

The relationship between family support system with maternal postpartum rage

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ABSTRACT

This study investigated the mediating effect of social support with postpartum rage on young mothers during the first to twenty-four months. Method in this research is a cross-sectional survey design was used in this quantitative non-experimental research. Subject of young mothers who have delivered the children aged one to twenty-four months women who lived in the area of west Sumatera. This study used edinburgh postnatal depression scale (EPDS) to measure which focuses on postpartum rage and the social support system scale to measure social support. Data analysis spearman Rho correlation, analysis of variance (ANOVA) test and path coefficients. After data from 121 participants were analyzed, the results of measurement showed a significant difference between postpartum rage that occurred in the group of young mothers who had their first child, which was greater than those who had a second or third child. Pregnancy has a partially mediating effect on the relationship between anger during pregnancy and postnatal depression in the first month. Findings highlight the importance of social support with high postpartum rage and provide interventions to increase their social support

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1. INTRODUCTION

Pregnancy and childbirth are life-changing events [1]. Childbirth is the most vulnerable time for mothers to become mentally unwell, and the most common disorders mothers experience after giving birth are mood swings. Some changes in psychological conditions that occur during pregnancy to postpartum are maternal conditions characterized by various kinds of overwhelming emotions such as anticipation of things that have not yet happened, joy, happiness, satisfaction, as well as anxiety, frustration, confusion, or sadness. guilty to having a mental disorder [2]. The presence of the baby in the midst of the family brings many changes. New parents, especially mothers, can feel happy as well as confused, anxious, afraid or sad. This psychological condition is a concern, especially for young mothers, which is called postpartum rage [3]–[7]. Postpartum rage is defined as an emotional state that occurs in young mothers after giving birth where the duration of verbal and motor behavior, as well as patterns of physical stimulation often lead to negative emotions such as fear, disappointment, and anxiety which sometimes trigger anger, insomnia, depression, delusions, sudden cry, stress, loneliness, and unable to control emotions [5], [8]–[10]. Postpartum rage can appear before and after the birth of the baby, and generally occurs six weeks after delivery [11]. Mothers will experience postpartum rage within 12 months after becoming a parent [12]. Postpartum rage can cause short-term and long-term

negative effects on maternal mental health and later fetal/child development [13], [14]. Some of the symptoms that are often experienced by mothers who suffer from postpartum rage are rapid emotional changes, depression, loneliness, and hopelessness that lead to thoughts of hurting themselves or even hurting the baby [15]–[17]. Maternal anger is one of the main health problems that must receive attention because it is associated with postpartum depression [5], [18].

Postpartum rage has a profound negative impact on young mothers, even their babies, because it can cause a more severe condition, namely postpartum depression until their children hit the age of three years old [19], [20]. Anger that appears on the mother has an effect on the child [7]. A more serious phenomenon occurs when a young mother beats her child to death just because her child does not want to eat. This is because anger can be expressed towards oneself and against children and family members with negative relationship effects [5], [18]. It is important to consider postpartum rage that occurs after delivery in the context of mothers' mood disorders [5], [9], [21]. Young mothers are at higher risk of experiencing depressive symptoms which indicate the need for attention in programs to prevent pre- and post-natal psychological problems [22]. More severe conditions occur in young mothers where in certain conditions in the postpartum period there will be suicidal ideation, guilt, and anhedonia, or a condition of inability to feel happy in an activity that is usually considered fun [15], [23], [24]. Several impacts arise, especially on the mother's psychological health [25], quality of life, interactions with babies, partners, to family or relatives which causes the life of a young mother to experience postpartum rage to increase and become a problem to be resolved. Women who experience the psychological condition of postpartum rage show negative behavior in which they become sadder, angrier and have a lower perception of themselves [26]–[29]. This will create elements of the environment that are not conducive to the mother's personal development and optimal development for the child.

Social support during childbirth is needed to prevent postpartum depression in young mothers [30]–[33]. Social support can be interpreted as the availability of a relationship that helps each other and has special value, appreciation of care, or the feeling of receiving help from others by young mothers after giving birth [2], [34], [35]. Social support can be said to be a key variable associated with optimal adjustment even for chronic diseases [36]. One indication that causes postpartum rage in young mothers is the lack of social support provided by family members [9], [37]. The emergence of postpartum rage in young mothers creates powerlessness in young mothers. Social support has a direct impact on depressive symptoms and mediates the effects of stress on depressive symptoms during pregnancy [38]. Learning resources and social support directly predict depressive symptoms at six months after delivery [39]. Social support serves to protect the development of depressive symptoms and mediate the relationship between stress and depressive symptoms during childbirth. Mothers need support from people who can guide and advise them, as well as from someone they can trust to talk about their problems [30], [31], [40].

Current systematic reviews show that the health of babies and children is closely related to the health of their mothers. In addition, severe or chronic maternal postpartum rage appears to present a higher risk to child development [20], [41], [42]. Thus, maternal postpartum rage has many direct and indirect negative effects on child development, including lower quality of the home environment and decreased maternal sensitivity and nurturing. Therefore, it is important to detect and treat postpartum rage as early as possible to avoid harmful consequences for mother and child. The role of the mother is very decisive in the life of the child, when the mother experiences many unexpected psychological conditions, the life that the child lives will later be different from what it should be [43]–[46]. Based on several previous studies, not much has focused on postpartum anger in young mothers. This leads to the purpose of this study, which is to test the following hypothesis: there is a significant relationship between the nature of anger after giving birth and the social support system after giving birth.

2. RESEARCH METHOD

This research is a longitudinal study using a postpartum rage scale questionnaire and a social support scale with the help of a monkey application survey. Data were collected from young mothers within the first and the twelfth month postpartum. This study was conducted at two maternal clinics in Padang, Indonesia, starts from August 2021 to November 2021. Participants in this study were young mothers who met the requirements according to the following inclusion criteria: i) age 21-32 years old, ii) has a baby aged within one month to twenty-four months old, iii) still has a husband, and iv) able to fill the instrument properly. Participants who were excluded in this study were young mothers who did not meet the new requirements such as not filling out the instruments that had been fully distributed, having passed the predetermined age, and had not yet undergone the birth process. Inclusion criteria were determined because young mothers represent the population at risk for postpartum rage. Exclusion criteria were determined to prevent or reduce the excessive burden of participating in this study.

Eligible participants are selected and recruited according to the criteria described above. The researcher briefly described the research conducted through private chats such as WhatsApp and chat messagers. If potential

participants show interest, the researcher asks them to fill out the instrument via the <https://s.id/ibumuda> link, and provides detailed information about the research objectives, procedures, and ethical considerations. After participants agree to participate, they are asked to provide a telephone number and receive a credit of 1,000,000 Rupiah for 100 people as compensation. If they do not agree to be submitted, they may not include their telephone number and the data obtained has the right not to be processed by the researcher. The ethics committee of the doctoral program of guidance and counseling study program, Faculty of Education at Universitas Negeri Padang approved the research protocol.

Information is available on participant demographics, age, ethnicity, area of residence, monthly household income, latest education, and employment status. The postpartum rage Indonesia Scale is used to detect the risk of postpartum rage in the mother one month after giving birth. Postpartum rage Indonesia was adapted from the edinburgh postnatal depression scale (EPDS) which focuses on postpartum rage [9], [47], [48]. This scale consists of 16 items that are scored five points from 1 to 5. A higher score will indicate more severe postpartum rage on aspects of anger, burnout, anxiety, and loneliness. The research sample amounted to 121 young mothers spread across West Sumatra. Research data were analyzed using the rasch model using statistical analysis of conformity [49]–[51]. The statistical analysis used outfit mean square (MNSQ) value parameter with an ideal range (+0.5 to +1.5), outfit z-standard value (ZSTD) with an ideal range (-2.0 to +2.0) to find the suitability of items and people, detect measurement bias, item strengths and weaknesses, and the item difficulty level of the person's ability to answer and to reveal postpartum rage behavior [51].

The steps for instrument development using the oriondo and antonio model, namely: i) planning instrument, ii) trying out the instrument, iii) establishing instrument validity and reliability, and iv) interpreting the assessment scores [52]. The activities carried out initially include the purpose of making a valid and reliable instrument that can measure the postpartum rage of young mothers, then determining the competencies tested in this instrument to measure the forms of postpartum rage (anger, burnout, anxiety, and loneliness) that often occur in young mothers after giving birth in the form of angry behavior such as shouting, hitting, throwing, burnout behavior, feeling lethargic and tired in carrying out child care activities, anxiety and depression after giving birth, loneliness, and negative thinking behavior to others. The arrangement of the instrument grid consists of 4 forms of postpartum rage behavior (anger, burnout, anxiety, loneliness), which developed into 16 items including: anger (4 items), burnout (5 items), anxiety (3 items), and loneliness (4 items). In addition, the data in this study in the form of polytomy data collected using the postpartum rage behavior instrument in the form of a Likert model scale with five alternative answers. The instrument has been validated by 3 experts in the fields of education and family psychology related to postpartum rage behavior. Meanwhile, the social support system is measured through a scale of perceived social support adapted from zimet which is in accordance with the conditions that exist in Indonesia [53].

2.1. Participant flow

Of the 166 eligible young mothers, 136 agreed to participate in completing the survey on the psychological condition of young mothers, while 30 young mothers were excluded for the following reasons: refusing to fill out or respond to the survey (n=12), feeling well (n=7), and not interested in the survey (n=11). Of the 136 participants, 121 completed the survey on the response rate of the psychological condition of young mothers: 89%) and the responses of 121 participants were analyzed while the responses of 15 participants were excluded due to missing data (n=12) and filled in twice with different devices (n=3). At one-month post-survey, no variables were significantly different when comparing young mothers who did not answer the questionnaire (n=15) with those who did (n=121) as shown in Figure 1.

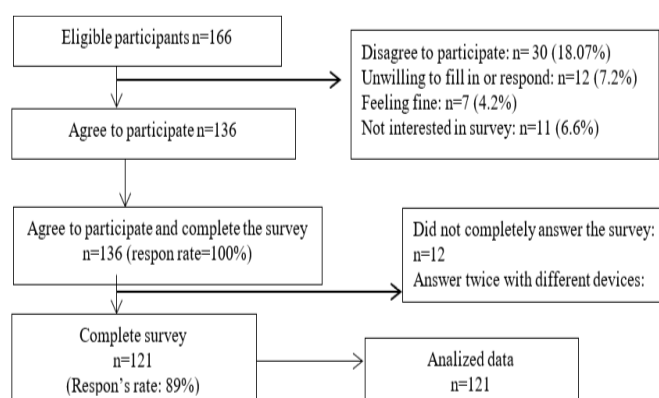


Figure 1. Participant flow

3. RESULTS AND DISCUSSION

3.1. Descriptions of the demographic and main variables

The description of the demographic data for the postpartum rage variable can be seen in Table 1. As shown in Table 1, the average age of young mothers is 28.7 years, about 60% of them are less than 30 years old. The results of the study found that on average young mothers experienced postpartum rage starting from the age of 19 years to 34 years. Tendency to experience postpartum rage based on area of residence. This finding found that there was a higher trend of postpartum rage experienced by young mothers living in rural areas than in suburbs and urban areas, although it was not much different from the conditions experienced. Judging from the income generated by the family, there is no fundamental difference to the conditions experienced by young mothers. Judging from the number of children, there are significant differences in the conditions experienced by young mothers who have their first, second to third child, young mothers who have their first child are more likely to experience postpartum rage than young mothers who have a second child, up to a third child. Further description of postpartum rage based on the number of children can be seen in Table 2.

Table 1. Demographics and main variables postpartum rage (n=121)

Variable	Frequency	Mean	SD
Age			
19-22	4	2.437	0.220
23-26	13	2.447	0.384
27-30	87	2.339	0.430
31-34	10	2.493	0.580
<35	7	2.226	0.502
Residence			
Village	38	2.388	0.443
City	57	2.351	0.419
Suburb	26	2.334	0.482
Income			
3-5 million	38	2.375	0.416
1-3 million	48	2.332	0.441
Above 5 million	23	2.391	0.459
Below 1 million	12	2.359	0.499
Child			
First	82	2.405	0.415
Second	33	2.301	0.466
Third	6	2.052	0.489

Table 2. Descriptives–postpartum rage

Child No.	Mean	SD	N
1	38.488	6.650	82
2	36.818	7.468	33
3	32.833	7.834	6

Table 2 shows that the trend of postpartum rage that occurs in young mothers who have their first child is 38.48, then young mothers who already have a second child are 36.818, while mothers who already have a third child are 32.833. This is also clearly seen from the presentation in Figure 2. which shows that mothers who have just had their first child tend to have a greater potential to experience postpartum rage than those who have had their second and third child. This finding proves that mothers who have just had children tend to experience a higher postpartum rage than young mothers who already have a second child and young mothers who already have a third child.

In the presentation in Figure 3, the Q-Q plot serves as a probability plot to visually check whether the distribution of the sample or data follows a normal distribution. If the data distribution follows a normal distribution, then the data distribution will follow the reference line of the normal distribution [54]. From the image obtained above, it can be seen that there is a tendency for the observation data to be in one line, so it can be concluded that the data is normally distributed.

3.4. Analysis correlation spearman's rho

The social support system is something that young mothers need [55]–[58]. Social support in question is support given by husbands, parents, family, or relatives in helping to prevent postpartum rage. Based on the results of the classification of statistical measurements carried out, it was found that the direction of the negative correlation of the two correlated variables went in the opposite, contradictory, or opposite direction. An

increase in the social support variable will be followed by a decrease in the postpartum rage variable, and vice versa. In Table 3, the husband's social support measurement is correlated with significance ($r=0.155$), parents-in-law's social support is at significance ($r=0.145$), parental social support is at significance ($r=-0.181$), colleague's social support is at significance ($r=0.145$). ($r=0.023$), in more detail can be seen in Table 3.

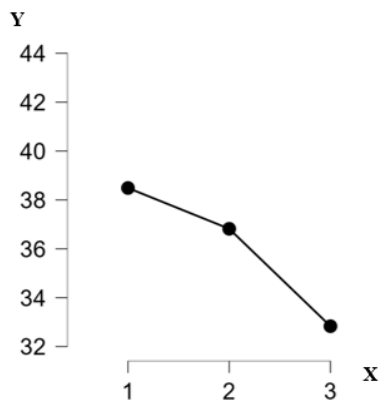


Figure 2. Descriptive plots

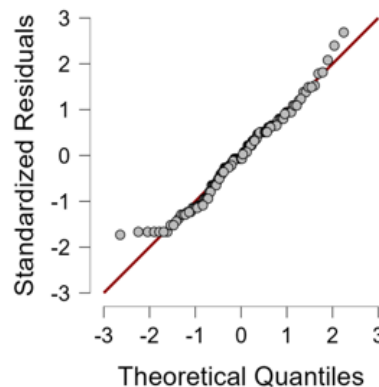


Figure 3. Q-Q Plot

Table 3. Spearman's correlations

Variable		Postpartum rage	Social support husband	Social support parent-in-law	Social support parents	Social support colleague
Postpartum rage	n	—	121	121	121	121
	Spearman's Rho	—	-0.155	-0.145	-0.181	-0.023
	p-value	—	0.089	0.077	0.047	0.557

The high social support obtained by young mothers will reduce postpartum rage. Social support system is information or feedback from other people that shows that someone is loved, cared for, valued, and respected and is involved in social groups and there are reciprocal obligations [59]. The results of this study indicate that the postpartum rage association that occurs during one to twelve months postpartum is partly mediated by social support. This study shows that those with high potential of postpartum rage are more likely to have lower levels of social support compared to those with the low potential. These results support our hypothesis. Previous research has reported that young mothers who experience high postpartum rage tend to show high levels of self-criticism and hostility toward themselves and others, such as their partners [5], [10]. The presence of family creates hope for mutual help, or as a resource that exists before, during, and after stressful situation [5], [34]. Furthermore, to see the contribution of the social support system felt by young mothers during the postpartum rage process, it can be seen in Figure 4.

Based on data measurement, it was found that the social support system gave a significant contribution to the postpartum rage condition of young mothers with an R-square value of 0.054. This means that the significance of the contribution of the social support system provided by family members to the postpartum rage condition. These results also prove that husbands are the main social support for young mothers, and also without forgetting their parents, in-laws to colleagues or relatives. Social support system refers to the pleasure felt, appreciation for caring, or receiving help from others. Social support received during pregnancy has a major influence on the postpartum rage period. These findings indicate that psychosocial interventions that focus on aspects of social support during pregnancy are effective in preventing postpartum rage [60]. Postpartum rage is strongly influenced by social support during pregnancy [30]. It is assumed that when there is social support from family members for young mothers, it can be easier to prevent postpartum rage. These studies also show that young mothers who experience high postpartum rage may have difficulty in seeking and getting support from the surrounding environment. In addition, they may inappropriately display their hostility and criticism of informal and social resources in the context of intimate relationships, which may lead to lower social support [30]–[32], [36], [61], [62].

Although perceived social support has not been widely reported to date, research has found that young mothers need perceived social support from family members in order to avoid postpartum rage when undergoing the pregnancy process. The results showed that the social support of the Minangkabau matrilineal

community for pregnant women was not optimal in the form of emotional, informative, and instrumental assistance. Improving the health status of pregnant women can be achieved by increasing social support interventions, especially in the Minangkabau matrilineal community [63]. Similarly, it was found that women experience decreased social support from important people and some women experience tension in their relationships with significant others during the pandemic [64]. From the results of this empirical exposure, it was found that the need for social support from family members during the pregnancy process, be it from husbands, women's families and men's families. The support of these family members together forms an important psychological construction related to the health of mothers and children in the future.

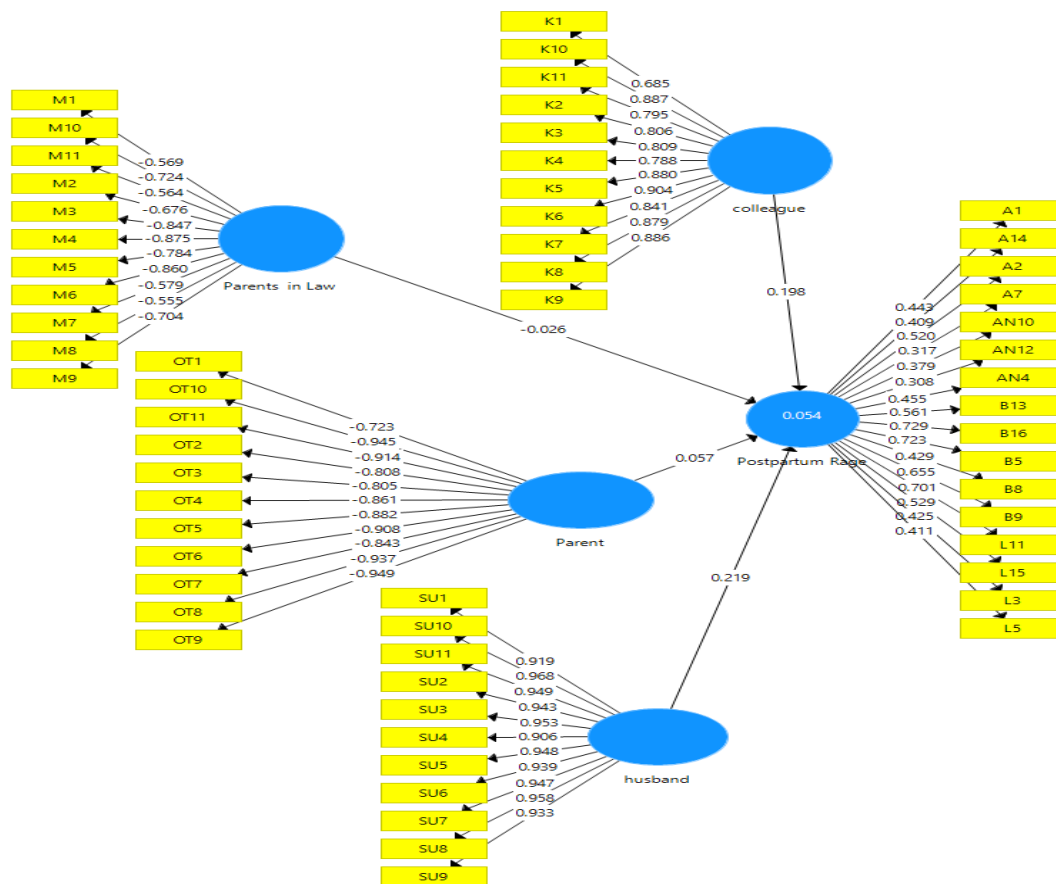


Figure 4. Analysis path coefficients social support system to postpartum rage

4. CONCLUSION

One of the symptoms of postpartum depression is postpartum rage. Postpartum rage is defined as an emotional state that occurs in young mothers in intensity that occurs after childbirth, duration of verbal and motor behavior, and patterns of physical stimulation that often elicit negative emotions such as fear, disappointment, anxiety, sometimes triggering anger, insomnia, depression, delusions, sudden cry, stress, loneliness, and not being able to control emotions. Social support is needed to prevent postpartum depression in young mothers. This study examines whether there is a correlation between the social support system and postpartum rage among young mothers and whether there is a difference between postpartum rage among young mothers who have had their first, second, and third child. We found that social support system can influence postpartum rage in young mothers. In general, social support provided by husbands, parents, and colleagues can reduce postpartum rage behavior in young mothers. ANOVA test to see the difference in postpartum rage conditions of young mothers with their first child is greater than their children with their second and third child. Further studies of the measurement of this latent variable provide new insights into how the obtained social support system allows to reduce or prevent the occurrence of postpartum rage among young mothers.

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