

Social Support Received by Postpartum Mothers in Indonesia: A Descriptive Phenomenological Study

Maidaliza¹, Asniar² and Suryane Sulistiana Susanti³

¹Master Program of Nursing Science Faculty of Nursing, Syiah Kuala University, Banda Aceh, Indonesia

²Department of Community Health Nursing, Faculty of Nursing, Syiah Kuala University Banda Aceh, Indonesia

³Department of Family Health Nursing, Syiah Kuala University Banda Aceh, Indonesia

Keywords: Phenomenology, Postpartum Mother, Social Support, Indonesia.

Abstract: Postpartum is a critical period for both mothers and their newborn babies, particularly during the first week after birth. This situation relates to the changes they experienced, such as physical and psychological changes, as well as their previous experience of pregnancy and childbirth. Therefore, mothers need social support from their husbands, families and significant others during this period. This study explored the experiences of postpartum mothers in receiving social support during their postpartum period. This qualitative study employed descriptive phenomenological design and involved eight postpartum mothers living in Bukittinggi as key participants. In-depth interviews and field notes were applied as data collection methods. Data analysis was conducted using Colaizzi technique. This study emerged three themes: (1) information support as new experience and knowledge, (2) emotional support giving comfort and affection, and (3) self-reinforcement obtained with instrumental support. The findings show the type of social support received by the postpartum mothers which might reduce their physical and psychological burden during their postpartum period. The findings emphasise the need of social support among postpartum mothers, which its fulfillment should be facilitated by the health care providers during this critical period of postpartum.

1 INTRODUCTION

The postpartum period begins immediately after the baby is born until the reproductive organs return to a non-pregnant state within six weeks (Bobak, Lowdermilk, & Jensen, 2005). Most mothers are usually experienced fatigue during this period, which affects daily functioning, mental health, and childcare practices (Dunning, Seymour, Cooklin, & Giallo, 2013). The birth of a child causes a fundamental challenge to the interaction of the family that has been formed. The observations of how families perform routine daily activities indicate how well families can accept their changes (Reeder et al, 2014). Within this condition social support is needed for the mothers, since it is very important in supporting mothers to care for and integrating babies in the family (Ricci, 2013).

According to Dzubyat (2016) family-centered care includes the involvement of all family members who participate in caring for mothers and their newborns. Previous research indicated that parents

need practical support, monitoring and care which important for the health and well-being of mothers and children. Integrated care services including professional home visits can help meeting the needs of the family (Kurth et al., 2016). This study aims to investigate social support for mothers during the postpartum period.

2 METHODS

This study uses a descriptive phenomenological design. Descriptive phenomenology stimulates researchers' perceptions of life experiences while emphasizing the breadth and depth that aim for maximum intuitive presentation (Streubert & Carpenter, 1999).

The study was conducted in Bukittinggi district of West Sumatera, Indonesia from December 2017 to May 2018. The research ethics obtained from Andalas University, Padang, West Sumatera. It was conducted by observing ethical principles in

research. The researchers refer to the five principles of *Human Rights That Require Protection in Research* issued by the *American Nurses Association* (ANA, 1985 in Burns & Grove, 2005) as a form of ethical consideration

Participants in this study were postpartum mothers who had been given postpartum visits by the health workers in Bukittinggi Health Centre. The participants were selected by *purposive sampling technique*, based on the criteria that are considered representing the research sample (Burns, 2005). The recruitment of participants was carried out by identifying prospective participants through the responsible person for the Maternal and Child Health program in Bukittinggi health center. The researcher contacted prospective participants, explained the purpose of the study, and asked the agreed participants to sign the *informed consent*, prior carrying out the in-depth interviews with each participant. The interviews were transcribed, encoded and analyzed by using Colaizzi technique. Furthermore, the researcher had discussions in order to confirm the research themes.

The interviews were conducted by utilizing a voice recorder (MP4), interview guidelines and notebook to record things observed during the interview process. In addition, the researcher also used the respondent's demographic form in order to get participants' basic data. Data analysis in this study uses techniques from Colaizzi (1978 in Streubert & Carpenter, 1999). The interview transcribed in verbatim form and grouped the keywords in the form of coding. All the codes then formed into sub-themes and grouped into themes and produced categories. The study obtained three themes, namely information support, emotional support, and instrumental support.

3 FINDINGS

There were three themes emerged from the study. The first theme is information support as new experience and knowledge, second theme is emotional support giving comfort and affection and the last theme is self-reinforcement obtained with instrumental supports.

3.1 Information Support as New Experience and Knowledge

Information support is an explanation to overcome problems that are being experienced, Information support was obtained by participants from the health

workers and community health workers (cadres). Information support is very beneficial for participants, since it enables them having new experiences, knowledge, insights and skills. The information obtained by the participants mostly about, maternal nutrition, breastfeeding, and caring for the baby.

The counseling always delivers the same information... like what to eat during this period...about nutrition... Don't reduce our food intake, how to breastfeed and its knowledge (breast milk) (P4)

In addition to nutrition, other participants also obtained information about breastfeeding techniques and the care of the baby.

She (the health worker) explained about how to breastfeed the baby. Even though it's the same information she has been delivered, she still explained it. She said 'If you want to breastfeed your baby, clean the nipple first' she said ... Just the information about the breastfeeding really... Oh...She also explained about how to bath the baby... (P5)

The nipple must be clean before breastfeeding the baby, first clean it she said... When breastfeeding the baby, (make sure) the nipple is clean, then (make sure) all of them (the area of nipple) covered by the baby's mouth... (When breastfeed the baby) make sure his (the baby) body is straight...She (the health worker) explained: 'the baby's body should be straight... not in bending position, if he (the baby) bend, the baby is not feeling comfortable, lean him against the shoulder, pat him on the back until he is belching'. (P6)

The same thing also expressed by participants two, three and five, where the information conveyed related to maternal hygiene.

Mmm...She (health worker) explained about ASI (breastmilk) as supporting food... what else (eyes glance over right), mmm... (she also explained) about personal hygiene (While pointing to the body), for example I should often replace the maternal pads... Ensure the cleanliness; it's all about personal hygiene.... (P2).

I usually replace the bandages at seven o'clock and change it frequently (P3)

She (the health worker) said we must be clean before carrying the baby...we must wash our hands first, when holding the the baby make sure ourselves are clean, we should wash our hands first (P5)

Information support is also obtained from the health cadres (community health workers).

Cadres reminded us to eat lots of vegetables to swift the milk production. Drinking plenty of warm water, so that breast milk is not cold.... Do not work too hard, reduce the activities outside the house, because we have just given birth. (P6)

Only at that time she (cadres) suggested to drink the warm water.... Eat lots of vegetables and to drink lots of water (P7)

3.2 Emotional Support Providing Comfort and Affection

Emotional support is an attitude by giving attention, listening, understanding and believing on the feeling of others. Emotional support obtained during the postpartum period is very beneficial for the mothers. Participants would be very pleased and feel cared for by their families. Husbands and families expressed their care for the mothers by providing attention and fulfil the mothers' need of relaxation.

The most frequent one is the health staff told me to have enough rest...to have enough sleep also to eat more fruits. (P2)

At the beginning he (husband) was there to observe me bathing the baby... since then he had been bathing our baby at least once in a week. (P3)

Yesterday my husband said to me not to think about the problem too much....I could get sick. (P7).

3.3 Self-reinforcement Obtained with Instrumental Supports

Instrumental support is direct assistance in the form of facilities and materials provided by the husbands, parents and close relatives. Participants received immediate assistance from their families in meeting their needs, self-care, baby care and even temporary role taking. The results of this study revealed that during the postpartum period many participants

received support from the surrounding people, such as husbands, parents and other family members. Their support is provided in order to meeting the needs of mothers, supporting the care and other domestic works. Family involvement in providing support to participants becomes a physical and mental strengthening for participants in undergoing the postpartum period. Participants would not be feeling only contented and cared for, but also allowing them to enjoy their time. Participants mentioned that support was obtained from husbands, parents, children and other family members during the postpartum period.

I've got enough support ... from my mother also from my husband... (P1)

In terms of support, I've got help from my mother, grandmother and my brother as well who are caring for us... and sometimes my husband (P2)

I've got so much support from my father...he always ensure I am doing fine (P6)

I've got help... from my mother in law ... she helps me doing household and care for the baby (P8)

Assistance and support are varies among the participants. Most of them said that the husband and family members help them in caring for the baby, meeting the needs of the mothers and housework.

If the baby urinates at night my mother helps me to replace her (the baby) diaper, I was awakened just to breastfeed the baby. It is nice to have support especially from the family members. (P7)

(The family members) helps me to bath him (the baby), replace his diapers, and swap the powder (P4)

Other participants also mentioned about receiving supports. They delivered assistance in the form of fulfilling maternal needs and care during the postpartum period.

They (family members)... helped me to bath the baby, prepare the meals for us...sometimes twice a week the grandmother helps me to cook the meal at home, (and helping) in bathing the baby... also one or twice a week my husband

shopped (groceries)... ...(buy some) fruits, buying the milk, honey and other groceries. (P2)

At the beginning he (husband) still observed me (bathing the baby), since then he had been helping me to bath the baby every twice or three times a week (P3)

All participants also said that during the postpartum period the assistance obtained was not only a matter of caring for the baby and herself (mother), but the family also helped them in their domestic work.

The household all handled by my family... such as cleaning the house, washing, ironing, all the homework...except cooking, I still prepare the meal. (P3)

Yes... he (husbands) helps me in doing any household that he can do... for example doing the laundry and washing the dishes. (P5)

My husband helps me in washing the dishes, and cooking... Sometimes he also helps me in bathing the other kids and doing the laundry. (P6)

4 DISCUSSION

The results of the study have identified three themes firstly the information support as new experiences and knowledge. Secondly, emotional support providing a sense of comfort and affection. Thirdly, self-reinforcement obtained with instrumental support.

The study identified that all participants obtained support information from health workers both in the clinic and during postpartum visits at home. According to Bobak et al., (2005) postpartum health information is provided from the moment the mother is hospitalized and shortly before the mother is discharged from the hospital. The information provided includes comfort, rest, ambulation, physical exercise, breastfeeding and defecation. The support information obtained by the participants involved the needs of nutrition, fluids, caring of the baby, also rest and activity. In accordance with the research findings of Hetherington, McDonald, Williamson, Patten, and Tough (2018) mentioned that information and emotional supports is the most

important type of support for postpartum anxiety problems.

Participants also revealed that the information provided positive impact for the mother, where they gained knowledge on maternal health care and experiences. Nurses and midwives need to be aware and acknowledge the significant contribution of social support especially from family and friends in order to positively affect maternal health during the postpartum period (Leahy, McCarthy, & Corcoran, 2011). Mangwi et al., (2015) mentioned the information that was obtained during postpartum period reducing the cost of access of the treatment and referral procedure. Whereas Arifeen et al. (2010) indicated that providing consoling during visits could significantly reduce the prevalence of breastfeeding and *bonding problems*. In line with Clark's (2016) research where emotional support is considered as effective support for early initiation and duration of breastfeeding. In contrast with the study of Barimani, Oxelmark, Johansson, and Hylander (2015) states that mothers feel lack of information about the difficulties that occurred during postpartum.

This study indicated that the information provided during postpartum period can improve the knowledge and skills of the mothers, thus they have more confident during the treatment and undertaking action when the problems occurred during the postpartum period. Therefore, the risks and challenges during this period can be minimized. The results also revealed that the information obtained by the participants mainly related to nutrition. In accordance with the research of Falciglia, Piazza, Ritcher, Reinerman, and Lee (2014) states that the period after giving birth is a perfect time for dietary measures where nutritional education is considered very important as additional intervention after the childbirth. Extensive information coverage of postpartum maternal diet education must be improved through mass media and nutritional information needs can be met through appropriate counselling (Mahmoud et al., 2014).

According to Peate and Hamilton (2008) being emotional is the main vulnerable stage in women's lives. In this study participants received emotional support from their husbands and families in the form of assistance in solving problems experienced during the postpartum period. Coates, Ayers, and Visser (2014) in their study stated that there was an increasing needs in women for the emotional support and practice from their spouses and close relatives and had desire to share experiences with others who had the same conditions.

Gao, Sun, and Chan (2013) in his research stated that social support obtained positively collaborated with parenting *self-efficacy* and emotional support mostly influent in reducing the risk of postpartum depression (Koblinsky, 2005). Leahy et.al (2011) also explained that nurses and midwives need to be aware and recognize the significant contributions from social support, especially family and friends, whom positively affect postpartum maternal health and mental well-being.

Zhang and Jin (2016) stated that postpartum expression not only affects the mother's health condition but also causes barriers between the relationships among mothers and have a negative impact on the mental development of infants. Therefore, social support is needed to prevent the occurrence of postpartum depression.

The study concluded that the emotional support provided by the significant others have a positive impact on the psychological health of the mothers. The mothers would not feeling alone and have a place to share in addressing the problems that occur during the postpartum period. As a health worker, it is important to understand the emotional support and the needs of the mother in order to provide effective emotional support. This support will provide caring and increase the mothers' self-confidences in the care of them-selves and their babies. The health worker needs to consider the mother's emotional state and whether the family provides support during the postpartum period.

According to Howell, et al. (2014) instrumental support plays important role in meeting the basic needs of mothers during the postpartum period. In this study, various participants obtained mental support from their husbands and family members, in terms of supporting care and meeting the needs of the mother, the care and household during postpartum period.

Peate and Hamilton (2008) mentioned that every mother feels tired at the beginning after giving birth, making her very dependent and unable to carry out the role. In this situation assistance or support by a partner is very meaningful, ranging from clothing preparation to the cleanliness of the home environment. Mbekenga, Pembe, Christensson, Darj, and Olsson (2011) stated that, after giving birth the first thing the mother needed was support both in the care of the baby, selfcare and some domestic works.

The study concluded that the initial needs of postpartum mothers are instrumental support, where such support can be provided by their husbands, family members, relatives and their next of kin. The expected support starts from the mother's self-care

also, meeting the baby's needs and care. With this support, the mother can recover from the physical and, psychological conditions that she experienced during the postpartum period, thus the mother could provide the total care for her baby. The health worker must understand and provide explanation to the family about the dependence of the mother on instrumental support during the postpartum period. By understanding these conditions both health workers and families can provide maximum support during the postpartum period.

5 CONCLUSIONS

This study identifies social support received by the participants during the postpartum period. This support provided from, both their husbands, family members and the health workers. The support obtained during postpartum period is information, emotional and instrumental support. These supports have a positive impact on the mothers, where they feel cared for, loved and could increase the quality of the breastfeeding process. For the health workers who conduct postpartum visits should certainly understand the need of social support during that period, also providing education and explanation to husband and family members in order to meet the need to improve maternal and infant health during the postpartum period. For the researchers, the results of this study could inform and increase the knowledge about social support obtained by the mothers during the postpartum period. Social support for husbands and, children with the new family presence could be explored for further research

ACKNOWLEDGEMENT

The researchers would like to thank the ethics committee of Postgraduate Nursing Program, Andalas University West Sumatera, Bukittinggi City and Political and Unity Office (KESBANGPOL), Bukittinggi City Health Office and Health Centre for the support given during the data collection. The researchers also expressed their gratitude to all participants, especially postpartum mothers and their family members who had been willing to take part in the study. Lastly to STIKes Perintis Padang for the support in order to complete this study.

REFERENCES

- Arifeen, E., Winch, P., Darmstadt, G. L., & Baqui, A. (2010). Can Early Postpartum Home Visits by Trained Community Health Worker Improve Breastfeeding of Newborns. *Journal PMC Perinatol* 28(9), 632–640.
- Barimani, M., Oxelmark, L., Johansson, S. E., & Hylander, I. (2015). Support and continuity during the first 2 weeks postpartum. *Scandinavian Journal of Caring Sciences*, 29(3), 409–417.
- Bobak, Lowdermilk, & Jensen. (2005). *Buku Ajar Keperawatan Maternitas*. Jakarta: EGC.
- Burns, N., & Grove, S. K. (2005). *The Practice of Nursing Research: Conduct, Critique, and Utilization*. Philadelphia: Elsevier's Health Sciences Rights Department.
- Clark, A. (2016). The Role of Social Support in Breastfeeding Experiences., (May). Thesis Submitted to the Graduate School Appalachian State University in partial fulfillment of the requirements for the degree of Master of Science in Nutrition
- Dunning, M., Seymour, M., Cooklin, A., & Giallo, R. (2013). Wide Awake Parenting: study protocol for a randomised controlled trial of a parenting program for the management of post-partum fatigue. *BMC Public Health*, 13(1), 1.
- Dzubaty, D. R. (2016). Newborn & Infant Nursing Reviews Providing Family-Centered Care in Maternal-Newborn Settings: A Case Study. Newborn and Infant Nursing Reviews. *Journal homepage: www.nainr.com* 16(2), 55–57
- Falciglia, G., Piazza, J., Ritcher, E., Reinerman, C., & Lee, S. Y. (2014). Nutrition Education for Postpartum Women. *Journal of Primary Care & Community Health*, 5(4), 275–278.
- Firouzan, V., Noroozi, M., Mirghafourvand, M., & Farajzadegan, Z. (2018). Participation of father in perinatal care: a qualitative study from the perspective of mothers, fathers, caregivers, managers and policymakers in Iran. *BMC Pregnancy and Childbirth*. 1–10.
- Gao, L., Sun, K., & Chan, S. W. (2013). Social support and parenting self-efficacy among Chinese women in the perinatal period. *Midwifery*, 30 (5), 532 – 538.
- Hetherington, E., McDonald, S., Williamson, T., Patten, S. B., & Tough, S. C. (2018). Social support and maternal mental health at 4 months and 1 year postpartum: analysis from the All Our Families cohort. *Journal of Epidemiology and Community Health*, (72): 933 – 939.
- Howell, E. A. (2014). Social Support During the Postpartum Period: Mothers' Views on Need, Expectation and Mobilization of Support. *Journal Maternal Child Health*, 17(4), 616–623.
- Kurth, E., Krähenbühl, K., Eicher, M., Rodmann, S., Fölml, L., Conzelmann, C., & Zemp, E. (2016). Safe start at home: what parents of newborns need after early discharge from hospital a focus group study. *BMC Health Services Research*, 1–14.
- Leahy, W. P., McCarthy, G., Corcoran, P., Leahy-warren, P., McCarthy, G., & Corcoran, P. (2011). First-time mothers: Social support, maternal parental self-efficacy and postnatal depression postnatal depression. *Journal Clinical of Nursing*, (March).
- Mahmoud, B. S., Sc, M., Ghonemy, G. I., Sc, D. N., Fawaz, M. A., & Sc, D. N. (2014). Assessment of Nutritional Learning Need of the Mother during Postpartum Period. *Medical Journal Cairo of university*, 82(2), 107–111
- Mangwi, R., Mph, A., Atuyambe, L. M., Kiguli, J., Orach, C. G., Kolsteren, P., & Criel, B. (2015). Use of mobile phone consultations during home visits by Community Health Workers for maternal and newborn care: community experiences from Masindi and Kiryandongo districts, Uganda. *BMC Public Health*, 1–13.
- Mbekenga, C. K., Pembe, A. B., Christensson, K., Darj, E., & Olsson, P. (2011). Informal support to first-parents after childbirth: a qualitative study in low-income suburbs of Dar es Salaam, Tanzania. *BMC Pregnancy and Childbirth*, 11–98
- Ong, S. F., Honours, N., Staff, R. N., Chan, W. S., Shorey, S., Chong, Y. S., ... Assistant, R. N. (2014). Postnatal experiences and support needs of first-time mothers in Singapore: A descriptive qualitative study. *Midwifery*, 30(6), 772–778.
- Peate, I., & Hamilton, C. (2008). *Becoming a Midwife in the Twenty- First Century*. Hongkong: British Library Cataloguing in Publication Data.
- Reeder, Martin, & Griffin, K.-. (2012). *Keperawatan Maternitas Kesehatan Wanita bayi & Keluarga Volume 2* (Edisi 18). Jakarta: EGC Jakarta.
- Ricci, S. S. (2013). *Essentials of Maternity, Newborn, and Women's Health Nursing*. Philadelphia: Lippincott Williams & Wilkins.
- Salonen, A. H., Postdoctoral, R. N., Oommen, H., Lecturer, R. M., Kaunonen, M., & Docent, R. N. (2014). Primiparous and multiparous mothers' perceptions of social support from nursing professionals in postnatal wards. *Midwifery*, 30(4), 476–485.
- Sheriff, N., Hall, V., & Panton, C. (2014). Engaging and supporting fathers to promote breast feeding: A concept analysis. *Midwifery*, 30 (6), 667–677.
- Streubert, H. J., & Dona R Carpenter. (1999). *Qualitative Research in Nursing Advancing the Humanistic Imperative* (Secound). Wlanut Sreet, Piladelphia: Lippincott Williams & Wikins.