

Original Research

**The Effect Of Family Support On The Recovery Of Postpartum Mothers Based On Matrilineal Culture In Disaster Risk Areas**

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**ABSTRACT**

**Backgrounds:** *The incidence of maternal death during pregnancy and the puerperium is high and has not been resolved. Many factors affect the recovery of postpartum mothers, among which the main factor is family support. The purpose of this study was to examine the effect of family support on the recovery of postpartum mothers based on the matrilineal culture in disaster-affected high-risk areas.*

**Methods:** *This type of research is quantitative with a cross-sectional study design. This research was conducted in the independent practice of midwives in Padang City and Pesisir Selatan Regency. The population of this study was postpartum mothers whose samples were taken by consecutive sampling, totaling 140 people. Univariate analysis was conducted in the form of frequency distribution and mean, while bivariate analysis used the Chi-square test.*

**Results:** *The results of the study found that 61.4% received good support from their husbands, 63.6% received good support from their parents, 73.6% had normal physical recovery and 2.4% had risky physical recovery. There is an influence of the husband's support and family support on the recovery of postpartum mothers both physically and psychologically (p-value = 0,000).*

**Conclusion:** *The support of the husband and parents has a positive effect on the recovery of postpartum mothers, both physically and psychologically. There is a need for counseling and providing knowledge to families about the importance of family support in the recovery process during the postpartum period.*

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**INTRODUCTION**

One indicator of the success of maternal health efforts is the maternal mortality rate caused by pregnancy, childbirth, and the postpartum period. In general, maternal mortality has decreased from 390 to 305 per 100,000 live births. This reduction in maternal mortality has not succeeded in achieving the MDG target of 102 per 100,000

live births in 2015. Efforts to accelerate the decline in MMR can be carried out by ensuring that every mother is able to access quality maternal health services, such as health services. Pregnancy care for pregnant women, delivery assistance by trained health personnel in health care facilities, and postnatal care for mothers and babies (Kementerian Kesehatan Republik Indonesia, 2019).

The postpartum period is an important thing to pay attention to in order to reduce maternal and infant mortality in Indonesia. With various experiences in dealing with maternal and infant mortality in many countries, postpartum services are health services that meet standards for mothers from 6 hours to 42 days after delivery by health workers. Postpartum care is important for mothers and babies because it is a time of crisis for both mother and baby.

60% of maternal deaths occur after delivery, and 50% of deaths during the puerperium occur within the first 24 hours. Likewise, the neonate period is also a critical period of the baby's life. Two-thirds of infant deaths occur 4 weeks after delivery, and 60% of newborn deaths occur 7 days after birth (Susilo Rini dan Feti Kumala D, 2017).

Maternal health services during the postpartum period are at least 3 times to ensure that the postpartum mother is in good health and does not experience complications. Complications that often occur during the puerperium are bleeding in the birth canal, swelling in the face, hands, or feet, seizures, fever, swollen and red breasts, and pain. Complications that occur in postpartum mothers can have an impact on breastfeeding, so it is closely related to the health of the baby (Dinas Kesehatan Kota Padang, 2019).

Many factors can affect this process, such as energy level, comfort level, the health of the newborn, health workers, and the care provided, as well as the husband and family around the postpartum mother. The anatomical and physiological changes that occur during the puerperium include changes in the reproductive organs, digestive system, urinary system, musculoskeletal system, endocrine system, and so on. The main factor is husband and family support, which really supports changes in the postpartum period so that it takes place normally (Susilo Rini dan Feti Kumala D, 2017).

There are three factors related to postpartum stress, including the achievement of roles during childbirth, lack of social support, and changes in the body after giving birth. There is evidence showing that providing support to postpartum mothers can improve the parenting, mental health, quality of life, or physical health of mothers and mothers who are at high risk in need of postpartum support (Pratami, 2016). In addition to factors of physical and psychological change, environmental factors also greatly affect recovery during the postpartum period.

Mothers who live in mountainous and coastal environments will have different needs, especially if they live in disaster-risk areas. There is a need for individual and family preparedness in dealing with disasters. In increasing family preparedness against disaster risk, it is necessary to socialize disaster response so that families and communities have good knowledge of and attitudes toward disaster self-rescue efforts, emergency planning, and warning systems. This will minimize the impact of the disaster on families, including vulnerable groups such as pregnant women, maternity, postpartum/breastfeeding, children, and the elderly (Nugroho, 2007).

The above factors are also influenced by the prevailing culture in each region. In Minangkabau, which adheres to a matrilineal system, women are placed in an important

position in the family. Women are positioned as the successors of the lineage as well as guarantors of the existence and continuity of a Minangkabau family.

This should be beneficial for mothers who are in the postpartum period because they get full support from their husbands and families. However, on the other hand, in practice, the position of women in Minangkabau remains under the control of men, namely mamak (mother's brother), both in the family and social circles. Unfortunately, this is not fully applicable to families in Minangkabau (Putri, 2015).

In addition, the matrilineal kinship system places the positions of women and men in a balanced way. Men are placed as protectors and supervisors, who are presented with a respectable position (prestige) as Mamak, while women have access to property (property). Meanwhile, men and women should have equal access to making decisions. Problems occur when the implementation does not run as the cultural values are agreed upon again (Fatimah, 2012).

The provisions of nature according to their nature are the basis for the formation of a matrilineal social system in Minangkabau. Mothers who conceive, give birth, breastfeed, teach speech, and educate a child naturally. Meanwhile, fathers have little time and opportunity to spend time with their children and pay attention to their needs. A father must earn a living to meet the needs of his wife and children so that more are outside the home.

Consequently, it is not uncommon for children to be closer and feel more comfortable when they are with their mothers. Natural conditions like this are used as a basis for determining a social system in Minangkabau (Ariani, 2016). This study aims to identify family support for postpartum maternal recovery and disaster response situations and determine the effect of husband and parental support on postpartum maternal recovery.

## **MATERIALS AND METHODS**

This research is an observational analytic study with a cross-sectional design. This research was carried out in disaster-risk areas located on the coast, namely Padang City and Pesisir Selatan Regency, from March to December 2021. The population in this study was postpartum mothers from 1 to 42 days in the independent practice of midwives in Padang City and Pesisir Selatan Regency, totaling 140 people taken by consecutive sampling technique.

The inclusion criteria for the sample in this study were postpartum mothers and normal babies, not single parents and having parents or in-laws near where they lived. The type of data in this study was primary, which means it was obtained directly from the research subjects through observation and interviews on family support and postpartum recovery. Data were gathered through interviews, questionnaire completion, and observation of postpartum recovery. Bivariate analysis was performed using the Chi Square test.

This research has passed the ethical test at Andalas University Padang with a certificate of passing the ethical review No. 388/UN.16.2/KEP-FK/2021.

## **RESULTS**

The results of the univariate analysis of 140 postpartum mothers can be seen in the table below:

**Table 1.** Frequency Distribution of Respondents Characteristics

Variable	Frequency	Percentage (%)
<b>Age</b>		
<20 years	3	2,1
20-35 years old	124	88,6
>35 years old	13	9,3
<b>Parity</b>		
Primipara	45	32,1
Multipara	95	67,9

Table 1 shows 124 people (88,6%) whose age range is 20-35 years, which is at a healthy reproductive age and 95 people (67,9%) have more than 1 child (multipara).

**Table 2.** Distribution of Disaster Response Frequency

Variable	Frequency	Percentage (%)
Have you ever received socialization about self-rescue during a disaster	91	65
Knowing evacuation directions and safe locations	112	80
Have you ever talked about how to save to an evacuation site with your family	88	63

Table 2 shows that, based on the results of a questionnaire on disaster response to postpartum mothers and their families, 91 people (65%) had received socialization about self-rescue during a disaster, 112 people (80%) knew evacuation directions and safe locations, and 88 people (63%) have talked about how to save to an evacuation site with their families.

**Table 3.** Relationship between Husband's Support and Physical Recovery of Postpartum Mothers

Husband Support	Physical Recovery			%	Amount	<i>p value</i>
	Normal	%	Risk			
Well	78	90,7	8	9,3	86	0,000
Not enough	25	46,3	29	53,7	54	
Amount	103	73,6	37	26,4	140	

Table 3 shows that out of 86 postpartum mothers who received good husband support, only 8 people (9.3%) had physical recovery at risk, while of 54 postpartum women who received less husband support, as many as 29 people (53.7%) had physical recovery at risk. The results of the bivariate analysis with the Chi-Square test indicate that there is a significant relationship between the husband's support and the postpartum mother's physical recovery with a p-value of 0,000 (<0,05).

**Table 4.** Relationship between Husband's Support and Psychological Recovery of Postpartum Mothers

Husband Support	Psychological Recovery			%	Amount	<i>p value</i>
	No Depression	%	Depression			
Well	78	90,7	8	9,3	86	0,060

Husband Support	Psychological Recovery			%	Amount	p value
	No Depression	%	Depression			
Not enough	42	77,8	12	22,2	54	
Amount	120	85,7	20	14,3	140	

Table 4 shows that of the 86 postpartum mothers who received good husband support, only 8 (9.3%) experienced depression, while out of 54 postpartum mothers who received less husband support, 12 (22.2%) experienced depression. The results of the bivariate analysis with the Chi-Square test indicate that there is no significant relationship between the husband's support and postpartum maternal psychological recovery with a p-value of 0,060 ( $> 0,05$ ).

**Table 5.** The Relationship of Parental Support with Postpartum Mother's Physical Recovery

Parental Support	Physical Recovery			%	Amount	p value
	Normal	%	Risk			
Well	77	86,5	12	13,5	89	
Not enough	26	51	25	49	51	0,000
Amount	103	73,6	37	26,4	140	

Table 5 shows that of the 89 postpartum mothers who received good parental support, only 12 people (13,5%) had physical recovery at risk, while out of 51 postpartum mothers who received less parental support, as many as 25 people (49%) had physical recovery at risk. The results of bivariate analysis with Chi Square test, there is a significant relationship between parental support and postpartum maternal physical recovery with p value = 0,000 ( $< 0,05$ ).

**Table 6.** Relationship between Parental Support and Psychological Recovery of Postpartum Mothers

Parental Support	Psychological Recovery			%	Amount	p value
	No Depression	%	Depression			
Well	84	94,3	5	5,7	89	
Not enough	41	80,4	10	19,6	51	0,026
Amount	125	85,7	15	14,3	140	

Table 6 shows that of the 89 postpartum mothers who received good parental support, 5 (5,7%) experienced depression, while of the 51 postpartum mothers who received less parental support, 10 (19,6%) experienced depression. The results of bivariate analysis with Chi Square test, there is a significant relationship between parental support and postpartum maternal psychological recovery with p value = 0,026 ( $< 0,05$ ).

## DISCUSSION

Tables 1 and 2 describe the characteristics of respondents based on age and parity as well as disaster response preparedness. Preparedness of individuals and families in the face of natural disasters is very important. The main indicators that can be used to measure the level of preparedness of individuals and families refer to indicators issued by LIPI, including knowledge and attitudes, emergency planning, warning system and resource mobilization. In improving the preparedness of families against disaster risk,

socialization is needed so that families and communities have good knowledge and attitudes towards disaster rescue efforts, emergency planning, warning systems, and resource mobilization.

In a disaster emergency situation, it is necessary to make quick and appropriate decisions to reduce risk. Each family member must make a mutual agreement to be better prepared in dealing with disasters. The plan must be conveyed to all family members and need to be simulated so that when a disaster situation occurs, they can protect and help each other. From the survey results of the earthquake in Japan in 1995, 34.9% of victims survived because they could save themselves and 31.9% because they were helped by their families. Therefore, it is necessary to master the rescue in disaster situations by oneself, family and community (BNPB, 2018).

Based on table 3, there is a significant relationship between husband's support and postpartum mother's physical recovery. These results are also supported by research on husband's support for breastfeeding mothers in Surabaya which concludes that practical and emotional husband support can ease the wife's burden in the family and appreciate and encourage her to be a wife's strength to succeed in breastfeeding. Husband's support is a form of attention and affection. Support can be provided both physically and psychologically.

The husband has a significant role in determining the health status of the mother. A good husband's support can provide good motivation for mothers to check their pregnancy (Wattimena et al., 2015). Husbands who provide full support to postpartum mothers are not at risk for depression. On the other hand, if postpartum mothers only get minimal support from their husbands, they will be at high risk of experiencing postpartum depression (Handini & Puspitasari, 2021).

Another study in Pekanbaru City showed the same result that husband's support was significantly related to the incidence of postpartum blues. Positive support from the husband is very necessary in helping the mother recover during the postpartum period because the husband is the closest person to the mother. Good cooperation between mother and husband will create an atmosphere that supports the postpartum mother's recovery period and assists the mother in caring for the baby. Mothers who experience postpartum blues will experience mild mental disorders so that it can have a negative impact on the development of mothers and children and can cause problems with their husbands (Fitrah & Siska Helina, 2017).

Riskesdas data in 2018 showed complete postpartum visits (KF) of 37,0%. The implementation of this postpartum visit really needs the support of the husband which is one of the important domains for postpartum mothers. Based on the results of research on postpartum mothers in Semarang City, there is a relationship between husband's support and the frequency of postpartum repeat visits. Postpartum visits are very important to assess the status of mothers and newborns as well as to prevent, detect and deal with problems that occur during the puerperium. The cause of death in postpartum mothers is also related to the presence of physical health problems such as anemia, bleeding, infection and pre-eclampsia (Hasanah, 2014).

Table 4 shows that there is no significant relationship between husband's support and postpartum mother's psychological recovery with p value = 0,026 (> 0,05). Another study in Sumenep Regency showed a significant relationship between family support and the incidence of postpartum blues with a p value of 0,000. These results are slightly different because the number of respondents for postpartum mothers is only 13 people, while in this study there were 140 respondents (Sri Yunita Suraida Salat et al.,

2021).

In addition, most studies look at overall family support, not just husband support. Family support is attitudes and actions of family acceptance of family members, in the form of informational support, assessment support, instrumental support and emotional support from husbands, siblings, brothers-in-law, parents, in-laws, grandparents and grandmothers. Through the form of caring support in the form of warmth, caring and expressions of empathy, there will be a belief that the individual is loved and cared for. Emotional attention will make the postpartum mother feel confident that she is not alone going through her postpartum period. Instrumental assistance in the form of materials and actions will make it easier for mothers to carry out various activities (Sulistyaningsih & Wijayanti, 2020).

Tables 5 and 6 show that there is a significant relationship between parental support and postpartum mother's physical and psychological recovery with p value = 0,000 and 0,026 (<0,05). During the postpartum period, mothers have various needs for health recovery, including the need for nutritious food, adequate rest, perineal wound care and proper breastfeeding. In order for this need to be fulfilled properly, the mother also needs the support of other family members such as the biological mother, mother-in-law and siblings. With all the problems and anxieties and fears experienced by postpartum mothers, it is necessary to have family support from husbands, parents, in-laws and other families so that mothers can pass their postpartum period well and normally (Sulistyaningsih & Wijayanti, 2020).

Qualitative research in New York showed that all groups of postpartum mothers stated that instrumental support was a very important support for physical and emotional recovery during the postpartum period. This instrumental support is assistance from the husband and family in meeting the basic needs of the mother and supporting the breastfeeding process. This lack of instrumental support is the cause of the emergence of postpartum depression symptoms. Husbands and parents, especially mothers, are the main sources who are expected to provide instrumental and emotional support (Negron et al., 2013).

Family support according to Friedman is an attitude, an act of family acceptance of his family members, in the form of informational support, appraisal support, instrumental support and emotional support. So family support is a form of interpersonal relationship that includes attitudes, actions and acceptance of family members, so that family members feel that someone is paying attention. A person will have a better and more stable personality if they are in a supportive social environment than those who do not get family support because family support is considered to be able to reduce or fortify the mental health impact of individuals from all the problems they face (Friedman, 2013).

## **CONCLUSION**

Postpartum mothers really need support from various parties. Husbands and families, especially parents, play a role in adequate food/nutrition, which is the most needed by postpartum mothers. The type of support that is most needed is emotional support followed by instrumental needs and informational support.

The most priority support is emotional support followed by instrumental support. In a disaster situation, according to husbands and postpartum mothers, the most important support is attention followed by safety assistance. All sources of the preliminary study agreed that postpartum mothers need to get support that must be

given by the whole family and health workers, especially midwives.

There is an influence of husband's and parent's or family's support on postpartum maternal recovery, both physically and psychologically, although husband's support for psychological recovery is not statistically significant because it only assesses the husband, while a postpartum mother needs support from all family members.

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