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Postpartum Depression: Husbandly Support and Self-Acceptance Factor

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Abstract

This research aimed to investigate the postpartum depression. The new life stage and the new role a mother require women to adapt via research survey, involving 72 respondents who tend to experience postpartum depression. The data were collected using the EPDS questionnaire (Edinburgh Postnatal Depression Scale), which contains ten items with a value of $\alpha=0.814$. The results showed that husbandly support and self-acceptance simultaneously related to depression in postpartum mothers. In conclusion, preventive measures on depressive tendencies are critical for parents before planning to have children in order to reduce the likelihood of postpartum depression.

Keywords: husbandly support, postpartum depression, self-acceptance

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Depresión posparto: apoyo del esposo y factor de autoaceptación

Resumen

Esta investigación tuvo como objetivo investigar la depresión posparto. La nueva etapa de la vida y el nuevo papel de una madre requieren que las mujeres se adapten a través de una encuesta de investigación, que involucra a 72 encuestadas que tienden a experimentar depresión posparto. Los datos fueron recolectados usando el cuestionario EPDS (Edinburgh Postnatal Depression Scale), que contiene diez ítems con un valor de $\alpha=0.814$. Los resultados mostraron que el apoyo de los esposos y la autoaceptación estaban relacionados simultáneamente con la depresión en las madres posparto. En conclusión, las medidas preventivas sobre las tendencias depresivas son críticas para los padres antes de planear tener hijos para reducir la probabilidad de depresión posparto.

Palabras clave: apoyo familiar, depresión posparto, autoaceptación.

1. INTRODUCTION

One of the essential stages of human life is marriage and building a family; during this stage, women, in general, play an essential role to be a biological mother, to conceive and bear children. Pregnancy and delivery processes are highly anticipated moments in women's life. Further, they are even symbolized as a transition for women's maturation and a manifestation of personal identity as mature women. During and after pregnancy, women adapt and adjust their

lifestyle. This includes both physical, psychological and emotional changes.

Women who are unable to adapt to their new roles are at risk of experiencing changes in mood that may affect their babies and themselves as mothers. The struggle will result in an inability for the mother to accept her new role and perception that the delivery process and having children are distress. Mental Health America mentions that 80% of mothers will experience a change of mood, which is commonly called as postpartum blues or better known to the public by name baby blues. Postpartum blues are diagnosed when a mother is unable to adjust her prenatal lifestyle due to pregnancy, delivery and post-delivery (RAHMANDANI, KARYONO, & DEWI, 2010). The symptoms of postpartum blues usually disappear after three to five days on its own but should the condition last for more than four weeks; then there is a possibility that the mother experience postpartum depression.

Postpartum depression is a form of feeling that includes sadness, inadequacy, loss of hope, sleep disturbances, lethargy, inability to concentrate and change of mood which occurs about four weeks postpartum. Mothers who experience postpartum depression will also experience decreased interest and interest in their babies and will become unresponsive to their babies (WAHYUNI, MURWATI, & SUPIATI, 2014).

The inability of the mother to adjust to her new role may affect the mother's self-conception. Mothers who do not have good selfacceptance will perceive her biological changes as a stressor, and it can lead to postpartum depression. Negative self-acceptance can make individuals have difficulty controlling emotions, and individuals with negative self-acceptance are more prone to stress than those with more positive self-acceptance. One of the studies also explained that positive self-acceptance could counter depression symptoms (PUTRI, 2012).

Not only self-acceptance, but husbandly support is also one of the aspects that affect postpartum depression. Husband support refers to the form of social support provided by the husband. There are four forms of social support, according to SARAFINO & SMITH (2011), namely emotional support, instrumental support, informative support, and companionship support. Mothers who lack social support from their partners have a higher risk of experiencing postpartum depression.

This study examined the significant relationship between postpartum depression and husbandly support and self-acceptance.

2. METHOD

2.1 PARTICIPANTS

This survey research involved 72 mothers who had childbirth within one year; Postpartum depression usually lasts for the first year from the delivery. Each respondent has signed a consent form and agreed to become a research respondent before filling out the questionnaire voluntarily. The respondents were at medically low-risk

pregnancy (20-35 years), first-time baby delivery (primipara), and have a categorically high depression tendency score.

2.2 MEASURING INSTRUMENTS

Postpartum depression was measured using the **EPDS** (Edinburgh Postnatal Depression Scale) developed by the Scottish health center in Edinburgh (1987). The scale has ten items with the coefficient value of Cronbach Alpha = 0.814. Husbandly support was measured using a questionnaire developed by previous researchers from SARAFINO & SMITH's (2011) social support theory. The scale consists of four dimensions, namely: 1) emotional support, 2) instrumental support, 3) informative support, and 4) companionship support. There were 30 items with a coefficient value of Cronbach Alpha = 0.946. Meanwhile, the scale of self-acceptance was measured by a questionnaire developed by previous researchers based on SHEERER's theory (1949). The scale has seven dimensions consisting of the following aspects 1) equal feelings, 2) self-confidence, 3) responsibility, 4) outward orientation, 5) opinion, 6) aware of limitations, 7) accept humanity. The scale consisted of 28 items with a coefficient value of Cronbach Alpha 0.906.

2.3 DATA ANALYSIS TECHNIQUE

The data were processed using multiple correlation tests to simultaneously measure the relationship between the two independent variables on the SPPS 22.0 application for windows.

3. RESULTS

The normality test results showed that the data distribution was abnormal. The normality test on husbandly support, self-acceptance, and postpartum depression variables using the Kolmogorov-Smirnov test showed that only one variable had a normal distribution. The husbandly support variable was 0.027, self-acceptance variable was 0.200, and postpartum depression variable was 0,000 with $p \ge 0.05$. Significance score on the linearity test results indicated 0.021 for postpartum depression variable (Y) and husband support (X1); and 0.000 for postpartum depression variable (Y) and self-acceptance (X2). This shows that each independent and dependent variable has a linear relationship because the significance value of the linearity test was below 0.05.

3.1 CORRELATION TEST BETWEEN VARIABLES

As the normality test resulted in abnormal data distribution, the researchers conducted a correlation test to the variables.

Table 1: Results of Correlation Test Between Variables

	Correlation	Sig.
	Coefficient	
Husbandly Support – Postpartum	-0.154	0.198
Depression		
Self-Acceptance – Postpartum	-0.426**	0.000
Depression		

Table 1 shows that the correlation coefficient of the self-acceptance and postpartum depression variables was -0.426. The negative score indicated a negative reciprocal relationship between one and another.

3.2 MULTIPLE CORRELATION TEST

The results of the multiple correlation test showed that a correlation coefficient was 0.449, and a coefficient of determination (R square) was 0.201. This shows that husbandly support and self-acceptance were simultaneously or jointly related to postpartum depression by 20.1%, while the remaining 79.9% was influenced by other variables not explained in this study.

	Multiple	R ²	Sig.
	Correlation		
Husbandly Support and	0.449	0.201	0.000
Self-Acceptance with			
Postpartum Depression			

Table 2: Multiple Correlation Test

The analysis shows that there was a significant and simultaneously negative correlation between husbandly support and self-acceptance with postpartum depression. A significant relationship with a negative correlation was also found in the relationship between self-acceptance and postpartum depressions, but no significant relationship was found between husbandly support and postpartum depression.

4. DISCUSSION

The research results showed that (-0.426) husbandly support did not have a significant relationship with postpartum depression. This means that supports given by the husband to the wife will not affect postpartum depression. The results of this study are in line with the study by FUKUOKA (2016) which explain that husbandly support during the postpartum period has no significant relationship with postpartum depression. ROBERTSON, GRACE, WALLINGTON, & STEWART (2004) explained that depression or anxiety during

pregnancy is one of the substantial risk factors in influencing postpartum depression. Postpartum depression is more likely to occur if the mother has a depression tendency before giving birth, i.e. since pregnancy or earlier.

The results of this study are not in line with the study by (2012)RAHMA & IKHSAN IBRAHIM. and WAHYUNI. MURWATI & SUPIATI (2014). Both studies, as mentioned earlier, stated that husbandly support is one of the factors that contribute to postpartum depression, and mothers who lack husbandly support are at risk of having postpartum depression. In addition to husbandly support, there is one internal variable, which is self-acceptance, which affects postpartum depression. The results of this study indicated that there is a significant negative relationship between self-acceptance and postpartum depression; meaning that positive self-acceptance will reduce the likelihood for the mother to experience postpartum depression.

FLETT, G., BESSER, A., DAVIS, R., & HEWITT (2003) explained that self-acceptance is one of the factors needed by someone in dealing with the stress. Self-acceptance will make individuals able to adapt to pressure. CHAMBERLAIN & HAAGA (2001) explained that self-acceptance could make a person optimistic. Feeling optimistic in life will help someone avoiding psychological problems such as depression; depression is the result of one's pessimism in dealing with stress (CHAMBERLAIN & HAAGA, 2001). Mothers need to have more self-acceptance in order to be able to adapt to new roles as mothers.

Husbandly support and self-acceptance simultaneously or jointly have a significant relationship to postpartum depression. The results are in accordance with a research by WIDARYANTI & DEWI (2017), which states that there is a relationship between husbandly social support and self-acceptance and stress levels in women before menopause (WIDARYANTI & DEWI, 2017). Women who can accept themselves will have a realistic view of their potential and will form a positive attitude to cope with unpleasant circumstances. Self-acceptance, coupled with husbandly support, will help the wife to be able to adjust to her new role as a mother. The mother will perceive herself rationally, self-motivating herself to be a good mother to her children regardless of their condition.

This research proves that (0.449 and the coefficient of determination (R square) were 0.201) husbandly support was not significantly related to postpartum depression. However, if mothers have positive self-acceptance and receive husbandly support, it will decrease the likelihood for the mother to experience postpartum depression. Therefore, husbandly support is one of the essential factors for mothers both before and after giving birth.

Occupational responsibility may distance the husband and wife that they have to adapt to a long-distance marriage relationship. The absence of direct husbandly support is suggested for future discussion and study. Today's development of information technology has made long-distance communication possible, facilitating long-distance couples to have effective communication (BILLEDO, KERKHOF, & FINKENAUER, 2015). Relationship and effective communication

with partners can be realistically managed by finding the right moment and time, maintaining harmonious relationship with partner, even from afar; husbandly support can comfort, appreciate, and care the wife though indirectly communicating (VANGELISTI & PERLMAN, 2006). In Indonesian extended family culture, social support from family members who live with or near the mother can cover the husband's role concerning caring the baby. This type of direct support will to the mother who is adapting to her new role, caring for the baby.

Like any other study, this study has its limitations. This study used self-report measurement. Thus, the answer to the research question was spontaneous, and the participant might have responded dishonestly.

5. CONCLUSION

The inability of a mother to adapt to her new role can cause postpartum depression, especially for a mother who does not have social support from her closest circle, especially her husband, and the mother is not able to accept the changes in her life. Therefore, the husband's role in wife's adaptation to be a mother is essential. The husband is expected to be a source of support for his wife. The mother's awareness of her condition can help in accepting the changes, and it is expected to encourage the mother to reason in carrying out her new role as a mother to minimize the likelihood for the mother to experience postpartum depression.

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