masa transisi perubahan peran menjadi orang tua. Ibu pasca persalinan perlu memiliki keyakinan terhadap kemampuan dalam merawat dan mengasuh bayi. Kondisi psikososial merupakan salah satu penyebab masalah dalam mencapai peran barunya sebagai seorang ibu dan pengasuhan bayi. Tujuan penelitian ini mengidentifikasi hubungan kondisi psikososial dengan parenting self-efficacy pada ibu pascapersalinan. Penelitian ini merupakan penelitian kuantitatif korelasional dengan pendekatan cross-sectional. Pengambilan sampel menggunakan purposive sampling sejumlah 107 responden pada ibu pascapersalinan. Instrumen yang digunakan untuk mengukur kondisi psikososial menggunakan instrumen postnatal risk questionnaire (PNRQ) dan parenting self-efficacy menggunakan instrumen self efficacy parenting scale (PSES). Uji statistik dalam penelitian ini adalah spearman rank. Hasil penelitian menunjukkan ibu pascapersalinan memiliki kondisi psikososial beresiko sebesar 36 (33,6%) dan tidak beresiko sebesar 71 (66,4%). Ibu pascapersalinan memiliki parenting self-efficacy yang tinggi 98 (91,6%) dan rendah 9 (8,4%). Hasil uji statistik menunjukkan $p\text{-value} = 0,000$ dan koefisien korelasi = 0,426. Terdapat hubungan yang signifikan terhadap kondisi psikososial dengan parenting self-efficacy pada ibu pascapersalinan. Perawat perlu mengidentifikasi kondisi psikososial ibu pascapersalinan dan meningkatkan parenting self-efficacy terhadap perawatan ibu dan bayinya.

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INTRODUCTION

The postpartum period is a period of postpartum crisis due to physical and psychological adaptations. In the postpartum period, there is a transition of role change, namely the change of parenthood (Pillitteri & Flagg, 2018). The change in the role of parents is a dynamic developmental process that begins with knowing pregnancy and having a new role as a father and mother (Xue et al., 2021). The change in the role of a mother requires adjustment because the mother has a great responsibility toward her baby. Mothers need adjustments to carry out their new activities and roles as mothers in the first weeks or months after giving birth (Fasanghari et al., 2019).

Upbringing at the beginning of the postpartum is a period of learning and adaptation for the mother. The mother performs new behaviors to effectively care for the baby and achieve satisfaction in parenting (Abuhammad, 2020). Postpartum mothers who successfully adjust to their new roles will support having high confidence in babysitting their babies. Self-efficacy parenting is the confidence of parents in their ability to perform tasks related to caring for their baby. Mothers who have high self-efficacy in parenting will have better ability and self-confidence in performing duties as parents, be more sensitive in responding to the needs of the baby, and have a better bonding with the baby (Astutiningrum et al., 2016). A mother's belief in her ability to play a mother will affect the way a mother raises her children and it is one of the main foundations in the growth and development of the next child (Pramudianti, 2017).

Parenting self-efficacy is closely related to the fulfillment of the role and duties of being a mother (Mazaheri & Panaghi, 2014). *Parenting self-efficacy is very important in the postpartum period because it is to assess the mother's ability to provide newborn care* (Istikomah et al., 2019). The role of parenting self-efficacy is very important because parents are the first to provide care to their children (Epifanio et al., 2015). A mother begins to play a role in babysitting babies with affection. The ability to take good babysitting can produce a healthy baby and can create satisfaction, confidence, a feeling of competence, and success in the mother. Parenting self-efficacy can also have an effect on health and well-being in postpartum mothers (Pramudianti, 2017).

The positive impact arising from parenting self-efficacy can improve the relationship between mother and child, babies can feel loved, and cared for, and can foster self-confidence in baby care so that mothers can carry out their duties as parents, and respond quickly in meeting the needs of their children (Fajriyah et al., 2019). The impact of low self-efficacy parenting can affect parenting behavior, the emergence of parental responses about difficulties in the child, and the high level of stress in parents (Indrasari & Affiani, 2018). The impact of the mother's lack of ability in the care of newborns leads to a lack of interaction between mother and baby (Fatmawati et al., 2017).

Mothers with high self-efficacy parenting feel that they can understand their baby's mood and can give the right response (Fajriyah et al., 2019). Postpartum mothers with higher self-efficacy parenting have low experience of stress and depression because they can act to make their environment more resilient, while mothers with low self-efficacy parenting have high levels of anxiety or depression, and they tend to give up more easily when facing pressure. Postpartum mothers who have low self-efficacy will affect their level of anxiety, and self-ability, and feel that everything is an obstacle and difficulty, postpartum mothers

with high self-efficacy do not easily feel burdened by their new role (Sahin et al., 2017).

Factors that can influence parenting self-efficacy are social support, marriage, cognitive readiness, experience with the child, child characteristics, self-experience as a child, culture, and community, age, genital, education, parity, and health status of the child (Botha et al., 2020). In addition, anxiety, depression, psychopathology, and egocentric are factors of psychosocial conditions in postpartum mothers that can affect parenting self-efficacy (Kurniawati, 2017).

Psychosocial is a condition of a person's relationship between his social and emotional conditions (Lara et al., 2017). The psychosocial condition of the postpartum mother includes the emotional state and behavior of the mother. Psychosocial conditions in postpartum mothers affect the relationship between parents and babies (Kurniawati, 2017). Postpartum psychosocial conditions cause a lack of bonding between postpartum mother and baby, as well as affect the mother's ability to care for the baby. This condition can damage the bonding of mother and baby which will cause negligence and avoidance of the baby (Fatmawati et al., 2017).

Postpartum mothers in their teens who have psychosocial conditions are at risk of having a worse mother-baby relationship than those who are not at risk. Postpartum adolescent mothers with psychosocial problems experience a decrease in maternal and infant bonding (Fatmawati et al., 2017). Mothers who received low support had a postpartum psychosocial condition at risk of 42.9%, compared to mothers who received high support who had a postpartum psychosocial condition at risk of 21.7% (Wisnusakti & Hidayat, 2018). Psychosocial conditions cause problems in achieving her new role as a mother and in the upbringing of her baby. This shows that psychosocial conditions can affect parenting self-efficacy (Wulandari & Afiatin, 2020).

The self-efficacy of parenting is influenced by postpartum psychosocial conditions. Psychosocial factors need to be considered because they greatly affect parenting self-efficacy and are very beneficial for postpartum mothers, they can determine the role, care, and parenting patterns in children. Based on the above phenomenon, researchers are interested in knowing the relationship between psychosocial conditions with self-efficacy parenting among postpartum mothers.

METHOD

This study is a quantitative study with a cross-sectional approach to determine the relationship between psychosocial conditions and self-efficacy parenting among postpartum mothers. 107 respondents of postpartum mothers in the working area of Primary Health Care Sewon Bantul Indonesia were sampled using purposive sampling, and the sample size was calculated using the Slovin formula. The inclusion criteria were: 1) Postpartum mothers aged 0-6 weeks 2) Postpartum mothers who are willing to be respondents. 3) Postpartum mothers who have healthy babies and the exclusion criteria who had mental disorders.

This research instrument used two questionnaires, namely the postnatal risk questionnaire (PNRQ) to measure psychosocial conditions and the parenting self-efficacy scale (PSES) questionnaire to measure parenting self-efficacy. The parenting self-efficacy scale (PSES) instrument was adopted from Fauziah (2012) to measure the mother's condition in caring for babies. This questionnaire has 27 question items

that contain questions about cognitive aspects, affective aspects, and skill aspects. The results of the validity test of the parenting self-efficacy scale (PSES) instrument have been tested on 30 postpartum mothers obtained results of >0.361 and the reliability of parenting self-efficacy had a value of Chronbach's alpha of 0.973. The postnatal risk questionnaire (PNRQ) was adopted from Kurniawati, 2017). This questionnaire has 12 question items that contain questions regarding psychosocial risks in perinatal disorders, perinatal depression, and anxiety. The questionnaire is divided into two categories, namely a score of ≥ 24 : risk and a score of < 24: not at risk. The results of the postnatal risk questionnaire (PNRQ) validity test obtained validity > 0.630 and reliability with a Cronbach's Alpha value of 0.938. In this study's statistical test, Spearman's rank was used. The FKIK UMY ethics committee has approved this study, which has the approval letter number 058/EC-KEPK FKIKUMY/II/2021.

RESULTS AND DISCUSSION

Table 1. Age Characteristics of Mother and Baby (n=107)

Characteristics	Mean	Min-Max	SD
Mother's age	28.93	19-42	5.558
Baby's age	4.04	2-6	1.607

The average age of postpartum mothers is 28.93 years old. The youngest age of the mother is 19 years old and the oldest is 42 years old with a standard deviation value of 5,558. The average age of the baby is 4.04 weeks, the youngest age of the baby is 2 weeks and the oldest is 6 weeks with a standard deviation value of 1.607.

Table 2. Frequency Distribution of Respondents' Characteristics (n=107)

Characteristics	Frequency	Percent (%)
Education		
Junior high school	14	13.1%
High school	59	55.1%
College	34	31.8%
Work		
Housewife	74	69.2%
Civil servants	26	24.3%
Employee	7	6.5%
Types of Childbirth		
Normal Birth	80	74.8%
Sectio Caesaria	27	25.2%
Parity		
Primipara	52	48.6%
Multipara	55	51.4%

The majority of respondents had a recent high school education of 59 (55.1%) people, housewife jobs as many as 74 (69.2%) people, a history of normal childbirth of 80 (74.8%) people, and most respondents had a multipara parity of 55 (51.4%) people.

Respondents who had psychosocial conditions after childbirth were not at risk as many as 71 (66.4%), and respondents who had psychosocial conditions were at risk as many as 36 (33.6%). Respondents who had high Self-efficacy

parenting were 98 (91.6%) and respondents who had low Self-efficacy parenting were 9 (8.4%).

Table 3. Psychosocial conditions and Parenting Self efficacy (n=107)

Variable	Frequency	Percent (%)
Psychosocial		
- Not at risk	71	66.4%
- Risk	36	33.6%
Parenting Self-efficacy		
- High	98	91.6%
- Low	9	8.4%

The results of the spearman rank correlation test between psychosocial conditions and parenting self-efficacy obtained a p-value= 0.000 with a correlation coefficient= 0.426. These results show that there is a significant relationship between psychosocial conditions and parenting self-efficacy with moderate correlation strength.

Table 4. Relationship of psychosocial condition with parenting self-efficacy (n=107)

Variable	p-value	r
Psychosocial Conditions		
Parenting Self Efficacy	0.000	0.422

The study's findings about that the average value of the postpartum maternal age was 28.93 years, the age indicated that the mother was at productive age. Mothers aged 20-35 years as adulthood or fertile period, at this time the mother can calmly cope with problems especially in the face of pregnancy, childbirth, puerperium, and caring for the baby (Martínez Galiano et al., 2019). According to the age of the mother, the higher the parenting self-efficacy, and vice versa, the younger the mother's age, the lower the parenting self-efficacy (Xue et al., 2021).

Mothers in adulthood are more competent in parenting than mothers in adolescence. Being a mother in their teens shows that they still have difficulty and confusion in doing self-efficacy parenting. The young age of the mother indicates a low ability to carry out childcare (Setyowati et al., 2017). Mothers in adolescence tend to withdraw physically and emotionally from their babies due to the incompetence and failure of their role as parents (Sahin et al., 2017).

The most of respondents had a high school education of 59 mothers. Mothers who have higher education will better understand and accept changes in terms of health care. The higher the education possessed by a mother can face social pressures and conflicts of roles (Fasanghari et al., 2019). The level of education possessed by a mother is related to the level of knowledge or understanding in receiving information (Sugiyanto & Prasetyo, 2018). Prenatal education and psychological support in mothers during pregnancy affect the readiness of pregnant women to face childbirth and treatment in the post-partum period. The provision of antenatal health information or education is one of the effective approaches for pregnant women in improving health in the prenatal to the postnatal period (Oktafia et al., 2018).

The results showed that most respondents worked as housewives. Work is one of the main factors related to parental stress (Cheng et al., 2021). Working mothers show

higher levels of stress than non-working mothers. Working mothers find it difficult to determine the balance between parental responsibilities and work responsibilities. Two roles performed at the same time will affect the confidence to be able to provide attention and supervision of the child (Epifanio et al., 2015). Maternal parenting behavior is less achieved if the mother experiences fatigue, especially in the early postpartum period (Oktafia et al., 2021).

The results showed that most mothers had a normal history of childbirth of as many as 80 people. Mothers who give birth normally can usually directly interact with their babies and can give exclusive breastfeeding as soon as possible after giving birth. Meanwhile, childbirth with cesarean section experiences discomfort due to surgical pain, and physical limitations to move and can also decrease the ability to care for newborns (Astutiningrum et al., 2016). Pain arising from section caesarian surgery can cause various problems for example the mother becomes lazy to mobilize early, the mother will focus on herself regardless of her baby, causes anxiety, and causes self-confidence in caring for the baby to be low (Pramudianti, 2017).

The results showed that most mothers have multipara parity. The number of children is related to previous experiences of caring for and nurturing babies. Postpartum mothers for the first time often experience postpartum depression because mothers often feel worried about the condition of the fetus being born, labor pain, newborn care, and the breastfeeding process (Lutkiewicz et al., 2020).

The study's findings about that mothers with psychosocial conditions during the postnatal period were not at risk as much as 71 (66.4%). Psychosocial is a person's relationship between social conditions and his or her mental or emotional health. A good psychosocial condition will make the mother more confident in breastfeeding and the baby feels comfortable and rarely cries (Sukma et al., 2017). The disturbed psychosocial conditions after childbirth of the mother will cause the mother to focus on herself. Postpartum mothers who have risky psychosocial conditions resulting from a history of past physical trauma tend to be able to re-do their babies, not do treatment, and can abandon their babies (Kurniawati, 2017).

Psychosocial conditions in the risk category in postpartum mothers are likely to experience bonding attachment problems between mother and baby that cause negligence and neglect of the baby (Fatmawati et al., 2017). The psychic condition of the mother who is disturbed due to changes in habits before having a baby and the absence of support from the family to help with household chores and care for the baby can affect the parenting process in caring for the baby (Jeniawaty et al., 2016).

The study's findings about that mothers had high self-efficacy in parenting as much as 98 (91.6%). Self-efficacy in postpartum mothers is the mother's ability to carry out newborn care. Mothers with high self-efficacy parenting have a better ability to perform duties as parents, are more sensitive in responding to the needs of the baby, and have a better relationship with children (Astutiningrum et al., 2016). The high ability to take care of babies can produce a healthy baby and can create satisfaction, confidence, feelings of competence, and success in the mother. In addition, positive parenting behavior can make mothers carry out their duties as parents and respond quickly in meeting the needs of their children (Fajriyah et al., 2019).

Mothers who have a low level of parenting self-efficacy can influence parenting behavior, the appearance of parental responses about difficulties in the child, and high levels of stress in parents (Mazaheri & Panaghi, 2014). Postpartum

mothers also focus on pain and anxiety after childbirth so that they have low parenting self-efficacy. Low self-efficacy parenting is also due to a lack of guidance from health workers for example in breastfeeding techniques (Fata & Atan, 2018).

The study's findings about that there was a relationship between psychosocial conditions and parenting self-efficacy. Mothers who give birth for the first time show sadness, annoyance, and anxiety. This is usually felt by mothers who are giving birth for the first time and have no experience in carrying out baby care so mothers will feel confused in carrying out their duties and feel burdened (Fatmawati & Gartika, 2021). The experience of caring for a child greatly affects one's ability to complete motherhood (Nurhidayah, 2017).

Postpartum mothers who experience higher anxious symptoms will have an impact having difficulty regulating emotions. Mothers with anxious conditions have more self-critical thinking, are more judgmental about parenting abilities, and are less able to give a caring and affectionate attitude towards themselves as parents. This leads to being less able to pay attention to the child during the interaction between mother and baby (Lin et al., 2022).

Postpartum anxiety usually occurs in mothers who are giving birth for the first time because of the lack of experience possessed by a mother in carrying out self-care after giving birth and the ability to care for newborns (Sugiyanto & Prasetyo, 2018). Mothers who have experience and knowledge help improve overall self-efficacy. High self-efficacy parenting has an impact on the mother's better psychological well-being. Lower maternal self-efficacy care affects poor family functioning (Ziobrowski, Hannah N., Sonnevile, Kendrin R. Eddy, Kamryn T., Crosby, Ross D., Micali, Nadia, Horton, Nicholas J., Field, 2019).

LIMITATION OF THE STUDY

The limitation of this study is that the sample is less varied. In addition, the samples of each region are also less evenly distributed, causing the samples to be homogeneous.

CONCLUSIONS AND SUGGESTIONS

There is a significant association between psychosocial conditions and the self-efficacy of parenting (p -values of 0.000). The degree of correlation of psychosocial conditions with self-efficacy parenting in postpartum mothers in the moderate category ($r=0.426$). The results of this study can be used by nurses as a reference to provide nursing care through health education to postpartum mothers, husbands, families, and the community. Nurses need to identify the postpartum mother's psychosocial condition and improve parenting self-efficacy in the care of the mother and her baby. Health education provided by nurses can increase mothers' confidence in caring for themselves and their babies in the hospital and when they are at home.

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ETHICAL CONSIDERATIONS

The Health Research Ethics Committee of the FKIK UMY No.058/EC-KEPK FKIKUMY/II/2021.

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CONFLICT OF INTEREST STATEMENT

There are no competing interests in this study.

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