



# The Relationship Between the Support of Parents and Parents-in-Law Toward Quality of Life in Postpartum Mothers

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**Abstract.** The puerperium is the period after the delivery of the baby and the placenta until all reproductive organs recover. This period provides significant changes to postpartum mothers, both physical and psychological changes affecting the quality of life in postpartum mothers. Currently, the mother requires support from the closest people, including parents and parents-in-law, to maintain or improve the mother's quality of life after delivery. This research aimed to determine the relationship between the support of parents and parents-in-law toward the quality of life in postpartum mothers. This research was a quantitative and correlational study using a cross-sectional approach. The sample was 61 postpartum mothers obtained from the purposive sampling technique. Measurement of the support of parents and parents-in-law employed the Postpartum Social Support Questionnaire (PSSQ) from Miller (2012), composed of questions regarding the support of parents and parents-in-law. Additionally, quality of life was measured by Postpartum Quality Of Life (PQOL) from Hill (2006), composed of questions concerning psychological/infant, socioeconomic, relational/spouses, relational/family friends, health, and physical function. Data analysis using the Pearson correlation test with  $p$ -value  $> 0.05$  indicated no significant relationship between each domain, namely the support of parents or parents-in-law toward the quality of life in postpartum mothers. However, there is a substantial relationship between the support of parents and parents-in-law toward the quality of life in postpartum mothers with  $p < 0.05$ , namely  $p = 0.016$  and  $r = 0.307$ . These results revealed a significant relationship between the support of parents and parents-in-law and the quality of life in postpartum mothers. The more support of parents and parents-in-law obtained, the greater the quality of life in postpartum mothers. However, provided the postpartum mother merely received one of the supports (parents or parents-in-law), it indicated no significant relationship toward the quality of life in the postpartum mother. Thus, the support of parents and parents-in-law must be provided concurrently.

**Keywords:** Support of Parents · Support of Parents-in-Law · Postpartum Mother · Quality of Life

## 1 Introduction

The puerperium begins after the baby and placenta are delivered until all reproductive organs recover as before pregnancy and typically lasts for six weeks [1]. Mothers experience significant changes after delivery. In addition to physical changes, mothers experience emotional and social changes, including increased responsibility for their babies. Thus, mothers must understand their new role in communicating, caring for, and dealing with problems related to their babies. Numerous mothers can overcome the problems of physical, social, and psychological changes in the postpartum period, yet numerous mothers also experience severe emotional problems in dealing with these changes [2].

The physical, social, and psychological changes experienced by postpartum mothers cause several problems for mothers, including fatigue, anxiety, sexual problems, breast-feeding activity, baby care, sleep disorders, etc. These problems adversely affect the quality of life of the mother. Decreased quality of life of mothers is due to the problems in the self-care of mothers and their babies [3]. Other factors that decrease the quality of life in postpartum mothers are socio-demographic factors, heavy workload, financial problems, low social support, lack of involvement of husbands in household matters, delivery methods, postpartum depression, and complications of pregnancy and childbirth. Decreased maternal quality of life negatively affects childcare behavior and child health [4].

The problems that cause a decrease in the quality of life in puerperal mothers in various countries are incredibly diverse due to the factors. In the United States, the decreased quality of life in postpartum mothers caused by postpartum depression obtained 2.5% prevalence, yet in Latin America (21%), Egypt (7%), and the Czech Republic (11.8%) [5]. Nevertheless, in Bangladesh, the problem of decreased quality of life of puerperal mothers is primarily caused by the mother's young age, Cesarean section, poor marriage relationship, and inadequate postpartum care counseling [6].

According to research in China, the problem affecting puerperal mothers' quality of life is the low support of husbands and parents-in-law. The support of the husband, especially emotional support, is indispensable for puerperal mothers in China. In addition to the husband, the low support of the parents-in-law causes emotional problems in the puerperal mother. For instance, the differences in how to care for babies between mothers and parents-in-law or excessive interference from parents-in-law prompt a negative mood in puerperal mothers [7].

Simultaneously, in Indonesia, problems that frequently arise in postpartum mothers include swollen breasts, low milk supply, defecation and urination disorders, abdominal pain, and perineal wounds. This problem is consistently considered commonplace by society, even though it distorts the comfort of puerperal mothers, initiating the quality of life of puerperal mothers to be disturbed [8].

According to Wahdakirana's research (2021), puerperal mothers who have inadequate social support lead to poor quality of life in puerperal mothers [8]. It implies that social support is one of the critical indicators for improving the quality of life in postpartum mothers. Social support is interpersonal relationships in the form of emotional

support, physical or instrumental assistance, affirmation, and the provision of information or advice [9]. With good social support, mothers feel tranquil and able to face postpartum changes with a appropriate quality of life.

Social support includes support of husband, parents and parents-in-law, friend, etc. Husband's support is crucial for puerperal mothers because it impacts their comfort of puerperal mothers. In addition, support from parents and parents-in-law also affects the quality of life of puerperal mothers. One type of support that parents and parents-in-law can provide is to help mothers with postpartum care and baby care [10].

In conducting a preliminary study in the Puskesmas Kartasura, some puerperal mothers said they have a good relationship and live near parents and parents-in-law. Thus, parents and parents-in-law can visit any time and help the chores of puerperal mothers, such as baby care and handling household chores. These assistance seems to decrease the physical and psychological burden for puerperal mothers. In addition, some puerperal mothers who live far from their parents or parents-in-law stated that living at a distance with parents or parents-in-law motivates mothers to act independently. However, it can be overcome by the presence of husbands and friends or relatives around the mother by providing good support in the form of physical assistance or motivation to the puerperal mother.

In addition to the husband, parents and parents-in-law are the closest people to the mother. The presence of parents and parents-in-law certainly has an essential role in the mother's life. Therefore, the authors are interested in researching whether there is a significant relationship between the support provided by parents and parents-in-law and the quality of life in puerperal mothers. This study aimed to determine the relationship between the support of parents and parents-in-law toward the quality of life in puerperal mothers.

## 2 Literature review

### 2.1 Puerperium

The puerperal or *postpartum* period is the period after the placenta is delivered until all reproductive organs return to their original before pregnancy which lasts for six weeks [11]. The puerperium is also identified with the recovery period from pregnancy and delivery. According to Sulfianti (2021), the puerperium period is divided into several stages: immediate puerperium occurs within 0–24 h after delivery, early puerperium occurs for 6 to 8 weeks after delivery, and later puerperium [11].

### 2.2 Parents and Parents-in-Law Support for Puerperal Mothers

Supports is an effort provided to a person in the form of material or moral that is applied to motivate the person to act [12]. The support of parents and parents-in-law helps or encourages them to do an activity. In this context, the support of parents and parents-in-law is an effort to help the mother care for the baby and puerperium. However, the support can be advice or assistance to puerperal mothers [13].

Here are the types of support that can be provided to puerperal mothers [12]:

1. Instrumental Support is direct support with materials or facilities, examples:

- Helping to babysit or care for the baby
  - Handling household chores
  - Assisting in caring for the baby when he is sick
  - Confirming that mothers have adequate nutrition during the puerperium
  - Providing sufficient rest time for puerperal mothers
  - Consistently assisting mothers when they request a help during puerperium
2. Information Support is the type of support with explanations, advice, feedback, or instructions to act. An example is:
    - Parents and parents-in-law provides mothers with information regarding puerperium
    - Providing information related to how to care for babies and puerperal care to mothers
    - Discussing the selection of a good doctor or midwife for regular check-ups during the puerperium
  3. Assessment Support is a form of appreciation, appropriate judgment, and reinforcement to act something. Thus, the people are happy and appreciated for what has been accomplished. An example of assessment support provided by parents and parents-in-law to puerperal mothers is praising them for their success in caring for babies.

### 2.3 Quality of Life in Puerperal Mothers

Quality of life refers to a person's perspective on his living circumstances concerning his culture or personal values, such as standards, life goals, expectations, etc. [6]. According to the World Health Organization (WHO), there are six primary components in the quality of life: physical health, psycho-emotional status, level of independence, social relationships, spiritual beliefs, and environmental situation. Quality of life affects a person's positive or negative personality, including satisfaction with his physical health status, family, work, wealth, education, environment, religious beliefs, etc. [14]. According to previous research, several factors that affect a person's quality of life are physical, psychological, social, and environmental factors. [15].

## 3 Research Methodology

This research was conducted in the Puskesmas Kartasura, Sukoharjo Regency. The study population was puerperal mothers who delivered from August 28, 2022, to October 15, 2022, in the Puskesmas Kartasura who had inclusion criteria: having no physiological disorders, willing to be respondents, having biological parents and parents-in-law, having no visual and hearing impairments. The number of respondents in this study was 61 respondents using the purposive sampling technique.

This research is correlational with quantitative data collection research using a cross-sectional approach. The study's free variable was the support of parents and parents-in-law, and the bound variable was quality of life.

The measurement instrument for the support of parents and parents-in-law employed Miller's (2012) Postpartum Social Support Questionnaire (PSSQ), which includes 20 questions regarding the support of parents and parents-in-law. This questionnaire has been examined for validity and reliability, with 19 valid questions and one invalid question to eliminate. This questionnaire applied a Likert scale of 1–5, with a maximum score

of 95 and a minimum score of 1. The higher the score, the more the support of parents and parents-in-law was obtained by the puerperal mother. The measurement of quality of life using Postpartum Quality Of Life (PQOL) from Hill (2006) includes 54 questions about psychological/infant, socioeconomic, relational/couple, relational/family friend, health, and physical functioning. After a validity and reliability test was conducted, it was found that there were seven invalid questions, and the questions were removed or not administered. This questionnaire also applied a Likert scale of 1–6 with a maximum score of 282 and a minimum score of 1. The higher the score indicated, the higher the quality of life of the puerperal mother would be.

The author distributed the questionnaire door to door to the respondent's home. The data obtained were entered into an Excel spreadsheet and exported to the SPSS spreadsheet for data calculation. Afterward, a normality test was conducted to determine whether the data distribution was normal. Normality tests were conducted as a requirement for correlation tests, regression tests, etc.

After the normality test, the results were obtained that the data were distributed normally. Furthermore, the authors conducted a Pearson correlation test between the support of parents and parents-in-law data and the quality of life in puerperal mothers data, which aimed to determine the relationship between the support of parents and parents-in-law and quality of life in puerperal mothers.

## 4 Result

In this study, 61 puerperal mothers filled out the questionnaire provided. Table 1 shows the numerical distribution of the characteristics of respondents (postpartum mothers).

Based on Table 1, the average age of respondents is 28.89 years, with the youngest age at 20 years old and the oldest age at 41 years old. The average baby is delivered

**Table 1.** Numerical distribution of characteristics of the respondents (postpartum mothers)

| No. | Variable                | Mean<br>Median    | SD      | SE     | Min-Mak   |
|-----|-------------------------|-------------------|---------|--------|-----------|
| 1.  | Mother's Age            | 28.89<br>28.88    | 5.135   | 0.657  | 20–41     |
| 2.  | The week of delivering  | 38.97<br>38.96    | 1.224   | 0.157  | 36–42     |
| 3.  | Total Pregnancy         | 2.00<br>2         | 0.931   | 0.119  | 1–5       |
| 4.  | Total Delivery          | 1.95<br>2         | 0.902   | 0.116  | 1–5       |
| 5.  | Number of live children | 1.92<br>2         | 0.881   | 0.113  | 1–5       |
| 6.  | Birth weight            | 361.13<br>3161.13 | 443.944 | 56.841 | 2200–4740 |

at 39 weeks gestation, with the earliest birth at 36 weeks gestational age and the latest at 42 weeks. At minimum, respondents delivered once and five times maximally, with an average pregnancy of twice. The number of living children of respondents averaged two people, and the average baby’s birth weight was 361.13 g, with the lowest weight at 2200 g and the highest weight at 4740 g.

Table 2 presents the results of respondents’ distributions according to the village of residence, with most respondents residing in Gumpang and Makamhaji Villages (14.8%), and the least residing in Pabelan (1.6%). The highest level of education of respondents was high school (55.7%), and approximately 75.4% of respondents were married. Almost all respondents originate from the Javanese community (98.4%). Furthermore, 86.9% of respondents live with their husbands, and some live with their biological families. 41% of respondents prefer to work: as civil servants (4.9%) and homemakers (60.7%)

**Table 2.** Categorical distribution of characteristics of the respondents (postpartum mothers)

| No.                | Variable       |                   | Frequency (n = 61) | Percentage (%)     |
|--------------------|----------------|-------------------|--------------------|--------------------|
| 1.                 | Village        | Wirogunan         | 3                  | 4.9                |
|                    |                | Singopuran        | 2                  | 3.3                |
|                    |                | Ngabeyan          | 5                  | 8.2                |
|                    |                | Kartasura         | 7                  | 11.5               |
|                    |                | Ngadirejo         | 4                  | 6.6                |
|                    |                | Ngemplak          | 5                  | 8.2                |
|                    |                | Pucangan          | 8                  | 13.1               |
|                    |                | Gumpang           | 9                  | 14.8               |
|                    |                | Makamhaji         | 9                  | 14.8               |
|                    |                | Gonilan           | 5                  | 8.2                |
|                    |                | Kertonatan        | 3                  | 4.9                |
|                    |                | Pabelan           | 1                  | 1.6                |
|                    |                | 2.                | Final education    | Junior High School |
| Senior High School | 34             |                   |                    | 55.7               |
| Bachelor           | 22             |                   |                    | 36.1               |
| 3.                 | Marital status | Divorce           | 15                 | 24.6               |
|                    |                | Married           | 46                 | 75.4               |
| 4.                 | Ethnic         | Outside Java      | 1                  | 1.6                |
|                    |                | Javanese          | 60                 | 98.4               |
| 5.                 | Living with    | Biological family | 8                  | 13.1               |
|                    |                | Husband           | 53                 | 86.9               |
| 6.                 | Types of work  | Work              | 25                 | 41.0               |
|                    |                | Unemployed        | 36                 | 59.0               |
| 7.                 | Work           | Unemployed        | 30                 | 49.2               |
|                    |                | Private employees | 28                 | 45.9               |

(continued)

**Table 2.** (continued)

| No. | Variable                |                              | Frequency (n = 61) | Percentage (%) |
|-----|-------------------------|------------------------------|--------------------|----------------|
| 8.  | Profession              | Government employees         | 3                  | 4.9            |
|     |                         | Laborer                      | 4                  | 6.6            |
|     |                         | Merchant                     | 6                  | 9.8            |
|     |                         | Private employees            | 7                  | 11.5           |
|     |                         | Teacher                      | 5                  | 8.2            |
|     |                         | Housewife                    | 37                 | 60.7           |
| 9.  | Pregnant intentions     | Health workers               | 2                  | 3.3            |
|     |                         | Unplanned                    | 25                 | 41.0           |
| 10. | Desire to conceive      | Planned                      | 36                 | 59.0           |
|     |                         | Undesirable                  | 12                 | 19.7           |
|     |                         | Ambivalent                   | 3                  | 4.9            |
| 11. | Pregnancy complications | Desired                      | 46                 | 75.4           |
|     |                         | Yes                          | 6                  | 9.8            |
| 12. | How to give birth       | No                           | 55                 | 90.2           |
|     |                         | Section caesaria             | 27                 | 44.3           |
| 13. | Baby nutrition          | Normal                       | 34                 | 55.7           |
|     |                         | Formula milk                 | 2                  | 3.3            |
|     |                         | Breast milk and formula milk | 13                 | 21.3           |
|     |                         | Breast milk                  | 46                 | 75.4           |

as the most preferred profession. In addition, some respondents planned their pregnancy (59%), and 75.4% of respondents desired their pregnancy. Almost all respondents did not experience pregnancy complications, which obtained 90.2%. However, 55.7% of respondents delivered a baby normally, and 75.4% of the respondents still provided exclusive breastfeeding to their babies.

Based on Table 3. The Pearson correlation test shows that the significance value of the relationship between the support of parents and parents-in-law and the quality of life of puerperal mothers was  $0.016 < 0.05$ , meaning that there was a significant

**Table 3.** Pearson correlation test of the support of parents and parents-in-law toward puerperal maternal quality of life

| Variable                              | r     | p     | Conclusion   |
|---------------------------------------|-------|-------|--------------|
| Support of Parents                    | 0.237 | 0.066 | Uncorrelated |
| Support of Parents-in-Law             | 0.241 | 0.061 | Uncorrelated |
| Support of Parents and Parents-in-Law | 0.307 | 0.016 | Correlated   |

relationship between the support of parents and parents-in-law and the quality of life in postpartum mothers. Furthermore, the correlation value or  $r$  value is 0.307, which means the relationship is unidirectional. The better the support of parents and parents-in-law obtained by the puerperal mother, the better the quality of life of the puerperal mother.

However, the test results of the support of parents or parents-in-law merely showed a significance value of  $> 0.05$ , which means there was no significant relationship between each domain and the quality of life in puerperal mothers.

## 5 Discussion

In the study results, there is no significant relationship between each domain, namely the support of parents and parents-in-law, toward the quality of life in puerperal mothers. It means that puerperal mothers who receive merely one social support (the support of parents and parents-in-law) do not affect their quality of life.

It is supported by research conducted by Faizah (2021), which states that support from spouses, biological parents, parents-in-law, and relatives provided concurrently improves the quality of life in postpartum mothers [16]. It means there is a necessity for these four supports to enhance the quality of life of puerperal mothers.

However, examining the total amount of the support of parents and parents-in-law found a significant association between the support of parents and parents-in-law and quality of life in puerperal mothers. Puerperal mothers who received appropriate support from parents and parents-in-law improved their quality of life.

It is in line with Khadijeh Khademi's (2022) research, which states that three factors influence the quality of life in postpartum mothers: family support seeking, emotional support seeking, and family social support [17]. Comprehensive family support can improve the quality of life in puerperal mothers. The family includes husbands, biological parents, parents-in-law, and other relatives close to and around the mother of the puerperium [17]. Low-income family support can lead postpartum mothers to experience postpartum stress [18]. One example of support from parents and parents-in-law provided to puerperal mothers, which successfully improve their quality of life is helping with baby care, helping to do house chores, providing information related to baby care, willing to accompany puerperal mothers, etc. Thus, parents and parents-in-law have an essential role in the quality of life of puerperal mothers.

In addition, the Weijing Qi research (2022) stated that an appropriate relationship between puerperal mothers with husbands and parents-in-law could reduce postpartum depression and sleep disorders so that the quality of life of puerperal mothers becomes better [7]. In addition to husbands, building a good relationship with parents-in-law is one of the essential things to improve the quality of life for puerperal mothers, especially for puerperal mothers who live with or close to their parents-in-law. Because of this condition, parents-in-law are the primary caregivers for puerperal mothers after their husbands [7]. Therefore, an appropriate relationship between puerperal mothers and parents-in-law is necessary to increase parents-in-law's concern for the condition of puerperal mothers. Thus, puerperal mothers successfully avoid postpartum depression.

The results of this study are also supported by research conducted by Rahayuningsih (2015) that the support of parents and parents-in-law in the form of financial assistance



can overcome maternal depression due to low income to improve the quality of life in postpartum mothers [19]. Unstable economic conditions can increase the risk of various health problems. Puerperal mothers required additional costs for their baby's care and check-ups during the puerperium. Various economic issues during the puerperium lead puerperal mothers to concern regarding their babies' future. It dramatically affects the quality of life of puerperal mothers [20]. Therefore, financial support from parents and parents-in-law can improve the quality of life for puerperal mothers.

Another supportive study is from Elika Puspitasari (2019), who stated that husband support and family support, including support from parents and parents-in-law, can reduce the intensity of labor pain. Thus, the mother's health has greatly improved since delivery. The higher the family support obtained by the mother, the lower the intensity of pain felt by the mother during delivery [21]. Providing support in the form of assistance from the closest people, such as husbands, parents, and parents-in-law, can provide tranquility, strengthen the mother's psychology, and reduce pain during delivery so that the mother's condition is greatly improved [22, 23]. Provided the mother's condition during delivery is faultless, the mother's quality of life after delivery will also be significantly improved.

## 6 Conclusion

Based on the study results, it can be concluded that the support of parents and parents-in-law has been revealed to affect the quality of life of puerperal mothers. The better the support of parents and parents-in-law obtained by puerperal mothers, the better quality of life of puerperal mothers will be. Therefore, health workers must educate families, especially parents and parents-in-law, about the importance of providing appropriate support to puerperal mothers because it can protect them from various physical, psychological, and other health problems. However, provided the puerperal mother merely obtained one of the support of parents or parents-in-law, the result was not significantly related to the quality of life in puerperal mothers. Thus, the support of parents and parents-in-law must be provided concurrently.

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