Parental and In-Laws Support: Correlation Study of Characteristics in Postpartum Mothers

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Abstract

Purpose: To describe the support of parents and in-laws, and to determine the correlation between characteristics and the support of parents and in-laws in postpartum mothers.

Methodology: This type of research uses a quantitative descriptive method. In this study, data collection used a social support questionnaire by measuring the support of parents and in-laws. Respondents obtained for this study amounted to 61 postpartum mothers. Samples were taken by purposive sampling technique.

Results: In this study, it can be described that support from parents is more often given to postpartum mothers. This can happen because respondents often contact their biological parents compared to contacting their parents-in-law. Most of the respondents live with their family of origin and their husband more than they live with their in-laws. Some of the characteristics in this study did not show significant results or had a weak relationship with the support of parents and in-laws. Only the categorical characteristics of working on parental support show that there is a significant relationship between working characteristics and parental support because the results of the P value show a value of p = 0,047. While other characteristics such as village, education level, marital status, ethnicity, living together, type of work, profession, intention to get pregnant, desire to get pregnant, complications, method of delivery, and baby nutrition showed insignificant results because the result was P value > 0,05.

Applications/Originality/Value: The difference between this study with previous research lies in the research respondents, research time, measurement tools, literature used, the theory used, and research results.

Keyword: *Postpartum, Parental and In-laws Support, Characteristics*

Introduction Section

It should be a joyful experience for women to give birth and raise a child, with the presence of a child being a blessing for every family. Beyond just being happy, every woman's pregnancy has a profound emotional impact. A woman will undergo significant changes during pregnancy and after giving birth, including significant adjustments to both her physical and psychological well-being. Consequently, preparing physically and mentally for pregnancy and childbirth is necessary (Sulistyaningsih, 2020). Mother's psychological changes, such as anxiety, dread, and worry, are quite significant. (Rosdiana, 2018). Many moms go through phases of transition, including both physical and psychological ones, such as the postpartum period (puerperium), which begins after the placenta is delivered and lasts for about 6 weeks until the uterine organs return to their pre-pregnancy form. A time of transition, the postpartum period can be stressful for new moms and their families. Postpartum care is sometimes overlooked as a necessary component of women's health because this transitional period is frequently viewed as brief or trivial (Rahayuningsih, 2018). The mother will go through physical and psychological changes at this period, including alterations to her reproductive system and other bodily functions. (Sulistyaningsih, 2020). The puerperium is a remarkable time of transition that can be difficult for couples expecting their first child. The first child's birth is a challenging period (Rahayuningsih F. , 2015). Although the addition of a new family member causes major happiness. A relationship may be going through a challenging

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and confusing time at this point, which could result in a crisis. Mom and dad experience an equal amount of changes in the puerperium as they adjust to new roles and situations (Ambarwati, 2019). However, not all postpartum mothers can go through the adaptation to the postpartum period smoothly (Wibisono, 2018). Age, socioeconomic, ethnic, cultural, and demographic characteristics all have a significant impact on mothers' capacity for adaptation. During the adjustment to motherhood, a feeling of competence and contentment with the parental role can have a significant impact on the caliber of parenting conduct (WHO, 2021). The effort of nurses is required to increase the capacity of mothers and all family members to adapt.

The postpartum period is one of the most significant stressful situations in a woman's life (Kaveh, 2022). Women's lives and quality of life change as a result of a variety of factors, including the birth of children, accepting a new role as a mother, and experiencing challenging times and stressors that make it difficult for them to adequately care for themselves and their families (Grylka-Baeschlin, 2018) (Shimpuku Y, 2021). A mental illness known as postpartum depression (PPD) can have detrimental effects on both the mother and the unborn child. Children with untreated postpartum depression may experience cognitive, behavioral, social, or psychological issues (or a combination of two or more of the initial problems) (Yang X, 2020).

The mother's social life, marital relationship, parental confidence, and relationships with parents and other people may all suffer as a result of postpartum depression. Symptoms of postpartum depression typically start to manifest in women within the first 12 weeks after giving birth. Family members can be impacted by postpartum depression in a new mother, in addition to the mother, child, or both. Some potential symptoms of postpartum depression include challenges with the emotional bond between mother and child, learning how to care for a newborn, and the parental role. Low socioeconomic status, an unplanned or undesirable pregnancy (or both), a troubled marriage, a lack of social support, an unstable maternal mood, low self-esteem, general stress, parenting-related stress, and having high levels of anxiety during pregnancy can all contribute to (or worsen) postpartum depression in mothers (Yang X, 2020).

For new mothers, giving birth is a big life event that requires missing work or school, interacting with the baby's requirements and issues, experiencing physical pain, and lacking time for social activities. As a result, women greatly benefit from social support, especially from family members (Qi, 2022). The adaptation of women to motherhood requires social assistance (Rahayuningsih F. H., 2015). All kinds of material and moral support offered by certain social groups are considered social support. Support for parents and in-laws in terms of child care and responsibility, assistance with household chores, and social and emotional support for the mother are only a few examples of the social services available during the postpartum time.

Social support can also be thought of as a condition that is beneficial for people who are obtained from other people who are trusted, such as husband's family members, friends, relatives, or coworkers. Support is given so that individuals know that other people also care about them. Support is the involvement provided by family and friends to manage and care for themselves (Grylka-Baeschlin, 2018). Good support will enable the mother to lessen her discomfort and anxiety (Puspitasari, 2019).

Families are those who live in the same house, consisting of two or more people, due to marriage or adoption and blood relations (Rahayuningsih F. &., 2018). Parental support is the understanding that parents have a continual responsibility to educate and nurture their children by helping them with activities that will satisfy their requirements for attention, a safe and comfortable environment, and affection. Another meaning of parental support, meanwhile, is the way that a family acts and accepts its members, including through informational support, moral support, instrumental support, and emotional support. Parental support therefore refers to the idea of social support, which is generally understood as the presence or availability of people on whom we rely and who convey their love, value, and care to us (Yuliya, 2019). Parental support is defined as assistance that people receive from other people or surrounding groups, which makes the individual feel at ease, loved, and appreciated. This is one way in which parents can provide support to their children in the kind of attention and affection (Yörük, 2020). Additionally, there are many other kinds of help and support that can be received from people in a social network.

According to preliminary studies, some postpartum mothers continue to reside with their original families and spouses, as revealed by the results of interviews with a number of them. As a result, moms might get support from their parents throughout the postpartum time. Postpartum mothers are affected by how their parents and in-laws play a part in the family, especially if they share a home with them. This is because parents have a variety

of roles in the family, including those of educators, motivators, role models, friends, supervisors, and counselors. Parents and parents-in-law should advise and accompany postpartum women as part of their duty as educators in the support system (Sulistyaningsih, 2020). The purpose of this study was to describe the support of parents and parents-in-law, and to determine the correlation between characteristics and the support of parents and parents-in-law in postpartum mothers.

Method

A cross-sectional study using a questionnaire was conducted in the working area of the Kartasura Health Center, Sukoharjo district. The study population consisted of postpartum women who gave birth between August 28 and October 15, 2022, in the Kartasura Health Center's service area and who met the inclusion criteria of being healthy, willing to participate in the study, having biological parents and in-laws, and being free of visual and auditory impairments. This type of study uses a quantitative descriptive method. The support of parents and in-laws is the study's independent variable. For the purpose of performing this study, 61 responses were obtained. Using the purposive sampling method, samples were taken.

The questionnaire used in this study was *the Postpartum Social Support Questionnaire* (PSSQ) from Miller which consisted of 20 questions about parental and in-law support. This questionnaire has been tested for validity and reliability, the results obtained are 19 valid questions and one invalid question is omitted. The social support questionnaire was translated from English into Indonesian and tested on a group of postpartum mothers to ensure understanding of the questions and clarity of the scale points. Detailed characteristics of this questionnaire include name, age, level of education, marital status, ethnicity, living together, type of work, work, profession, baby born in weeks, how many pregnancies, how many births, number of living children, intention to get pregnant, and desire to get pregnant. This questionnaire requires respondents to rate their social support, especially the support of their parents and in-laws as a whole on a 5-point scale (ranging from 1 to 5). Respondents were asked to rate the support of their parents and in-laws at home as a whole on daily life during the postpartum period (where 1 = never and 5 = always).

This research was conducted after obtaining approval from the Ethics Commission of Dr. Moewardi number 1.268/X/HREC/2022. In this study, respondent's confidentiality and anonymity were guaranteed. The respondents voluntary and written consent was used to enlist their participation in this investigation. All respondents were given a thorough explanation of the research's purpose and had the option to willingly engage in it without facing any negative consequences.

Result and Discussion

The data that has been obtained is entered into the *Excel* and then exported to the SPSS spreadsheet for data calculation. Furthermore, validity and reliability tests were carried out to find out questions that showed valid results on the questionnaire. The results of the validity test and Cronbach's alpha showed that of the 20 questions in the questionnaire, 1 question was invalid, namely the question in the parental support questionnaire number 4 with the question "Do you feel you can count your parent's financial assistance, if you need it?" which was then removed. Furthermore, the authors conducted a *Pearson Product Moment correlation* between the numerical data of the characteristics of the respondents and the support of their parents and parents-in-law which aims to determine the relationship between the characteristics of the respondents and the support of their parents and parents-in-law. The author also conducted an *ANOVA* between the categorical data of respondents with the support of their parents and parents-in-law which aims to determine the differences in the characteristics of respondents with the support of their parents and parents-in-law.

Table 1. Distribution of Descriptive Analysis of Parental Support Questionnaire Results

No.	Question	Mean	Std. Deviation

No.	Question	Mean	Std. Deviation
1.	How often will you contact your biological parents?	4,26	0,929
2.	How often will your parents wait for the baby?	3,84	1,052
3.	How often will your parents take care of the baby?	3,61	1,173
4.	How often will your parents help with other practical matters (eg homework, etc.)?	3,56	1,285
5.	How often you and the baby will spend time with your parents?	3,61	1,229
6.	How often will you vent, tell the problem to your parents?	3,03	1,354
7.	How often will your parents vent, tell you problems?	3,05	1,189
8.	How often will your parents give advice or guidance about the baby?	3,87	1,218
9.	How often will you discuss your concerns about the baby with your parents?	3,80	1,263
10.	In general, do you feel that your parents will be supportive after the baby's birth?	4,51	0,868

Based on the results of statistical tests, question number 1 with the question "How often will you contact your biological parents?" shows a result of 4,26 which can be interpreted that respondents contact biological parents often.

Based on the results of statistical tests, questions number 2-9 on parental support show an average result of 3,00 which can be interpreted that parental support is given to respondents occasionally.

Based on the results of statistical tests, question number 10 with the question "In general, do you feel that your parents will support you after the birth of the baby?" shows a result of 4,51 which can be interpreted that parents often provide support after the birth of a baby.

Table 2. Distribution of Descriptive Analysis of In-law Support Questionnaire Results

No.	Question	Mean	Std. Deviation
1.	How often will you contact your in-laws?	3,69	1,191
2.	How often will your in-laws help care for the baby?	2,95	1,396
3.	How often will your in-laws babysit your baby?	2,74	1,389
4.	Do you feel you can count on your in-laws for financial assistance if you need it?	2,41	1,407

No.	Question	Mean	Std. Deviation
5.	How often will your in-laws help out with other practical matters (eg homework, etc.)?	2,77	1,359
6.	How often will you and the baby spend time with your in-laws?	2,82	1,397
7.	How often will you vent, share stories, tell your problems to your in-laws?	2,33	1,338
8.	How often does your in-laws confide in you?	2,33	1,207
9.	How often will your in-laws provide advice or guidance about your baby?	3,13	1,431

Based on the results of statistical tests, question number 1 with the question "How often will you contact your in-laws?" shows a result of 3,69 which can be interpreted that the respondent contacts the in-laws occasionally.

Based on the results of statistical tests, questions number 2-8 on the in-law support questionnaire show an average result of 2,00 which can be interpreted that the in-law support given to respondents is rarely done.

Based on the results of statistical tests, question number 9 with the question "How often will your parents-in-law give advice or guidance about your baby?" shows a result of 3,13 which can be interpreted that parents-in-law provide advice or guidance about babies done occasionally.

Using a social support questionnaire, this study tries to characterize how parents and parents-in-law help postpartum mothers. It is known that postpartum mothers receive parental assistance more frequently based on the results of tables 1 and 2. There are several explanations for why parental assistance is more frequently offered than in-law support, one of which being the fact that some postpartum moms remain with their original families and interact more frequently with them.

Based on research, support from parents is more often obtained by postpartum mothers because in table 1 with the question "How often will you contact your biological parents?" shows an average result of 4,26 which is greater than in table 2 with the question "How often will you contact your parents-in-law?" which only shows a result of 3,69. The presence of postpartum mothers, the majority of whom live with their husbands and families of origin, ensures that the majority of postpartum mothers receive the best possible family support (Saufika, 2019). Even while the support from in-laws was a kind of social support, some respondents claimed that they weren't living at home with them. Others claimed that they felt uncomfortable and distant from their in-laws, which made for less interaction between the two (Handayani, 2017).

Table 3. Correlation and Regression Analysis of Numerical Characteristics of Parental and In-law Support

No.	Variable	Mean Median	Min - Max	r	R^2	P value
1.	Age	29 28	20-41	0,198	0,039	0,126
2.	Babies born in weeks	39	36-42	0,177	0,031	0,173

		39				
3.	How many pregnancies	2 2	1-5	0,028	0,001	0,829
4.	How many births	2 2	1-5	0,024	0,001	0,853
5.	Number of living children	2 2	1-5	0,055	0,003	0,673
6.	Birth weight	3161 3100	2200-4740	0,003	0,000	0,979

Based on the table above, the results of the analysis show that the average age is 29 years and the median is 28 years. The youngest is 20 years old and the oldest is 41 years old. The relationship between the age of postpartum mothers and the support of parents and in-laws shows a weak relationship (r = 0,198) and has a positive pattern, meaning that the older the mother is, the higher the support of parents and in-laws gets. Statistical results showed that there was no significant relationship between postpartum mother's age and the support of parents and in-laws (p = 0,126). 20-35 years is the safe gestational age range for women. Under 20 years old and over 35 years old are the vulnerable ages for pregnancy (Rahayuningsih F. B., 2021).

Babies are born when the gestational age is between 36-42 weeks with an average delivery at 39 weeks. The relationship between gestational age at birth of the baby and the support of parents and parents-in-law showed a weak relationship (r = 0,177) and had a positive pattern, meaning that the older the gestational age at the birth of the baby, the greater the support parents and parents-in-law got. Statistical results showed that there was no significant relationship between gestational age at birth and the support of parents and in-laws (p = 0,173).

The mean and median of the second pregnancy is 2 times with a minimum of 1 pregnancy and a maximum of 5 times. The relationship between the respondents' pregnancies and the support of their parents and in-laws showed a weak relationship (r = 0,028) and had a positive pattern, meaning that the more pregnancies the number of pregnancies increased, the greater the support from parents and in-laws they received. Statistical results showed that there was no significant relationship between pregnancy and the support of parents and in-laws (p = 0,829).

Baby births obtained the average and median results of 2 times with births occurring at least 1 times and a maximum of 5 times. The relationship between the birth of a baby and the support of parents and parents-in-law shows a weak relationship (r = 0,024) and has a positive pattern, meaning that the more the number of babies born, the higher the support from parents and parents-in-law will get. Statistical results showed that there was no significant relationship between the number of babies born and the support of parents and in-laws (p = 0,853).

The average and median number of living children is 2 with the minimum number of living children being 1 child and the maximum being 5 children. The relationship between the number of living children and the support of parents and parents-in-law shows a weak relationship (r = 0,055) and has a positive pattern, meaning that the more children there are, the greater the support parents and parents-in-law get. Statistical results showed that there was no significant relationship between the number of living children and the support of parents and in-laws (p = 0,673).

The mean birth weight was 3161 grams and the median was 3100 grams, with the smallest birth weight being 2200 grams and the heaviest birth weight being 4740 grams. The relationship between birth weight and parent-in-law support shows a weak relationship (r = 0,003) and has a positive pattern, meaning that the more the birth weight of the baby, the greater the support from parents and in-laws. Statistical results showed that there was no significant relationship between birth weight and the support of parents and in-laws (p = 0,979).

According to research (Saufika, 2019) up to 46% of postpartum women at the Yogyakarta City Health Center experienced anxiety brought on by a variety of causes. The risk factors for maternal age, parity, and family social support have a substantial impact on the incidence of anxiety in postpartum moms at the Yogyakarta City Health Center. These risk factors are what affect the incidence of anxiety in postpartum mothers the most. At the health facility in the Yogyakarta City working area, educational risk factors, maternal employment status factors, type of delivery factors, undesired or planned pregnancies, and family economic status factors do not significantly affect the incidence of anxiety in postpartum mothers (Saufika, 2019). The lack of available social support, according to the author, is to blame for the symptoms described as making postpartum women anxious, worried, and depressed. Postpartum mothers who live far from their parents or in-laws or some of them don't have parents anymore may experience a lack of attention or support from them.

Table 4. Distribution of Respondent Categorical Data

No.		Variable	Frequency (n = 61)	Percentage (%)
1.	Village	Wirogunan	3	4,9
		Singopuran	2	3,3
		Ngabeyan	5	8,2
		Kartasura	7	11,5
		Ngadirejo	4	6,6
		Ngemplak	5	8,2
		Pucangan	8	13,1
		Gumpang	9	14,8
		Makamhaji	9	14,8
		Gonilan	5	8,2
		Kertonatan	3	4,9
		Pabelan	1	1,6
2.	Level of education	Junior high school	5	8,2
		High school	34	55,7
		Undergraduate	22	36,1
3.	Marital status	Divorced	15	24,6
		Married	46	75,4
4.	Ethnicity	Non Javanese	1	1,6

No.	Variable	Frequency (n = 61)	Percentage (%)
	Javanese	60	98,4
5.	Living together		
	Origin family	8	13,1
	Husband	53	86,9
6.	Type of work		
	Work	25	41,0
	Not working	36	59,0
7.	Work		
	Not work	30	49,2
	Private sector	28	45,9
	Public sector	3	4,9
8.	Profession		
	Laborer	4	6,6
	Trader	6	9,8
	Private sector	7	11,5
	Teacher	5	8,2
	Housewife	37	60,7
	Health workers	2	3,3
9.	Pregnant intention		
	Not planning	25	41,0
	Planning	36	59,0
10.	Desire to get pregnant		
	Undesirable	12	19,7
	Ambivalent	3	4,9
	Wanted	46	75,4
11.	Complication		
	Yes	6	9,8
	No	55	90,2
12.	How to give birth		
	Sectio caesarea	27	44,3
	Normal	34	55,7
13.	Baby Nutrition		
	Formula milk	2	3,3
	Breast milk + Formula	13	21,3
	Breast milk	46	75,4

Based on the table above, there are a total of 61 respondents. In the column it can be seen that most of the respondents came from the villages of Gumpang and Makamhaji with a total of 9 people (14,8%). In the level

of education column there are 5 mothers with junior high school education level. The proportion can be seen in the percentage column, in the column above there are 8,2% of mothers with junior high school education. The distribution according to the level of education of the respondents was almost even for each level of education. The highest number of respondents were those with high school education, namely 34 people (55,7%), while for junior high school education (8,2%) and undergraduate (36,1%). From marital status it can be seen that there are 15 mothers who have divorced their husbands/partners which shows a percentage of 24,6%. The distribution according to marital status of the respondents was mostly married, namely 46 people (75,4%). Almost all respondents came from the Javanese tribe with a percentage of 98,4%. There are 8 mothers who live with their original families which shows a percentage of 13,1%. The distribution according to living with the most respondents was living with their husbands, namely 53 people (86,9%). A total of 25 working mothers with a percentage of 41,0%. The type of work most of the respondents did was not work, namely 36 people (59,0%). Mothers who choose not to work in the private or public sector can be seen in the percentage column, there are 49,2%. Distribution according to working respondents is almost the same for not working and private. The fewest respondents were working in the country, namely 3 people (4,9%), while not working (49,2%) and the private sector (45,9%). Most of the respondents' professions were housewives, namely 37 people (60,7%), while laborers (6,6%), traders (9,8%), private sector (11,5%), teachers (8,2%) %), and health workers (3,3 %). Some of the respondents planned pregnancy with a percentage of 59,0% and as many as 73,4% wanted their pregnancy. As many as 90,2% of respondents did not experience complications during pregnancy. The number of respondents who gave birth normally was 34 people (55,7%) and 75,4% of respondents still gave exclusive breastfeeding to their babies.

Table 5. Statistical Test Results for Respondent's Categorical Characteristics

No.	Variable	Mean	SD	95 % CI	P value
1.	**Village (Parents)**				
	Wirogunan	29,67	7,767	10,37 – 48,96	0,736
	Singopuran	34,00	18,385	-131,18 – 199,18	
	Ngabeyan	41,40	7,021	32,68 – 50,12	
	Kartasura	36,86	9,263	28,29 – 45,42	
	Ngadirejo	40,50	7,594	28,42 – 52,58	
	Ngemplak	30,60	14,639	12,42 – 48,78	
	Pucangan	39,88	9,125	32,25 – 47,50	
	Gumpang	36,89	5,622	32,57 – 41,21	
	Makamhaji	38,44	8,604	31,83 – 45,06	
	Gonilan	36,00	8,155	25,87 – 46,13	
	Kertonatan	38,67	8,505	17,54 – 59,79	
	Pabelan	35,00	-	-	
	Village (In-Laws)				
	Wirogunan	27,33	8,505	6,21 – 48,46	0,832

No.	Variable	Mean	SD	95 % CI	P value
	Singopuran	15,50	0,707	9,15 – 21,85	
	Ngabeyan	19,20	8,899	8,15 – 30,25	
	Kartasura	25,43	6,901	19,05 – 31,81	
	Ngadirejo	24,75	11,026	7,20 – 42,30	
	Ngemplak	26,20	14,856	7,75 – 44,65	
	Pucangan	23,38	14,172	11,53 – 35,22	
	Gumpang	27,22	8,599	20,61 – 33,83	
	Makamhaji	29,33	9,434	22,08 – 36,58	
	Gonilan	22,60	5,128	16,23 – 28,97	
	Kertonatan	25,67	8,293	-10,02 – 61,35	
	Pabelan	32,00	-	-	
2.	**Level of education (Parents)**				
	Junior high school	39,00	7,714	29,42 – 48,58	0,808
	High school	37,38	7,992	34,59 – 40,17	
	Undergraduate	36,32	10,444	34,87 – 39,39	
	Level of education (In-Laws)				
	Junior high school	24,80	13,274	8,32 – 42,28	0,888
	High school	24,68	10,648	20,96 – 28,39	
	Undergraduate	26,00	8,275	22,33 – 29,67	
3.	**Marital status (Parents)**				
	Divorced	38,13	6,958	34,28 – 41,99	0,617
	Married	36,80	9,396	34,01 – 39,59	
	Marital status (In-Laws)				
	Divorced	26,47	12,200	19,71 – 33,22	0,563
	Married	24,74	9,178	22,01 – 27,46	
4.	**Ethnicity (Parents)**				
	Non Javanese	36,00	-	-	0,898

No.	Variable	Mean	SD	95 % CI	P value
	Javanese	37,15	8,896	34,85 – 39,45	
	Ethnicity (In-Laws)				
	Non Javanese	29,00	-	-	0,700
	Javanese	25,10	9,994	22,52 – 27,68	
5.	**Living together (Parents)**				
	Origin family	38,13	9,372	30,29 – 45,96	0,736
	Husband	36,98	8,822	34,55 – 39,41	
	Living together (In-Laws)				
	Origin family	23,13	6,749	17,48 – 28,77	0,537
	Husband	25,47	10,332	22,62 – 28,32	
6.	**Type of work (Parents)**				
	Work	38,28	8,815	34,64 – 41,92	0,401
	Not working	36,33	8,864	33,33 – 39,33	
	Type of work (In-Laws)				
	Work	24,36	9,416	20,47 – 28,25	0,602
	Not working	25,72	10,355	22,22 – 29,23	
7.	**Work (Parents)**				
	Not working	34,80	8,467	31,64 – 37,96	0,047
	Private sector	38,68	8,861	35,24 – 42,11	
	Public sector	46,00	1,732	34,87 – 39,39	
	Work (In-Laws)				
	Not working	24,47	8,435	21,32 – 27,62	0,286
	Private sector	24,96	11,104	20,66 – 29,27	
	Public sector	34,00	11,533	5,35 – 62,65	
8.	**Profession (Parents)**				

No.	Variable	Mean	SD	95 % CI	P value
	Laborer	34,50	4,435	27,44 – 41,56	0,174
	Trader	42,83	4,956	37,63 – 40,03	
	Private sector	36,86	10,172	27,45 – 46,26	
	Teacher	44,60	5,367	37,94 – 51,26	
	Housewife	35,68	8,810	32,74 – 38,61	
	Health working	34,50	19,092	-137,03 – 206,03	
	Profession (In-Laws)				
	Laborer	21,00	13,038	0,25 – 41,75	0,549
	Trader	27,17	11,873	14,71 – 39,63	
	Private sector	24,43	10,245	14,95 – 33,90	
	Teacher	31,20	8,198	21,01 – 41,38	
	Housewife	24,24	9,209	21,17 – 27,31	
	Health working	32,00	18,385	-133,18 – 197,18	
9.	**Pregnant intention (Parents)**				
	Not planning	39,32	8,390	35,86 – 42,78	0,107
	Planning	35,61	8,910	32,60 – 38,63	
	Pregnant intention (In-Laws)				
	Not planning	24,04	10,039	19,90 – 28,18	0,466
	Planning	25,94	9,908	22,59 – 29,30	
10.	**Desire to bet pregnant (Parents)**				
	Undesirable	40,67	9,403	34,69 – 46,64	0,192
	Ambivalent	41,00	7,550	22,25 – 59,75	
	Wanted	35,96	8,597	33,40 – 38,51	
	Desire to get pregnant (In-Laws)				
	Undesirable	23,33	12,752	15,23 – 31,44	0,720
	Ambivalent	23,33	6,028	8,36 – 38,31	
	Wanted	25,76	9,405	22,97 – 28,55	

No.	Variable	Mean	SD	95 % CI	P value
11.	**Complication (Parents)**				
	Yes	38,00	6,261	31,43 – 44,57	0,802
	No	37,04	9,098	34,58 – 39,50	
	Complication (In-Laws)				
	Yes	20,67	7,737	12,55 – 28,79	0,246
	No	25,65	10,069	22,93 – 28,38	
12.	**How to give birth (Parents)**				
	Sectio caesarea	38,26	8,169	35,03 – 41,49	0,378
	Normal	36,24	9,332	32,98 – 39,49	
	How to give birth (In-Laws)				
	Section caesarea	23,70	8,943	20,17 – 27,24	0,310
	Normal	26,32	10,625	22,62 – 30,03	
13.	**Baby Nutrition (Parents)**				
	Formula milk	47,50	0,707	41,15 – 53,85	0,131
	Breast milk + Formula	39,15	9,191	33,60 – 44,71	
	Breast milk	36,11	8,616	33,55 – 38,67	
	Baby Nutrition (In-Laws)				
	Formula milk	26,00	2,828	0,59 – 51,41	0,737
	Breast milk + Formula	23,23	12,397	15,74 – 30,72	
	Breast milk	25,67	8,823	22,88 – 28,47	

Based on the table above, it is known that postpartum mothers living in 12 villages obtained values of parental support (p = 0,736) and parent-in-law support (p = 0,832). It means that at an alpha of 5%, it can be concluded that there is no difference in the support of parents and parents-in-law for postpartum mothers in the 12 villages.

The education level of postpartum mothers was obtained by the value of parental support (p = 0,808) and parent-in-law support (0.888). It means that at alpha 5%, it can be concluded that there is no difference in the support of parents and parents-in-law on the education level of postpartum mothers. The results of this study do not match with research (Nurfatimah, 2018) which indicates that there is a strong relationship between education level and assistance from parents and parents-in-law for postpartum moms, with p =

0,017. According to the study, mothers with greater levels of education will find it easier to accept advice or information provided to help them solve their problems, such as psychoeducation. This may be the result of social pressure and a conflict between a highly educated woman's duty as a housewife and mom and the demands of being a woman who wants to work or engage in activities outside the home (Nurfatimah, 2018).

The marital status of postpartum mothers, both married and divorced, obtained the value of parental support (p = 0,617) and parent-in-law support (p = 0,563). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and in-laws on the marital status of postpartum mothers. According to research (Hu, 2019) a poor relationship with your in-laws and thinking of your pregnancy as a chore are linked to more depression throughout your third trimester. Additionally, for pregnant women in the second trimester depression group, having a terrible marriage in the previous three months is a predictive factor (Hu, 2019).

It is known that postpartum mothers who come from Javanese and non-Java ethnic groups get the value of parental support (p = 0,898) and in-law support (p = 0,700). Means alpha is 5%, which means that there is no difference in the support of parents and in-laws towards the ethnic origin of postpartum mothers. In this study, there were 98% of postpartum mothers who came from the Javanese tribe and 2% came from the ethnic group outside Java. The results of the ethnic characteristics test showed that there was no difference between the support of parents and in-laws with the ethnic origin of postpartum mothers. Because the Javanese people believe that the difficulties experienced by mothers after giving birth are a component that every woman should undergo in the notion of becoming a mother, societal help for mothers is frequently withheld (Wiyanto, 2021).

Statistical results based on living together showed the value of parental support (p = 0,736) and in-laws support (p = 0,537). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and in-laws for postpartum mothers who live with their husbands or with their original family. Compared to women who only live with their husbands, postpartum women who live at home with their parents or in-laws are more likely to suffer from postpartum depression (Wang, 2017).

The type of work for postpartum mothers who worked or did not work obtained the value of parental support (p = 0,401) and parent-in-law support (p = 0,602). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and in-laws for the type of work of postpartum mothers.

It is known that postpartum mothers who work in the private sector, state or not work get the value of parental support (p = 0,047) and parent-in-law support (p = 0,286). Means alpha is 5%, it can be concluded that there are differences in parental support for the characteristics of working postpartum mothers and there is no difference in in-laws support for the characteristics of working postpartum mothers.

Postpartum mother profession obtained the value of parental support (p = 0,174) and in-law support (p = 0,549). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and in-laws for the profession of postpartum mothers. According to different researchers, having a job provides protection because of social support networks. Because of maternity leave, mothers and housewives can interact socially throughout the postpartum period. Returning to the workforce while experiencing difficulties between one's new position as a mother and one's prior employment can also be a risk factor and negatively affect social support (Vaezi, 2019).

Intention to conceive postpartum mothers who planned or did not plan obtained the value of parental support (p = 0,107) and parent-in-law support (p = 0,466). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and parents-in-law on the intention to conceive postpartum mothers.

The desire to conceive for postpartum mothers was obtained by the value of parental support (p = 0,192) and parent-in-law support (p = 0,720). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and in-laws towards the desire to conceive postpartum mothers.

Complications of pregnancy for postpartum mothers obtained the value of parental support (p = 0,802) and parent-in-law support (p = 0,246). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and in-laws for complications of pregnant postpartum mothers.

How to give birth to postpartum mothers obtained the value of parental support (p = 0,378) and in-laws support (p = 0,310). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and parents-in-law for how to give birth to postpartum mothers. Following the study by Houston et al., mothers who have caesarea sections despite wanting to give birth vaginally are more likely to experience PDD (Postpartum Depression) (Vaezi, 2019).

Nutrition for babies obtained the value of parental support (p = 0,131) and parent-in-law support (p = 0,737). Means alpha is 5%, it can be concluded that there is no difference in the support of parents and in-laws for nutrition for babies. The findings of the study conflict with research (Ickes, 2018) who discovered that babies of mothers who receive the most social support have a tendency to be well-nourished. Additionally, more social support among women was linked to baby nutrition in cross-sectional research carried out in Brazil and Vietnam (Ickes, 2018).

According to Table 5, statistical analysis of the categorical characteristics of parental and in-law support, working on parental responsibility doesn't appear to be different significantly from other characteristics including level of education, marital status, ethnicity, living together, type of work, profession, intention to become pregnant, desire to become pregnant, complications, method of delivery, and infant nutrition. Housewives are frequently stressed out and long for a job due to monotonous activities (Ananda, 2021). Whether they work full-time or not, those who generate goods or services with the intention of earning money or making a profit are considered to be employed according to the Labor Force Concept. According to Sjofiatun, working women's status had a big impact on maternity care in both rural and urban locations. Compared to housewives, mothers who work in the formal economy—public or private—have better access to health information. Both the mass media and coworker mates provided us with this information (Burhaeni, 2013).

Conclusion

The study shows that postpartum mothers receive parental support more frequently. This may occur when respondents speak with their biological parents more frequently than they do with their in-laws. Additionally, several respondents claimed to feel uneasy and distant from their in-laws, which made for less interaction between the two. Other respondents mentioned that they preferred to live with their spouses and families of origin rather than their in-laws. Some of the characteristics in this study showed insignificant results with the support of parents and in-laws. Only the categorical characteristics of working on parental support show that there is a significant relationship between working characteristics and parental support because the result is a P value < 0,05. The results of the P value in the ANOVA statistical test showed a value of p = 0,047. While other characteristics such as village, education level, marital status, ethnicity, living together, type of work, profession, intention to get pregnant, desire to get pregnant, complications, method of delivery, and baby nutrition showed insignificant results because the result was P value > 0,05. Having a job is a protective factor because of the network of social life. There is maternity leave, which makes the social life of mothers work together with housewives during the postpartum period. Returning to work and facing conflict between her new role as a mother and her previous role as an employee can also be a risk factor and can have a negative impact on her social support.

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