



Traumatic And Knowledge on Self Efficacy During The Postpartum Recovery Period

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ABSTRACT

Information provision and postpartum care that is less than optimal is a problem that is often overlooked. The number of respondents based on the calculation of the sample size was 150 people, while the number of samples in this study were 134 postpartum mothers. The sample selection was carried out according to the probability sampling technique. Postpartum mothers were surveyed using a questionnaire about the history of childbirth trauma, the knowledge of postpartum mothers about self-care during the postpartum period, and the level of self-efficacy of postpartum mothers. The results of the study showed several factors that could affect the mother's self-efficacy in postpartum recovery, namely age (26.14 (4.96); $p = 0.00$), traumatic experience during childbirth (1.86 (0.34); $p = 0.000$), and mother's occupation (1.597 (0.49); $p = 0.02$), and knowledge (4.38 (1.68); $p = 0.000$). Nurses need to provide prenatal health education to increase women's beliefs about their behavior during labor and postpartum recovery.

Keyword: Education; Postpartum; Self-efficacy



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1. Introduction

Postpartum mothers are very vulnerable and can suffer from various complications, including mental illness that can affect their mental health achievement and reduce self-confidence after giving birth (Bahadoran et al., 2007). Maternal trauma during childbirth is most often associated with bad experiences such as psychological stress and trauma to the baby (Creedy et al., 2000). Maternal self-control tends to reduce pain during labor. In addition, good self-efficacy was associated with increased maternal satisfaction during the process (Christiaens & Bracke, 2007). The successful achievement of the mother's role refers to the mother's self-efficacy from the perspective of the ability to exert effects and mother's self-awareness in caring for the baby (Rahayuningsih, 2015).

Self-confidence can increase self-efficacy, but low self-confidence is often correlated with maternal fear of childbirth, causing anxiety. In addition, anxiety is highly correlated with efficacy and less effective (Schwartz et al., 2015). Trauma during childbirth has a significant impact on the mother's mental health and therefore affects her self-efficacy (Brazeau et al., 2018). Positive birth experiences affect postpartum comfort, mother psychology, and mother-infant relationships (Halperin et al., nd). Labor trauma is defined as an event that occurs during labor and the puerperium and results in serious or real or threatening injury or death to the mother or baby. Mother experiences serious fear, loss of control, discomfort, or vulnerability. Some

mothers feel that they are losing their self-esteem (Klein et al., 2014; Practitioner & 2014, nd; Research & 2015, 2015; Türkmen et al., 2020). One of the problems of postpartum stress is the lack of attention to the mother's emotional state (Razurel, C., Bruchon-Schweitzer, M., Dupanloup, A., Irion, O., & Epiney, 2011). The provision of information and postnatal care that is less than optimal is a problem that is often ignored because mothers are involved in complaints to health workers. Another thing that makes mothers uncomfortable is reporting their problems to health workers (Kline, CR, Martin, DP, & Deyo, 1998). In general, self-efficacy theory is a part of self-awareness that has a significant impact on a person's daily life. Knowledge of postnatal care enables postpartum mothers to successfully pass the important postnatal phases (Mirzaee, K., & Taghi Shakeri, 2015).

2. Method

The subjects of the study were 142 postpartum mothers in the working area of the Medan Sungal Health Center and the Medan Amplas working area. The number of respondents based on the calculation of the sample size was 150 people, while the number of samples in this study were 134 postpartum mothers. In this study, the criteria for postpartum mothers who were used as respondents were those with second-degree episiotomy wounds without labor complications. The exclusion criteria applied included the degree of episiotomy wound above 2 accompanied by complications of delivery. The sample selection was carried out according to the probability sampling technique. The questionnaire in this study was developed by researchers to assess postpartum mothers were surveyed using a questionnaire about the history of childbirth trauma, the knowledge of postpartum mothers about self-care during the postpartum period, and the level of self-efficacy of postpartum mothers. Filling out the questionnaire was done online using the Google form. Evaluation and revision model trials were carried out with a pre-post test using a T-test (Mother's occupation, episiotomy, and traumatic experiences during childbirth). In this study, the Pearson correlation test was also carried out on several components of the research variables such as occupation, level of education, and baby's weight.

3. Result and Discussion

The consistency of Bandura's self-efficacy theory, the most important predictor of successful behavior change, is self-efficacy in the ability to perform a behavior and the expectation that certain goals are achieved, including the principle of self-efficacy. Social cognitive theory states that exercise management, pain, fatigue, relaxation techniques, depression, diet, and communication with medical professionals are problem solving at the level of one's self-efficacy ability in setting goals (Munce, SE, Fehlings, MG, Straus, SE, Nugaeva, N., Jang, E., Webster, F., & Jaglal, 2014).

The ability of postpartum mothers to achieve self-efficacy during the postpartum recovery period is influenced by how knowledge the mother has, and not based on her level of education as stated in research conducted by Inu Martina (2018), which suggests that education level predictions have an effect on postpartum mother's self-efficacy. (Martina, 2018) and the results of other studies state that labor satisfaction is not related to a person's level of education (Ramie, A., Afiyanti, Y., & Pujasari, 2014).

Table. 1. Research Variable Analysis

Variable	Frequency	%	M (SD)	95% CI (Min-Max)	Statistical Test	p-Value
Age	134	100%	26.14 (4.96)	(25.29±26.98)	t-test	0.00*
Work						
Housewife	54	40.3	1,597 (0.49)	(1.51±1.68)	χ^2	0.025*
working mom	80	59.7				
Education Level						
Primary school	8	6	2,410 (0.62)	(2.30 ± 2.51)	Pearson correlation	0.1
Junior high school	65	48.5				
Senior High School	59	44.0				
College	2	1.5				
Baby BB						

Variable	Frequency	%	M (SD)	95% CI (Min-Max)	Statistical Test	p-Value
2500-3000	31	23.1	2,059 (0.72)	(1936±1832)	Pearson correlation	0.88
3001-3500	64	47.8				
3501-4000	39	29.1				
Episiotomy Procedure						
Done	93	69.4	1.306 (0.46)	(1.22 ± 1.38)	χ^2	0.24
Are not done	41	30.6				
Traumatic feeling during childbirth						
Traumatic	18	13.4	1.86 (0.34)	(1,807±1,924)	χ^2	0.00*
Not Traumatic	116	86.6				

In this study, several factors that can affect the mother's self-efficacy in postpartum recovery are age (26.14 (4.96); $p = 0.00$), traumatic experience in childbirth (1.86 (0.34); $p = 0.000$), and mother's occupation (1.597 (0.49); $p = 0.02$) where working mothers allow mothers to get more information from the work environment and the ability to access the information they need. Studies also show that self-efficacy will be achieved with good results if the mother has a good history of childbirth experience (Sánchez-Cunqueiro et al., 2018). Maturity of pregnant women is closely related to their willingness to give birth. Most pregnant women are in the age group that is not at risk of pregnancy, namely pregnant women aged 20-35 years are assumed to be relatively ready to face childbirth. Maternal care is expected to help reduce maternal anxiety when facing childbirth (Kartini, 2019). An explanation of the analysis of these factors can be seen in table 1.

The research statement states that the effect of knowledge on creating a sense of self-efficacy has not been thoroughly investigated (Schwartz et al., 2015). The results of previous studies stated that training is needed in dealing with childbirth and preparing for the postpartum period since pregnancy, this is believed to increase self-confidence, feelings, and a sense of empowerment in the mother (Byrne et al., 2014; Serçekeş et al., 2010). The results of other studies also prove that the knowledge possessed by the mother will help the mother in preparing for birth and good postpartum recovery because the mother's self-efficacy is influenced by the mother's perception of her delivery (Ip et al., 2009).

Table 2. The Effect of Knowledge on Postpartum Mother's Self-Efficacy

M (SD)	95% CI (Min-Max)	Statistical Test	p-Value
4.38 (1.68)	(26.71±27.46)	t-test	0.00*

Table 2 proves that knowledge affects the level of mother's self-efficacy in the postpartum recovery period (p -Value < 0,05). The information obtained by the mother has an impact on increasing delivery satisfaction, self-efficacy related to childbirth, control, and mother's level of knowledge (Bahrami et al., nd; Byrne et al., 2014; Miquelutti et al., 2013). In fact, while previous ineffectiveness of prenatal education about childbirth experiences has been reported (Fabian et al., 2005) there was no difference found among those taught prenatal courses. (Aba et al., nd). However, in several studies there is controversy about knowledge that can have an impact on knowledge and anxiety, self-control, labor pain, social and emotional adaptation of maternal self-efficacy, anxiety, stress, depression and childbirth is not clear and the evidence is inadequate (Aba et al., nd; Gagnon et al., nd).

Self-management and empowerment are important parts of the basic concepts in the treatment of self-efficacy (Duran et al., nd; Serçekeş et al., nd). Pregnant women with high self-efficacy during childbirth were found to be happy with their delivery (Berentson-Shaw et al., 2009). Self-efficacy is also related to the level of fear of childbirth. Poor self-efficacy in pregnant women reduces self-confidence during childbirth and has a negative impact on the active role of pregnant women during labor (Beebe, KR, Lee, KA, Carrieri Kohlman, V., & Humphreys, 2007; Salomonsson et al., 2013). Many studies report that low self-efficacy in pregnant women increases the perception of pain during childbirth, increases levels of anxiety and stress and develops into post-traumatic stress disorder during the puerperium (Salomonsson et al., 2013; Toohill et al., 2014).

4. Conclusion

The knowledge factor plays an important role in preparing mothers not only to face the postpartum recovery period, but also helps mothers to be confident in facing childbirth, and have positive coping to interpret a prosperous delivery. Knowledge affects the level of mother's self-efficacy in the postpartum recovery period. The information provided can include information about the physiology of birth exercise, breathing exercises, relaxation exercises, partner and professional support, self-efficacy, both during pregnancy and childbirth helps increase the perception ability to control, and facilitate the realization of effective coping strategies. Nursing professionals need to provide prenatal education to increase women's beliefs about their behavior during labor and postpartum recovery.

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Conflict of Interest

There is no conflict of interest in writing and submitting the publication of this research article.

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