



The Relationship of Family Support with Adaptation to Psychological Changes in Public

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Abstract. Postpartum is the period that begins after the birth of the placenta and ends when the bladder returns to its original state before pregnancy, which lasts for 6-40 days. The length of the postpartum period is $\pm 6 - 8$ weeks. The postpartum period begins after the birth of the placenta and ends when the uterine organs return to their pre-pregnancy state, which lasts approximately 6 weeks. The aim is to determine the relationship between family support and adaptation to psychological changes in postpartum mothers. Research Method uses a quantitative approach with correlation methods and a cross sectional approach. The sampling technique was purposive sampling technique, the number of respondents was 35 respondents. The research location was at the Romana Tanjung Anom Clinic which was carried out from January 5 to March 30 2024. Data analysis using Chi Square. The result was that 74.3% of 26 respondents were in the category of supporting postpartum mothers. Univariate Analysis of Adaptation to Psychological Changes in Pregnant Women found that the majority of postpartum mothers were in the positive psychological adaptation category with 27 respondents or 77.1%. Bivariate analysis obtained a p-value of 0.000. The conclusion is that there is a relationship between family support and adaptation to psychological changes in postpartum mothers.

Keywords: Family Support; Psychological Adaptation; Postpartum Mothers

1. INTRODUCTION

The postpartum period begins after the placenta is delivered and continues until the body's reproductive organs return to their pre-pregnancy state, typically lasting between 6 to 8 weeks. This phase involves significant physical and psychological changes, requiring mothers to develop coping mechanisms to manage the effects of pregnancy, childbirth, and postpartum recovery (Widaryanti & Febriati, 2020).

After childbirth, mothers experience a range of emotions. Some feel proud for having endured the challenges, pain, and difficulties of childbirth, while others are overjoyed at forming a bond with their newborn. However, psychological distress can also arise, including feelings of sadness, disappointment, and emotional suffering. These emotions may be triggered by various factors, such as giving birth out of wedlock, the baby's gender not aligning with expectations, or the presence of congenital disabilities, which may lead to difficulties in forming an emotional attachment to the child (Casnuri et al., 2020).

Psychological adaptation in postpartum mothers begins immediately after childbirth, as they take on the new responsibility of caring for their baby while also adjusting to physical changes. If a mother struggles with this adaptation, it may lead to psychological issues such as postpartum depression or baby blues (Naharani et al., 2023).

Each mother's adaptation process varies, with some adjusting quickly while others take

longer, depending on their mental resilience. Providing support, particularly from family and spouses, plays a crucial role in preventing postpartum psychological disorders (Nova & Zagoto, 2020). Based on this background, the research problem in this study is to examine whether there is a relationship between family support and the psychological adaptation of postpartum mothers at the Romana Tanjung Anom Clinic, Deli Serdang Regency.

2. RESEARCH METHODS

This study employs a quantitative approach, which involves analyzing a larger sample with more complex variations. However, quantitative research is also more structured and systematic from the beginning to the end of the study. The research utilizes a correlational method with a cross-sectional approach, where data is collected at a single point in time. The focus of this study is to measure the relationship between family support and psychological adaptation in postpartum mothers.

The research was conducted at the Romana Tanjung Anom Clinic, Deli Serdang Regency, from January 5 to March 30, 2024. The study involved 35 postpartum mothers at the clinic. Purposive sampling was used to select participants based on specific criteria determined by the researcher. This sampling method ensures that the selected sample represents the characteristics of the target population. The primary data collection instrument in this study was a questionnaire (Saleh, 2017).

For data analysis, univariate and bivariate analyses were applied. The univariate analysis aimed to describe the characteristics of the variables, namely family support and psychological adaptation in postpartum mothers. The data were quantified using percentage calculations. Meanwhile, bivariate analysis was conducted to examine the relationship between family support and psychological adaptation in postpartum mothers using the chi-square test. The significance of the relationship was determined based on the p-value from the chi-square test (X^2). If the p-value was less than 0.05, the alternative hypothesis (H_a) was accepted, indicating a significant relationship between family support and psychological adaptation in postpartum mothers.

3. RESULTS AND DISCUSSION

Table 1. Relationship Between Family Support And Psychological Adaptation Of Mothers During The Postpartum Period

Adaptation		Psychological				Total		p
		Positive		Negative		n	%	
		N	%	n	%	n	%	
Family support	Support	26	100	0	10,9	26	100	0,000
	Less Supportive	1	11,1	8	88,9	9	100	
Total		27	77,1	8	22,9	35	100	

Source: Primary data, 2022.

Based on the chi-square analysis of Family Support and Psychological Adaptation of Mothers during the Postpartum Period, the result was $p = 0.000$, which means that there is a relationship between family support and psychological adaptation during the postpartum period. The results of the analysis of age characteristics show that the majority of respondents aged 21–35 years are around 80%. This can be observed in the healthy reproductive category based on age. The ideal age for marriage for women is at least 21 years; this age is considered mature in terms of emotions, personality, and social aspects. For women under 21 years of age, the uterus and hips have not developed properly, and complications may occur during childbirth and the postpartum period (KPPPA RI, 2016).

Age 21 – 35 years is the healthy age for giving birth, defined as the age that is ready to face various risks that can endanger the health and safety of a girl's life. If a girl marries at a very young age, she is not yet ready because she still wants to play with her peers (Shanti, 2021). On the basis of BKKBN, healthy reproduction is safe. Women give birth at the age of 20 and end childbirth at the age of 35 years (Wijayanti & Nurpratama, 2020).

Family support in the study showed that 74.3 majority of postpartum mothers received supportive family support. A family is a group of people who are related by blood, marriage, or adoption, and consists of the head of the family and family members who depend on each other (Putra, 2019). Families in the Health function have responsibilities that must be understood and implemented in the health department such that after knowing the health problems of each member, the smallest changes become the family's concern and responsibility. Make the right decisions for the family and care for the sick, disabled, and other family members. (Aszhrul & Safruddin, 2021).

Based on the data analysis of family relationships with the psychological adaptation of mothers during the postpartum period, it was found that the majority of postpartum mothers

with supportive family support had positive psychological adaptations during the postpartum period, namely 26 respondents (100%), while postpartum mothers who received less support from the family had one respondent who had psychological adaptation. A total of 11.1% were positive and postpartum mothers who had less supportive family support but negative postpartum psychological adaptation were 8 respondents (88.9%). Based on research According to Febriati and Zahrah (2022), the results obtained from the respondents' family support for pregnant women who had their pregnancies checked at the Piyungan Community Health Center received the most support in the Support category at 42 (72%) (Febriati & Zakiyah, 2022).

The chi-square analysis test results, with a p-value of 0.000, indicate a significant relationship between family support and psychological adaptation during the postpartum period. This finding is consistent with research by Ariani et al. (2022), which explored the connection between husband's support and psychological adaptation in postpartum mothers at RSPAD Denpasar, Bali, showing a significant correlation (Latifah, 2015).

During the postpartum adaptation process, mothers typically go through several phases. One of these is the Taking-In Phase, which occurs immediately after childbirth and lasts for approximately 24–48 hours. In this phase, mothers are generally passive, requiring considerable assistance with simple tasks and decision-making (Fidora, 2019). This phase is characterized by emotional changes as mothers meet their baby for the first time and begin to adjust to their new responsibilities.

Following this, the Taking-Hold Phase occurs between days 3 and 10 postpartum. During this period, mothers start to actively engage in their role but may experience anxiety and self-doubt regarding their ability to care for their baby. According to Taviyanda (2019), while most mothers feel happiness and enthusiasm about their newborns, these emotions often coexist with fear, anxiety, and uncertainty about handling their baby for the first time.

The final phase, known as the Letting-Go Phase, takes place between weeks 2 and 4 postpartum, though the duration may vary depending on the mother's adaptability. In this phase, mothers fully embrace their role, establish routines with their baby and family, and begin planning for the future (Fidora, 2019).

This study aligns with the findings of Ariani et al. (2022), emphasizing that husband's support plays a crucial role in helping postpartum mothers navigate their psychological adaptation smoothly. Husbands can assist in various ways, such as helping with baby care, changing diapers, and bathing the baby, all of which contribute to the mother's emotional well-being.

Regarding postpartum psychological health, research by Sulistyaningsih and Wijayanti (2020) demonstrated a strong link between family support and postpartum depression levels at LA Moeis Samarinda Regional General Hospital. Social and emotional support from family members significantly aids postpartum mothers in adjusting to the challenges of the postpartum period, helping them navigate this transition more effectively.

4. CONCLUSION AND SUGGESTION

Conclusion

The results showed that as many as 26 respondent families (74.3%) supported postpartum mothers. Univariate analysis showed that the majority of postpartum mothers were in the positive psychological adaptation category (27 respondents, 77.1%). Bivariate analysis obtained a p-value of 0.000, which means less than 0.05; therefore, it can be concluded that there is a relationship between family support and adaptation to psychological changes in postpartum mothers.

Suggestion

The mental health of postpartum mothers can be anticipated from the start of pregnancy by involving the family during pregnancy, delivery, and postpartum period. Thus, Health Services can implement a family assistance policy when the mother is pregnant until the mother undergoes the postpartum period.

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