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Effect of Self Efficacy, Positive Belief and Social Support on Post-Trauma Stress Disorder (PTSD) in Postpartum Mother at Kediri District

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ABSTRACT

Introduction: Childbirth is a stressful event, frequently labor can result PTSD in post partum period. The impact of post partum PTSD is a bonding issue between mother and baby that can affect the mother's ability to adapt to her new role. To cope during period mother need an adequate coping source that includes self efficacy, positive belief and social support. The study describe the effect of self efficacy, positive belief and social support on occurrence post-trauma stress disorder (PTSD) in postpartum period.

Method: The study used cross sectional design. The sampling technique was purposive sampling and the numbers of samples were 92 respondents. The instruments for evaluate PTSD and coping was Modified PPQ, PMP-SE, PPSS and PBRSS.

Result: Pearson correlation test showed that all variables have p value <0,05, which means that all variables have effect on occurrence post-trauma stress disorder (PTSD) in postpartum period. Linear Regression Test showed that positive belief with R square 0.850 is the variable that most contribute on occurrence post-trauma stress disorder (PTSD) than the others in negative impact.

Conclusion: All variables have contribution, but positive belief has the most significant influence on occurrence post-trauma stress disorder (PTSD) in negative relationship. Therapeutic Activity Therapy in primary setting is needed to help pregnant women develop positive belief in preparing labor.

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I. INTRODUCTION

Childbirth is an important event in a woman's life, but it is not always followed by a joyfull experience as expected. Postpartum Post Trauma Stress Disorder (PTSD) ensue when a person confronted with an event that threatened death or serious injury, or a threat to the physical integrity of self or others. PTSD will lead us respond with intense fear, helplessness, or flashback on that traumatic experience (Nichols & Ayers, 2007). Research in Iran showed 17.6% or 103 mothers had developed PTSD symptoms after childbirth. The main causes of postpartum PTSD are pregnancy complication, caesarean emergency, instrumental delivery, inadequate care during labor, unwanted pregnancies, episiotomy, severe pain experience during labor, postpartum complications, parenting stress, lack of family support, psychiatric history and stress events in life make a woman develop postpartum PTSD (Shaban et al., 2013).

Kediri district in 2012 has a maternal mortality rate above the National Standard of 37 post partum mothers. Complications pregnancy and childbirth in Kediri District at 12.7% of 5,637 pregnant women. This condition is one of the triggers the high incidence of postpartum PTSD in Indonesia especially in Kediri District (Kediri Health Office, 2014).

Postpartum PTSD has a huge impact that can affect the mother's life. Mothers with labor trauma will feel haunted by their bad shadows, feel trapped by nightmares and flashback images of

events occurring over several months to several years (Beck & Watson, 2010). Another long-term impact of postpartum PTSD is bonding between mother and baby. Mothers with PTSD can develop negative feelings on her baby (Nichols & Ayers, 2007).

The ability to adapt to stressful event such as childbirth process need effective coping mechanism that supported by an adequate coping source (Stuart, 2014). The source of coping consists of various components such as personal abilities, support systems, positive beliefs and financial support. Personal ability and positive beliefs come from internal capabilities whereas support system comes from the external environment (Lestari, 2014). One of the main factors in personal capability is self-efficacy. Self-efficacy is the ability and strength of individuals to solve specific problems (Leahy- warren, McCarthy, & Corcoran, 2011). Other coping resources that mother needs is positive beliefs, with a positive belief person can block all negative emotions that can aggravate the trauma (Roussis & Wells, 2006). The third factor needed to adapt to stressors is social support. With the existence of an effective support system postpartum mothers can prevent emergence of postpartum PTSD (Ayu & Lailatushifah, 2010).

Based on preliminary study results that have been done in one of Referral Hospital in Kediri Regency, that is in Poli Obgin RS Amelia Pare shows from 10 post partum mothers there are 3 post partum mothers who suffer from PTSD from mild to severe level. The purpose of this research is to know the effect of self efficacy, positive belief and social support on incident postpartum PTSD. The benefits of this research can be used for consideration of coping resources that contribute to prevent development of postpartum PTSD.

II. METHOD

Type of this research is quantitative research with correlative analysis design with cross sectional design. Sampling technique using purposive sampling technique, samples in this research is 92 respondents. Purposive sampling is done by taking respondents who have a PTSD score > 9. The research was conducted in May and June 2017 and was conducted in two stages of research. The first sampling was done at Amelia Hospital, Pare Hospital and Siti Khotijah Hospital with Modified PPQ Questionnaire to assess PTSD score. Postpartum mother with a PTSD score more than 9 will be taken as respondent and will be continued with home visits. During home visit respondent will be reviewed all of coping sources that consisting of self efficacy as measured by Perceived Maternal Parenting Self-Efficacy questionnaire, positive belief as measured by Positive Beliefs about Rumination Scale (PBRs) questionnaire, social support using the Postpartum Social Support Questionnaire instrument. To know relationship of self efficacy, positive belief and social support on postpartum PTSD tested with Pearson correlation test because the data is normal and numeric. Whereas multivariate test to predict source of coping which have the most influence to postpartum PTSD is done by linear regression.

III. RESULTS AND DISCUSSION*Characteristics of Respondents*

Table 1. Characteristics of Respondents

Number	Characteristics of Respondents	Frequency	Percentage
1.	Age		
	17-25 years	30	32,6%
	26-35 years	52	56,5%
2.	Deliveries Number		
	First delivery	48	52,2%
	≥ 2	40	47,8%
3.	Pregnancy Complications		
	Yes	51	55,4%
4.	Complication of Labor		
	Yes	85	92,4%
	No	7	7,6%

Source: Data processing research, July 2017

Table 1 shows more than half respondents (56.5%) in age range 26-35 years, it means that most of respondents are in the early adulthood. While more than half respondents (52.2%) is primiparas. Most respondents or 51 (55.4%) of respondents had a history of pregnancy complications and 85 respondents or 92.4% had a history of childbearing complications.

Table 2. Self Efficacy, Social Support and Positive Belief Score

Variable	Data Distribution				
	N	Median	Min-Max	Mean	Deviation Std
Self Efficacy	92	33	13-71	35,88	13,92
Positive Belief	92	14	11-36	21,47	7,93
Social Support	92	46	16-96	50,73	24,73

Source: Data processing research, July 2017

Table 2 shows that the lowest self efficacy score of 92 respondents is 13, while the highest score is 71. Social support has the lowest score is 16 and the highest is 96. The positive belief score of 92 respondents the lowest score is 11 and the highest is 36.

Self Efficacy and Postpartum PTSD

Table 3. Self Efficacy and Postpartum PTSD

	Correlation		
	N	r	Sig.
Self Efficacy-Postpartum PTSD	92	-0,552	0,000

Source: Data processing research, July 2017

Based on table 3 it is known that p-value 0,00 (p-value <0,05) which have meaning that is correlation between self efficacy with postpartum PTSD. The correlation value (r) obtained is -0,552 which shows negative scale with strong correlation (> 0,50), thus indicating that high self-efficacy score will trigger the descent in postpartum PTSD score.

Social Support and Postpartum PTSD

Table 4. Social Support and Postpartum PTSD

	Correlation		
	N	r	Sig.
Social Support-Postpartum PTSD	92	-0.427	0.000

Source: Data processing research, July 2017

Based on table 4 it is known that p-value 0,00 (p-value <0,05) which have meaning that is correlation between social support with postpartum PTSD. The correlation value (r) obtained is -0.427 which shows negative scale with sufficient correlation (0,25-0,50), thus indicating that high social support score will trigger the descent in postpartum PTSD score.

Positive Belief and Postpartum PTSD

Table 5. Positive Belief and Postpartum PTSD

	Correlation		
	N	r	Sig.
Positive Belief-Postpartum PTSD	92	-0.650	0.000

Source: Data processing research, July 2017

Based on table 5 it is known that p-value 0,00 (p-value <0,05) which have meaning that is correlation between social support with postpartum PTSD. The correlation value (r) obtained is -0.650 which shows negative scale with strong correlation (> 0,50), thus indicating that high positive belief score will trigger the descent in postpartum PTSD score.

The Most Significant Coping Sources of Postpartum PTSD

Table 6. Linear Regression of Most Significant Coping Sources of Postpartum PTSD

Variable	Linear Regression					
	Coef	R Square	B	SE	Beta	Sig
Self Efficacy	0.835	0.687	-0.375	0.075	-0.469	0.000
Social Support			-0.284	0.032	-0.331	0.000
Positive Belief			-0.850	0.122	-0.605	0.000

Source: Data processing research, July 2017

Based on table 6 presented that positive belief has most significantly contribution to postpartum PTSD. R-Square 0.698 indicates that there is about 69.8% positive belief effect on PTSD postpartum. By multivariate analysis of linear regression of backward method, the coping resources equation with postpartum PTSD = 83,5 + (-8.50) * positive belief + (-3.75) * self efficacy + (-2.84) * social support was obtained. All linear regression assumptions (linearity, normality, zero residue, constant residue, independent and no collinearity) fulfilled.

Discussion**Effect Positive Belief on Postpartum PTSD**

Positive Beliefs are the most significant factors on postpartum PTSD prevention. Roussis and Wells (2006) have described the relationship between postpartum trauma and positive belief. This

study proves that positive beliefs can decrease symptoms of trauma significantly and can give strength and confidence to prepare for childbirth and adaptation to her role as a mother (Roussis & Wells, 2006). The results showed that the respondents with the lowest positive beliefs scores were the respondents with the highest postpartum PTSD scores. This happens because the negative beliefs will decrease the confidence of a mother and hold up her ability to adapt to the new role. The same opinion is expressed by Hebert (2014), Hebert's research found that positive beliefs affect a person in controlling her anxiety and fear. Positive belief will make a person able to think clearly so as to make decisions appropriately. In addition, with a positive belief a person can block all negative emotions that can block development of postpartum trauma.

The result showed that the mother with a positive belief will be able to block all negative feelings that arise after childbirth. This is because the positive belief will encourage someone to improve motivation, positive thinking and able to find a better problem solving. Conversely a negative-minded person will fall in an unfavorable mood, a feeling of depression, loss of motivation, poor adaptability and concentration to solve the problem (Müller, Teismann, Havemann, Michalak, & Sechagen, 2013).

Positive belief is influenced by the stressor facing the mother. The results showed that mothers with complications of pregnancy and childbirth had the lowest positive belief score. This condition making them feel anxiety and fear thus making them develop negative thoughts about the process of becoming a mother. A mother who has problems during pregnancy and childbirth will develop a sense of disbelief in her health or safety after childbirth. This will make the mother have difficulty to build positive thoughts on the relationship with her baby. This problem is the biggest factor that triggered the development of postpartum PTSD (Müller et al., 2013).

The result showed that the lowest positive belief score was occupied by primipara (3 out of 5 respondents). Primipara will face difficulties when adapting to the process of becoming a mother. Difficulty adjusting to changes in family structure, presence of baby or difficulty in developing confidence in caring for the baby. Negative thoughts will make mothers need more time for themselves than to pay attention to the newborn baby. This condition will be a driver of the emergence of dissatisfaction that he felt after giving birth that will trigger the emergence of postpartum PTSD (Müller et al., 2013).

Effect of Self Efficacy on Postpartum PTSD

The results showed that the correlation value of -0.552 which means self efficacy has a strong correlation value and negative correlation, thus indicating that high self efficacy score will trigger the descent in postpartum PTSD score. This is in line with Leahy-warren (2011) research which mentions self efficacy as a key role in adaptation to a mother's role. The same is also presented by Gao (2014) that menyebutkan self efficacy has a significant influence on the confidence of a mother to care for her child, so that a mother will be more motivated to take over all the care of her own baby. Self efficacy is the ability, strength and ability of individuals to solve specific specific problems. Self efficacy in the post partum mother is usually associated with the readiness of the mother to adapt to his new role. According to some studies, self-efficacy in mothers is strongly influenced by the mother's experience in childbearing (Leahy-warren et al., 2011).

The results showed that the lowest self-efficacy score was mostly obtained by primiparous mothers of 4 out of 7 respondents. The study of Gao et al (2014) showed that primiparous postpartum mothers began to show improvement in self efficacy score and adaptation of their role after three months post partum. This is because the experience of caring for children before will greatly affect the ability of self in adapting to complete the role as a mother. Primipara have a tendency rate of parenting stress that will increase psychological problem in postpartum period. This condition associated with the lack of primipara experience in adapting to new roles as parents. Transition period for being a mother will bring stressor for primiparous women. Parenting stress will be a specific stressor that increases occurrence of postpartum PTSD (Wahyuni et al, 2014).

Complications during pregnancy and childbirth is one of factors inhibiting self efficacy in postpartum mothers. The complications make a mother trouble in maximizing her ability to learn become a mother (Gao et al, 2014). This is consistent with the results of the study showing that 4 of 7 mothers with the lowest self efficacy score were mothers with pregnancy complications, and 6 of 7

mothers with the lowest self efficacy score were also mothers with complications of labor. Research in Turkey shows that mothers with pregnancy complications or problems in childbirth will increase anxiety and fear that will suppress the self efficacy. A traumatized mother will increase her anxiety and then will perceive her inability to adapt or perform the role she has to perform (Serçekuş & Başkale, 2016).

One of the factors that influence self efficacy is the maternal preparedness during pregnancy such as prenatal classes. Prenatal classes can improve mother's preparation for pregnancy and childbirth. This is because the prenatal class will eliminate misinformation, provide appropriate information and guidance to the mother to overcome her pregnancy and childbirth, increase her self-confidence to adapt with pregnancy, childbirth, and new roles as a mother. This condition will enhance self efficacy and will help decrease anxiety and stress during childbirth (Serçekuş & Başkale, 2016).

The results showed that age characteristics were not different in the self efficacy score. This is because although the lowest score is dominated by the young and middle adult age range, but in the highest score self efficacy is also dominated by young adults, so age does not affect the self efficacy of a person in this study. The results as described by Wahyuni et al (2014) showed p-value statistical test of 0.470 ($\alpha = 0,05$) which means age at delivery did not contribute greatly to self efficacy. This condition is in accordance with the concept of the task of young adult development, the period in which there is adjustment to new life changes and new expectations. Young adults have ability to take responsibility of making new commitments (Wahyuni et al., 2014).

Effect Social Support on Postpartum PTSD

The result of research shows correlation value -0,427 which means social support have enough correlation value and negative impact for postpartum PTSD. Social support is an important factor in postpartum maternal adaptation. A heavy transitional period will make the postpartum mother feel depressed because her new role. At the beginning of the postpartum period, mother will desperately need help from other people. Family support plays an important role in improving maternal role adaptation. Adequate family support will make a postpartum mother feel valued and cared so it can reduce feelings of distress and helplessness that arise in postpartum period. Social support can be emotional, financial, information and reward support. With the existence of an effective support system, post partum mothers will be easier in preparing adaptive coping to face the changing role that occurs (Leahy-warren et al., 2011).

The role adaptation according to Gao et al (2014) is strongly influenced by family support. Gao's research shows that adaptation to becoming mother is supported by the adequate of family support. From the results obtained p-value 0,00 meaning there is influence of social support in this case husband support to prevent postpartum PTSD. Husband support is an important component for a post partum mother to maintain emotional stability and physical condition. A post-partum mother faces a tough transitional period, adapting to her physical condition, but must be able to complete the task as a mother. This makes the emotional state of the mother unstable, so they need emotional reinforcement to maintain self-esteem to increase their confidence in performing their role (Negron, Martin, Almog, Balbierz, & Howell, 2013).

The results show that husbands' support is most influenced by maternal health condition. Respondents who had complications of pregnancy and childbirth got more husband support than uncomplicated respondents. This condition is consistent with research in China that shows the support of husbands will decrease after childbirth. This is because the husband feels his duty to keep the wife has finished because the baby and his wife have survived. Decreased support will not occur in husbands who have wife with complications of pregnancy and childbirth, because they feel that the safety of their wife and babies has been threatened so that they will give their greatest support to the wife. Decreased support in the postpartum period is a problem that will trigger the emergence of postpartum PTSD. Husband's lack of support will make her feel less appreciated and will lower her confidence in performing her role. The neglected feelings will make the mother feel worthless and which will encourage the development postpartum PTSD (Gao, Sun, & Chan, 2014).

Coping Resources that Contribute Significantly to Postpartum PTSD

The results of multivariate linear regression test show that the most significant coping source to prevent postpartum PTSD is positive belief. With R-Square value of 0.687 indicates that there is about 68.7% effect of positive belief on prevention postpartum PTSD. By multivariate analysis of linear regression of backward method, coping source equation with postpartum PTSD = $83.5 + (-8.50) * \text{positive belief} + (-3.75) * \text{self efficacy} + (-2.84) * \text{social support}$ was obtained. This condition is in accordance with research by Azmoode, Jafarnejade, and Mazlom (2015) describes the result that positive belief will increase the confidence of a mother to improve her ability to adapt with all process to becoming a mother. Gasil et al (2014) research results show that positive belief is a key factor to help mothers adapt to the new role. This is because positive belief will increase ability to manage emotions in postpartum period.

IV. CONCLUSION

The results showed that self efficacy, positive belief and social support had an effect on prevention postpartum PTSD, but the variable that has the strongest contribution is positive belief. Therapeutic Activity Therapy in primary setting is needed to help pregnant women develop positive belief in preparing labor. In addition, further research is expected to homogenize the post partum spacing so that the postpartum PTSD to be obtained is more optimal. Researchers can further expand the scope of research both urban and rural areas so that generalization more widely.

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