

Support of Family and Friends for Postpartum Mothers of Vaginal Delivery and Sectio Caesarea

Hanifia Ifada¹, Faizah Betty Rahayuningsih² *

¹ School of Nursing, Faculty of Health Science, Universitas Muhammadiyah Surakarta (UMS)

Abstract

Purpose: This study is to compare the assistance that friends and family provide postpartum women based on caesarean section versus vaginal delivery.

Methodology: A questionnaire-style experimental design was used in this quantitative study kind. In this study, a cross-sectional strategy was adopted. On a scale of 1 to 5, respondents were asked to rate their level of satisfaction with family assistance. The support of family and friends is the study's variable.

Results: There is no discernible difference between moms who give birth naturally/vaginally and mothers who give birth by sectio caesarea/caesarean section in terms of the support from family and friends. Compared to mothers who gave birth via sectio caesarea/cesarean section, mothers who gave birth vaginally/normally received somewhat more encouragement from family and friends.

Applications/Originality/Value: My research is different from earlier studies in a number of ways. One of these is when seen from a location research, which obviously has distinct features in order to produce different results. In prior investigations, the variable indicators revealed more discrepancies.

Keywords: Support from family and friends for postpartum mothers, vaginal delivery, sectio caesarea delivery.

Introduction Section

Being a parent, particularly a mother, is not always a happy experience for every woman or husband and wife. After having a child, a mother's obligations might occasionally cause internal conflict in her, which can lead to emotional, cognitive, and behavioral issues. Some postpartum women develop psychiatric illnesses because they are unable to adapt to these changes (Ariyanti, 2020).

A mother's psychological adjustment process began while she was pregnant (Ariyanti, 2020). Women who give birth go through physiological and psychological changes that bring them back to their pre-pregnancy states, and they continue to face higher health risks, particularly in the first few weeks of puerperium. Physical hazards from anemia, infections, or difficulties with wound healing are among the postpartum health risks. Mental risks from stress, exhaustion, or anxiety are also included. Even postpartum depression throughout this time might produce varying degrees of morbidity (Kohler et al. 2018).

A study showed that 25% of moms who gave birth for the first time experienced severe postpartum depression, and roughly 20% of mothers who gave birth to their second child. Postpartum depression is a dangerous disorder. Obstetrical and postpartum issues, as well as a lack of family and friend support, are risk factors for postpartum depression. (Sari, 2020).

One of the things that seven postpartum mothers who were questioned for a pilot study in the Kartasura District indicated they required during the postpartum period was support in the form of help with baby care when they were exhausted. It is believed that helping postpartum mothers with various practical issues may lessen their load. This indicates that there is evidence linking significant social support to postpartum mothers' good physical and mental health. (Miller et al., 2012).

Social support, including family and friends, is crucial for postpartum mothers to preserve their physical and mental health when facing challenges. Positive social support can boost stress resistance, lessen functional impairment in people with depressive symptoms, and raise recovery chances, all of which can enhance general quality of life (Aryani, 2022).

Positive support for the mother comes from the attention and encouragement of family and friends. The response and support from family and friends, the connection between childbirth experience and hopes and aspirations, the mother's previous experience giving birth to and raising other children, and cultural influences are all elements that affect how successfully the transition to parenthood proceeds in the postpartum period. Their presence will assist mothers in adjusting to the numerous physical and psychological changes that take place in their bodies as well as the addition of new family members, which necessitates a period of adaptation and adjustment. Support from family and friends is highly important to give amusement for postpartum women, exchange information and experience in caring for children, and provide critical knowledge for mothers in dealing with changes in their lives (Khademi et al., 2022).

Some of your regular duties can be made simpler and less exhausting with the help of family and friends. Such assistance enables women to unwind and address their own difficulties, which lowers stress and improves health. Postpartum women have stated that the assistance with domestic tasks and child care they receive from their spouses and mothers will be crucial to them. This demonstrates the critical role that social support plays in coping with stress (Hajimiri, 2018).

The type of delivery has a substantial impact on the probability of postpartum depression, according to research by Ariyanti. Compared to vaginal mothers, Caesarean mothers are more likely to have postpartum depression (Ariyanthi Ririn, 2016). The type of normal or abnormal delivery (SC, forceps, vacuum, induction), according to Qiftiyah's research, had a significant impact on the occurrence of postpartum blues because psychological trauma brought on by unpleasant experiences could make it difficult for a person to properly care for both themselves and the baby. (2018) (Qiftiyah). Research on the type of delivery's impact on postpartum help from family and friends is still scant. As a result, the authors are motivated to conduct research for their project, which is termed "Family and Friend Support for Puerperal Mothers, Vaginal Delivery, and Sectio Caesarea in Kartasura District."

Method

The methodology is quantitative research with an experimental design resembling a questionnaire. The Postpartum Social Support Questionnaire (PSSQ) from Miller, which consists of 15 items about family and friend support, is the tool used to measure parental and in-law support (Millerr et al., 2012). The validity and reliability of this questionnaire have been assessed, and the results indicate that 14 of the items are valid and one is missing. The reliability test evaluates the consistency of the contents of the research results, whilst the validity test examines the accuracy of the variables utilized in this study.

In this study, a cross-sectional strategy was adopted. On a scale of 1 to 5, respondents were asked to rate their level of satisfaction with family assistance. The support of family and friends is the study's variable.

Respondents

For this study, postpartum moms at the Kartasura Health Center in the Sukoharjo District were chosen at random. Postpartum moms who gave birth between August and October 2022 made up the study's population. Postpartum moms who gave birth between August and October 2022 made up the study's population. They were told of the objectives and justifications for the study, and those who provided informed permission were hired if they met the inclusion requirements. Postpartum mothers with a maximum age of 6 weeks who lived in the Kartasura Health Center area and were willing to participate in the study as subjects were the inclusion criteria or desired criteria. Respondents who were more than a certain amount of time after giving birth were excluded from this study, which was done with 54 postpartum mothers.

Ethical Considerations

After receiving Dr. Moewardi's consent from RSUD, this research was carried out. if. of the. of the the world. of the world. of the world. of the world.. of the. Participants in this study provided informed consent before completing the questionnaire; participation was optional. All participants had the right to a complete explanation of the research's purpose as well as the freedom to voluntarily participate in the study without fear

of negative consequences. The ability to leave the study at any moment and without explanation was assured to participants.

Statistic analysis

The resulting data were subjected to a descriptive statistical analysis. Prior to exporting the data to an SPSS spreadsheet for analysis, the information is entered into an Excel spreadsheet. After the data has been processed, a normality test is run to establish the prerequisites for performing a separate test. A separate test must be performed once the normality test results demonstrate that the data are normally distributed. Independent variables are used to differentiate the approaches' differences. Finding out if there is a difference in the level of family and friend support between women who give birth vaginally and women who give birth via cesarean section is the goal of conducting an independent T-test. While categorical data is shown as a percentage, continuous data is shown as the mean standard deviation.

A list of questions

Using a modified social support questionnaire created by Miller et al., the aim of this study is to examine the variations in family and friend support in postpartum women with normal delivery and sectio caesarea (Miller et al., 2012). To verify comprehension of the questions and clarity of the scale points, the modified Miller et al. social support questionnaire was translated into Indonesian and evaluated on a group of postpartum women in the Kartasura Region. Age, week of birth, cohabitation, delivery method, and pregnancy problems are just a few of the demographic information included in the program. The devised questionnaire was designed to allow patients to score on a 5-point scale how frequently their family helped them overall during the puerperium (ranging from 1 to 5, where 1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = always).

Results

Table 1 Numerical Data on Characteristic Distribution of Postpartum Mothers According to Sociodemography

	N	Min	max	Means	std.	
					Deviation	
Statistic	s	Statistics	Statistics	Statistics	std. error	Statistics
Age	54	20	41	29	0.73	5,36
Baby born in week 2	54	36	42	39	0.167	1.23
Pregnancy Ke	54	1	5	2	0.13	0.95
Baby Birth Weight	54	2200	4740	3186,5	88.05	647.05

According to Table 1, the patients' ages ranged from 20 to 41 years, with a 29-year-old median age for all of them. The youngest birth occurs at 36 weeks and the oldest at 42 weeks; the average birth occurs at 39 weeks. The woman with her second pregnancy was the typical respondent, while the mother with her fourth pregnancy had the most pregnancies that were discovered throughout the study. The average birth weight of the child was 3186 grams, with the lowest and greatest weights being 2200 and 4740 grams, respectively.

Table 2 Categorical Data on Characteristic Distribution of Postpartum Mothers According to Birth History

No.	Characteristics	Amount	Percentage
1	How to give birth		
	Normal	27	2.7
	Sectio Caesarea	27	2.7
2	Living together		
	Live with real family	5	.5
	Lives with husband	49	4.9
3	Pregnancy complications		
	There is	6	.6

	There isn't any	48	4.8
4	Type of work		
	Working	31	3.1
	Doesn't work	23	2.3
5	Last education		
	JUNIOR HIGH SCHOOL	19	1.9
	SENIOR HIGH SCHOOL	30	3.0
	College	5	.5
6	Baby Nutrition		
	ASI	40	4.0
	Breast milk + formula	12	1.2
	Formula milk	2	.2

Table 2 shows that of all responders, 27 delivered naturally, and the other 27 underwent cesarean sections. 49 of the 54 respondents, as shown in the table above, are married, while five respondents are still living with their biological parents. Additionally noted in the table are the 48 postpartum women who did not encounter difficulties during pregnancy and the six postpartum mothers who did. 31 postpartum mothers did not work, whereas 23 did, depending on the type of work. Mothers with the most recent education, or those who had just graduated from high school, made up the largest group at 30, followed by those who had just completed junior high school and university, who numbered 19 and 5 respectively. Up to 40 infants received all of their daily sustenance from the mother in the form of breast milk.

Table 3 Normality and homogeneity tests are shown in

Variable	<i>p-values</i>	Information
Honor		
Normal Childbirth Mother	0.684	Normal
Mother giving birth to SC	0.252	Normal
Homogeneity		
Family and Friends Support	0.309	Homogeneous

The findings of the normalcy test are displayed in Table 3 above. According to the Lilliefors test, the p value (Sig) is 0.200 in two groups, where > 0.05 denotes that the data for each group is normally distributed. In groups 1 and 2, the P value for the Shapiro-Wilk test was $0.684 > 0.05$ and $0.252 > 0.05$, respectively. The Shapiro-Wilk test indicates that both groups are regularly distributed as all > 0.05 . The homogeneity test's findings, which show whether or not the variance between the first and second data sets is equal, The basal mean, which is 0 in the value line, is the value displayed. The variance is comparable or homogeneous between groups, according to the mean with a p value (sig) of 0.309 where > 0.05 .

Table 4 Statistical Tendencies of Family and Friend Support Scores

Group variable	Min Statistics	Max stats	Sum statistics	Means
Mother gave birth normally	25	70	1157	42,851
Mother gave birth to SC	17	65	1056	39,111

The data from table 4 above indicate that women who gave birth often received the lowest score, which was 25 points on one question. Mothers who gave birth generally received a maximum score of 70 on one question. The average score of the 1157 women who gave birth normally on all questions was 42.85. Mothers who delivered their babies via sectio caesarean earned the lowest score, earning just 17 points on one question. Mothers who gave delivery via cesarean had a maximum score of 65 and an average of 39.11.

Table 5 Comparison of Family and Friend Support Values

Variable	Frequency (N=54)	std. Deviation	std. Error	p-values
Mother gave birth normally	27	11,16	2,15	0.190
Mother gave birth to SC	27	9,44	1.81	

There were 27 moms who gave delivery normally in table 5 above. There were 27 women who gave delivery via sectio caesarea. According to the aforementioned findings, the value of $p = 0.190$, which means that at an alpha level of 5%, there was no discernible difference between the average level of family and friend support for moms who gave birth naturally and mothers who delivered by caesarean section.

Discussion

The puerperium, which lasts for 6 to 8 weeks postpartum, is when mothers physically and emotionally acclimatize to becoming moms. Although the puerperium is a time of transition, women's health services tend to ignore it (Rahayuningsih et al., 2021). Because the mother could feel under strain and become quickly irritated by trivial things or mistakes, it is quite simple to lose emotional equilibrium at this time. Between six and twelve weeks after giving birth, this emotional equilibrium will return to normal. Mothers undergo a significant physical and psychological change. (Ikhtiarini & Ambarwati, 2019).

Support from family and friends is defined as being there for others when they need it (Vaezi et al., 2019). In other words, family support is a type of interpersonal interaction that entails family members' attitudes, behaviors, and acceptance to give them the impression that someone is paying attention (Yunita et al. 2019). Giving women free time so they may relax and rejuvenate after giving birth is one common way that family and friends can help them (Qiftiyah, 2018). The assistance offered may take the form of knowledge, education, and emotional support to address issues (Sukma et al., n.d.). Mothers believe that they have emotional support without having to be criticized or cornered because they receive help from those who have also suffered life-or-death situations during the postpartum time from family and friends. (Burns and others, 2020) According to Hajimiri's research, a mother's impression of the level of supportive social interaction she has after giving birth is linked to lower stress levels and improved health (Hajimiri, 2018).

Direct emotional engagement and attention-based support are most welcome (Adeoye et al., 2022). Many academics agree that the male spouse can help lessen the costs associated with pregnancy. It might also be beneficial to receive moral support from friends who have already had children. The fact that the husband does not support the mother at all during labor, that he works outside of the city, that the family is not present when the mother gives birth, and other issues can all contribute to the absence of family and friend support (Qiftiyah, 2018). Support can be given by helping the wife take care of the child; for instance, when the mother is breastfeeding, the husband can accompany the mother and child, lift the child from the bed, change the child's diaper if necessary, give the child to the mother during breastfeeding times, and put the child back to bed when the child has fallen asleep once more (Qiftiyah, 2018). The husband's support can be demonstrated in a number of ways, such as by calming the wife, touching her, or speaking encouragingly to her (Puspitasari, 2020).

There are two ways to give birth: vaginally, sometimes referred to as "normally," and vaginally, also referred to as "sectio caesarean," which is a procedure to remove the baby through an incision in the abdomen and uterine walls if the uterus is intact and the fetus weighs more than 500 grams. The method of normal or abnormal delivery (SC, forceps, vacuum, induction) has a significant impact on the mother's psychological state since a negative experience can lead to psychological trauma, which can make it difficult for the mother to properly care for both herself and her child. The prevalence of cesarean births makes it harder for women to enjoy their postpartum years (Arief et al., 2019).

Of the 54 responders, 27 had postpartum deliveries that were typical, and the remaining 27 had cesarean deliveries. 49 out of 54 respondents—according to the analysis's findings—live with their husbands, while five

other respondents do the same. These qualities define the assistance that husbands and families provide to expectant mothers. A high quality of life for new mothers will be influenced by the level of familial support they receive. The husband's assistance is related to the postpartum mother's well-being (Nisak & Rahayuningsih, 2018).

The findings showed that while the majority of postpartum mothers did not have problems during pregnancy, the majority of respondents did have SC births. One of these factors was the respondents' relatively high level of education, with the majority of them being high school students, or 30, and moms, with the last two levels of education being junior high and university, respectively, at 19 and 5. Higher educated mothers actually prefer SC births (Nisak & Rahayuningsih, 2018).

31 postpartum mothers did not work, whereas 23 did, depending on the type of work. Working mothers will have a higher risk of postpartum depression, according to Ariyanti's findings. Mothers who work or engage in activities outside the home must also fulfill their responsibilities as housewives and parents, which will produce social tension and increase the mother's risk of postpartum depression. Conflict will arise at work for mothers who are of childbearing age, increasing their risk of postpartum depression (Ariyanti, 2020).

Up to 40 infants received all of their daily sustenance from the mother in the form of breast milk. While the other two postpartum women exclusively provided formula milk to their infants, a total of 12 mothers provided both breast milk and it. Apart from the fact that people generally have a practice of giving formula milk or supplemental meals to babies with the justification that the baby is not fussy and the baby's growth will be quick, the people there claim that they do not really comprehend the advantages of exclusive breastfeeding.

Family and friend support did not differ significantly between women who gave birth naturally and those who underwent cesarean sections in our study. The results have a p value of 0.190, which is greater than 0.05. The difference is not statistically significant because > 0.05 , or it is not significant with a probability of 0.05. Women who gave birth naturally scored higher overall on each of the questions based on the questions asked than mothers who gave birth through cesarean section.

The average score of the 1157 women who gave birth normally on all questions was 42.85. Mothers who delivered their babies via sectio caesarean earned the lowest score, earning just 17 points on one question. Mothers who gave delivery via cesarean had a maximum score of 65 and an average of 39.11. This demonstrates that mothers who gave birth naturally received more support than those who underwent cesarean sections. In contrast to Akbay's findings, he claimed that cesarean delivery women benefit more from the social environment. She suggested that her findings could be related to the perception that women who give birth through c-section require greater assistance (Akbay et al., 2018).

The information shows that mothers who give birth naturally experience more direct support from family and friends than mothers who give birth via cesarean surgery. This is influenced by the physical health of postpartum cesarean mothers, which has not improved. Mothers who give birth via cesarean section recover more slowly than those who give birth naturally (Ariyanti et al., 2020).

The experience of the mother during childbirth determines the type of delivery's impact on postpartum depression risk; the physical trauma she endures during delivery will have an adverse effect on the mother's psychiatry (Ariyanti, 2020). The support of family and friends is greater for women who give birth naturally than for mothers who give birth by cesarean section because communication with family and friends is simpler for women who give birth vaginally. According to study done by Qiftiyah in 2018, one of the variables that affects this is how family and friends may communicate with mothers who give birth properly and have direct interactions with them (Qiftiyah, 2018).

Unplanned cesarean procedures in women can result in postoperative discomfort. Researchers claim that postpartum women frequently experience stress because there is little to no help with the child's care. Women's postpartum stress is also a result of their ignorance of the new responsibilities that come with being a mother; it is not a result of the labor and delivery process they just went through, which, despite being time-consuming and exhausting, can be forgotten if the mother is successful in having a normal delivery (Amperaningsih & Siwi, 2018).

Compared to moms who give birth naturally, cesarean mothers are physically weaker, have low self-esteem owing to exhaustion, physical discomfort and stress with new duties, and the need to spend more time recuperating causes the relationship with the family to be worse (Ernawati, 2020). Due to postoperative

discomfort, weariness, anesthesia side effects, self-care, difficulties doing everyday tasks, nursing care, breastfeeding issues, and other factors, the comfort of the mother during a cesarean delivery may be significantly reduced compared to a vaginal delivery (Akbay et al., 2018). Therefore, postpartum women want strong family support since they will feel more emotionally strong with the help of family and friends (Yunita et al., 2021).

Conclusion

Based on the results of the research and discussion that have been described, the study showed that there was no significant difference between the support of family and friends for mothers who gave birth normally (vaginally) and mothers who gave birth by cesarean section. Mothers who gave birth vaginally or normally received slightly higher support from family and friends than mothers who gave birth by cesarean section.

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Conflict Of Interest

There are no actual or potential conflicts of interest that the author should disclose.

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