



The Relationship Of Family Support With Adaptation To Psychological Changes In Public, At Deli Serdang Regency, In 2024

Lenny Sepriani Br. Silalahi

Midwifery Study Program, Darmo College of Health Sciences, Medan

Corresponding Author : lennyseprianisilalahi260990@gmail.com*

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

INTRODUCTION

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. Adaptation in postpartum mothers can be carried out normally if the mother has a good experience of childbirth. Mothers who have just given birth need coping mechanisms to deal with physical changes due to the process of pregnancy, childbirth and postpartum (Widaryanti & Febriati, 2020).

Various expressions after giving birth include the mother feeling proud because she has experienced difficulties, anxiety, pain, suffering through her own efforts. Mother is happy because she has gained a relationship with her baby. However, mothers also experience psychological symptoms such as the mother experiencing sadness, heartache, disappointment and mental suffering, for example because the child is out of wedlock, the child's gender does not match expectations, the baby is disabled so that a feeling of not loving the child arises (Casnuri et al., 2020). The psychological adaptation of post partum mothers begins after giving birth so that the mother begins a new role in caring for her baby. This is a new responsibility for the mother where the mother also has to adapt to physical conditions, where if the mother's

psychological adaptation cannot go well it will cause problems or psychological disorders during the postpartum period such as baby blues (Naharani et al., 2023).

The result of this behavior is an effort to maintain the balance of a situation so that it returns to a normal state, but there will be differences for each individual, some will move quickly but others will take a long time, depending on a person's mental maturity. Psychological adaptations for mothers during the postpartum period to prevent postpartum psychological disorders, namely by providing support to the mother, support can be provided by the husband or family (Nova & Zagoto, 2020). Based on this background, the formulation of the problem in this research is whether there is a relationship between family support and adaptation to psychological changes in postpartum mothers at the Romana Tanjung Anom Clinic, Deli Serdang Regency.

RESEARCH METHODS

This research approach is a quantitative approach. The Quantitative Approach is research with a more complicated level of variation, because it examines a larger sample, but quantitative research is more systematic in conducting research from start to finish. Correlation research method with a cross-sectional approach. A cross-sectional approach is research that emphasizes measuring one time at a time. This research will measure family support for psychological changes in pregnant women.

This research was carried out at the Romana Tanjung Anom Clinic, Deli Serdang Regency, from January 5 to March 30 2024. The number of samples in this study was 35 postpartum mothers who had postpartum checkups at the Romana Tanjung Anom Clinic. Sampling was carried out using Purposive Sampling, namely a technique for determining respondents for certain purposes only, because the determination of sample members was carried out with certain considerations by selecting samples from the population according to the wishes of the researcher so that the sample could represent the characteristics of the population. This research instrument uses a questionnaire as primary data collection (Saleh, 2017).

Data analysis uses Univariate and Bivariate analysis. Univariate analysis in this research is to describe/illustrate the characteristic variables, Family Support, and Psychological Adaptation in postpartum mothers. To obtain scores, use the percentage formula. Bivariate analysis to determine the relationship between family relationships and psychological adaptation of postpartum mothers using Chi-Square analysis. Conclusions are drawn based on the p-value of chi-square (χ^2) compared to 0.05. H_a is accepted if the p-value is less than 0.05,

then there is a relationship between family support and psychological changes in postpartum mothers.

RESULTS AND DISCUSSION

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

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

Sources : 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 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 are around 80%. This can be seen based on age in the healthy reproductive category. The ideal age for marriage for women is at least 21 years, this age is considered mature for women in terms of emotions, personality and social aspects. For women under 21 years of age, the uterus and hips have not developed properly so there may be complications during childbirth and postpartum (KPPPA RI, 2016).

Age 21 – 35 years is a healthy age for giving birth, this age is 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 too young age, she is not yet ready because she still wants to play with her peers (Shanti, 2021). Based on the BKKBN, healthy reproduction is a safe age. Women give birth at the age of 20 years and end childbirth at the age of 35 years (Wijayanti & Nurpratama, 2020).

Family support in the research showed that the majority of postpartum mothers received supportive family support of 74.3%. A family is a group of people who are related by blood, marriage or adoption, consisting 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 sick, disabled and other

family members. (Aszhrul & Safruddin, 2021).

Based on 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 1 respondent who had psychological adaptation. 11.1% were positive and postpartum mothers who had less supportive family support but negative postpartum psychological adaptation were 8 respondents or 88.9%. Based on research according to Febriati & 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, 42 (72%) (Febriati & Zakiyah, 2022).

Based on the chi square analysis test with a p value of 0.000, which means there is a relationship between family support and psychological adaptation during the postpartum period. The results of research conducted by Ariani et al in 2022 with the title husband's support and the psychological adaptation process for postpartum mothers at RSPAD Denpasar Bali showed that there was a significant relationship between husband's support and the psychological adaptation process for postpartum mothers at Denpasar RSPAD (Latifah, 2015). In undergoing adaptation during the postpartum period, some mothers can experience taking in phases. This is the phase immediately after delivery where during this period the mother tends to be passive. Lasts 24-48 hours after the birth of the baby. Mothers need a lot of help to do easy things and also in making decisions (Fidora, 2019).

The Taking Phase is the emotional change that a mother feels after becoming a mother and after the mother sees her baby for the first time and experiences caring for the baby. The Taking Hold phase takes place between days 3-10. The feeling that arises is the mother's feeling of worry about her inability and sense of responsibility in caring for the baby. Based on the results of Taviyanda's research (2019), the emotional changes that mothers feel after becoming mothers, most mothers feel happy and they are very interested in the presence of their baby, although this feeling of joy is also accompanied by feelings of fear, anxiety and confusion about how to treat their baby for the first time. (Taviyanda, 2019). Letting Go Phase is the phase where the postpartum mother has found her own role.

Mother begins to accept her new role as a mother. Mothers learn to plan to get through new days with their babies and family. The letting go phase lasts from week 2 to week 4 of postpartum and can be faster depending on the mother's ability to adapt (Fidora, 2019). This research is in line with research conducted by Ariani etc. (2022), with the results that mothers

who have support from their husbands really help postpartum mothers in going through their psychological adaptation phase happily and smoothly. The support that husbands can provide is for example helping mothers carry and care for babies, changing diapers, and helping bathe the baby (Ariani et al., 2022). Regarding psychological health during the postpartum period, based on research conducted by Sulistyaningsih in 2020, there is a relationship between family support and the level of depression in postpartum mothers at the LA Moeis Samarinda Regional General Hospital. Through family support such as social support, a postpartum mother is able to make better adjustments to the stages of the postpartum period (Sulistyaningsih & Wijayanti, 2020).

CONCLUSION AND SUGGESTION

CONCLUSION

The results showed that as many as 26 respondent families (74.3%) were in the category of supporting postpartum mothers. Univariate analysis showed 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, which means less than 0.05, so 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 visits, delivery and the postpartum period. So that Health Services can implement a family assistance policy when the mother is pregnant until the mother undergoes the postpartum period.

REFERENCES

- Ariani, N. K. S., Darmayanti, P. A. R., & Santhi, W. T. (2022). Dukungan suami dengan proses adaptasi psikologi pada ibu nifas RSAD Denpasar Bali. *Care: Jurnal Ilmiah Ilmu Kesehatan*, 10(3), 450. <https://core.ac.uk/reader/544176320>
- Aszhrul, & Safruddin. (2021). Buku ajar keperawatan keluarga. <https://www.researchgate.net/publication/357339311>
- Casnuri, Febriati, L. D., & Fauziah, A. (2020). Komunikasi konseling bagi mahasiswa dan tenaga kesehatan (L. D. Febriati, Ed.). Respati Press.
- Febriati, L. D., & Zakiyah, Z. (2022). Hubungan dukungan keluarga dengan adaptasi perubahan psikologi pada ibu hamil. *Jurnal Kebidanan Indonesia*, 13(1). <https://doi.org/10.36419/jki.v13i1.561>

- Fidora, I. (2019). Ibu hamil dan nifas dalam ancaman depresi (1st ed., Vol. 44, Issue 8). CV. Pena Persada.
- KPPPA RI. (2016, February). Wanita perlu pahami kesehatan reproduksi. Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia.
- Latifah, N. N. (2015). Dukungan suami terhadap proses adaptasi psikologis ibu, 1–7.
- Naharani, A. R., Setyatama, I. P., Masturoh, & Siswanti. (2023). Hubungan dukungan keluarga dengan kejadian post partum blues pada ibu nifas di Desa Dukuhwaru Kabupaten Tegal. 14(1). <https://ejournal.bhamada.ac.id/index.php/jik>
- Nova, S. N., & Zagoto, S. (2020). Gambaran pengetahuan ibu nifas tentang adaptasi psikologis pada masa nifas di Klinik Pratama Afiyah Pekanbaru Tahun 2019. *Al-Insyirah Midwifery: Jurnal Ilmu Kebidanan (Journal of Midwifery Sciences)*, 9(2), 108–113. <https://doi.org/10.35328/kebidanan.v9i2.674>
- Putra, G. J. (2019). Dukungan keluarga pada pasien luka kaki diabetik.
- Ratnawati, M., Mahardika, B., & Alie, Y. (2013). A description of psychologice adaptation mother childhood at Bandung Village Kecamatan, 23–27.
- Sahir, S. H. (2021). Metodologi penelitian (1st ed., Vol. 1). KBM Indonesia. www.penerbitbukumurah.com
- Saleh, S. (2017). Analisis data kualitatif. Pustaka Ramadhan Bandung.
- Shanti, H. D. (2021, October). BKKBN sebut usia 21 hingga 35 merupakan waktu ideal untuk menikah dan hamil. Antara Sultra.
- Sulistyaningsih, D., & Wijayanti, T. (2020). Hubungan dukungan keluarga dengan tingkat depresi postpartum di RSUD I.A Moeis Samarinda (Vol. 1, Issue 3).
- Susilawati, S., & Septikasari, M. (2019). Identifikasi psikologis ibu nifas dengan Human Immunodeficiency Virus (HIV) di Cilacap. *Siklus: Journal Research Midwifery Politeknik Tegal*, 8(1), 1. <https://doi.org/10.30591/siklus.v8i1.1211>
- Taviyanda, D. (2019). Adaptasi psikologis pada ibu post partum primigravida (fase taking hold) sectio caesarea dan partus normal. *Jurnal Penelitian Keperawatan*, 5(1). <https://doi.org/10.32660/jurnal.v5i1.339>
- Widaryanti, R., & Febriati, L. D. (2020). Buku ajar psikologi dalam kehamilan persalinan & nifas (L. D. Febriati, Ed.). Respati Press.
- Wijayanti, U. T., & Nurpratama, P. Y. A. (2020). Gambaran kesehatan reproduksi remaja. BKKBN Jawa Tengah.