



---

## Improving Parenting Self-Efficacy in Postpartum Sectio Caesarea

---

<sup>K</sup>Nurul Azizah<sup>1</sup>, Rafhani Rosyidah<sup>2</sup>, Ratna Dwi Jayanti<sup>3</sup>

<sup>1</sup>Kebidanan, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Sidoarjo

<sup>2</sup>Kebidanan, , Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Sidoarjo

<sup>3</sup>Kebidanan, Fakultas kedokteran, Universitas Airlangga

Correspondence author email (<sup>K</sup>): [nurulazizah@umsida.ac.id](mailto:nurulazizah@umsida.ac.id)

---

### ABSTRACT

Postpartum cesarean will undergo many physiological changes. In this phase, mothers often become more sensitive due to various changes that occur both physically and emotionally, thus requiring an adjustment or adaptation process for the mother. Parenting Self Efficacy is an effort to foster parental confidence in their ability to manage and carry out caring for the baby, including post-C-section delivery.

The research design used a quasi-experimental method through pre and post-test with a control group non-probability sampling technique with a purposive sampling approach. The research subjects were 30 postpartum cesareans and were divided into experimental and control groups. The intervention group was given booklets and counseling, while the control group was only given booklets. Data collection using the PSE Scale instrument and family support instruments. Data analysis used an independent sample t-test. This research was conducted at Siti Fatimah Hospital, Tulangan Sidoarjo. The research population is all postpartum cesarean mothers. The sample of this research was 30 postpartum mothers (6 hours-1 per day) wreathed at Siti Fatimah Hospital, Tulangan Sidoarjo. The results of the study After being given the booklet and counseling, there was a significant increase in the intervention group. There were differences in PSE scores on cognitive aspects, affective aspects, skills aspects, and parenting self-efficacy, the characteristics of the research subjects in the intervention and control groups were homogeneous, and most of the intervention groups had scores which were as higher 9 (60%) after the intervention was given significantly ( $p < 0.05$ ). Suggestions for providing PSE information through counseling and providing booklets in hospitals by midwives can be given to all postpartum, especially new parents, individually to provide knowledge and self-confidence for mothers in caring for themselves and their babies at home.

**Keywords:** self-efficacy, sectio caesarea

---

#### *Article history :*

*Received: 10 July 2022*

*Received in revised form: 10 August 2022*

*Accepted: 5 September 2022*

*Available online: 1 December 2022*



Licensed by [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/).

---

---

## INTRODUCTION

The process of childbirth is a natural occurrence for the mother. Childbirth through two events, vaginal delivery and abdominal wall surgery, called section Caesarea (SC), aims to remove the results of conception, placenta, and amniotic membrane intact. WHO stated that out of 137 countries, 69 countries (50.4%) had >15% SC deliveries. The Indonesian Ministry of Health stated that the number of deliveries in 2018 was 4,662,741, with 921,000 SC deliveries, which is 19.92%.<sup>1</sup>

The effects of postpartum SC include pain due to suture wounds it can affect the mother's mobilization. Besides that, there will also be fear and anxiety about the health conditions of the mother herself and her baby. Postpartum mothers will also experience many physiological changes in the reproductive, lactation, hormonal and psychological systems. In this phase, mothers often become more sensitive due to various changes that occur both physically and emotionally, thus requiring an adjustment or adaptation process for the mother.<sup>2</sup>

Psychological preparation for motherhood is important because it can affect postpartum healing and lactation. Parenting self-efficacy is an effort to foster parents' confidence in their ability to manage and perform caring for babies, including postpartum SC<sup>3</sup>. Parenting self-efficacy is a competency to foster a parent's belief in their ability to carry out parental duties, such as caring for babies with certain conditions. This belief will affect the mother's behavior in caring for her baby and become one of the basic keys to the child's further growth and development.<sup>3</sup>

A good level of Parenting Self Efficacy will be associated with parents providing an adaptive environment in caring for children to stimulate children's growth and development. Conversely, a poor level of parenting self-efficacy can cause parental stress and depression and lead to behavioral problems in children<sup>4</sup>. Parenting self-efficacy can affect children's future physical and psychological growth and development.<sup>5</sup> Research states that mothers with good parenting self-efficacy are better able to perform tasks as parents and respond to the baby's needs. The interaction relationship with the baby is better established.<sup>6,7</sup>

Factors that influence Parenting Self Efficacy are individual experiences in childhood, socio-culture and community (surrounding environment), experience with previous children, level of readiness to become parents, marital history, and social support<sup>4</sup>. According to Salonen (2009), factors influencing Parenting Self Efficacy include age, gender, education level, support, parity, and child health status.<sup>7</sup>

Based on preliminary studies at Siti Fatimah Tulangan Hospital, Sidoarjo in August 2022 through interviews with five postpartum SC mothers who have the desire to care for their babies independently but complain of fear and anxiety due to the pain felt due to stitching wounds and mothers also cannot breastfeed because they are still afraid to move, the anxiety and fear that the mother has automatically reduced the mother's confidence in caring for her baby. This study aims to analyze the factors that

increase Parenting Self Efficacy in postpartum.

### METHOD

The research design used quasi-experiment through pre and post-test with a control group nonprobability sampling technique with a purposive sampling approach. The research subjects amounted to 30 SC postpartum and were divided into two groups: experimental and control. The intervention group was given booklets and counseling, while the control group was only given booklets. Data collection used the PSE Scale instrument and family support instrument. Data analysis used independent sample t-test and paired t-test. This research was conducted at Siti Fatimah Hospital Tulangan Sidoarjo. The study population was all SC postpartum mothers. The research sample of SC postpartum mothers (6 hours-1 days) was 30 treated at Siti Fatimah Tulangan Sidoarjo Hospital.

### RESULTS

Table 1. Characteristics of SC postpartum mothers based on education level, occupation, and age

Variable	Kategori	f	%
Education level	Elementary	0	0
	Secondary	20	66,6
	High	10	33,3
	Total	30	100,0
Job	Not Working	5	16,6
	Work	25	83,3
	Total	30	
Age	Low risk	30	100,0
	High risk	0	0
	Total	30	100,0

Based on table 1. It was found that most postpartum SC mothers had secondary education (66.6%), were employed (66.6%), and were of low-risk age (100.0%).

Table 2. Identification of PSE scores on Cognitive, Affective, Skills, and PSE aspects

	Intervention			Control			sig
	Mean±SD	CI 95%	Δ (n=15)	Mean±SD	CI 95%	Δ (n=15)	
Kognitif pre	5,18±0,99	3.16-3,59	3,38±0,61	6,50±0,85	0,21-0,41	0,31±0,29	0,001
Kognitif post	7,80±0,79			6,62±0,69			
Afektif pre	6,03±0,92	1.75-2.23	1,99±0,67	6,57±0,89	0,22-0,42	0,32±0,29	
Afektif post	8,02±0,72			6,80±0,76			
Skills pre	6,37±0,94	1,46-2,01	1,73±0,76	6,65±0,91	0,16-0,41	0,29±0,34	
Skills post	8,10±0,78			6,94±0,69			
PSE pre	5,19±0,93	1,15-1,56	2,65±0,58	6,56±0,85	0,22-0,40	0,31±0,26	
PSE post	7,84±0,71			6,97±0,68			

Δ = Mean Difference

Table 2 divides the aspects into cognitive, affective, skills, and parenting self-efficacy. After being given booklets and counseling, there was a significant increase in the intervention group compared to

the control group.

Table 3. The difference in PSE Level Before and After Intervention

Group		Pretest	Posttest	p
Intervention	Low	5 (33,33%)	0 (0%)	0,001
	Moderately	10 (66,66%)	6 (40%)	
	High	0 (0,00%)	9 (60%)	
Control	Low	6 (40%)	5 (33,33%)	
	Moderately	9 (60%)	10 (66,66%)	
	High	0 (0%)	0 (0,00%)	

Table 3. There is a difference in PSE scores in the intervention group and control group. Most of the intervention group has a high score of 9 (60%) after being given a significant intervention ( $p < 0.05$ ).

## DISCUSSION

In this study, the provision of counseling and booklets conducted in the experimental group significantly increased PSE scores in the cognitive aspect. During the counseling process, with the provision of demonstrations, mothers were very enthusiastic about listening to information conveyed by officers. Respondents were allowed to ask questions and do independent practice using props. Based on The learning pyramid by Edgar Dale states that the absorption of material by only seeing is 30%, discussing 50%, and practicing again is 75%. The more senses are used, the better it will be to receive the material presented. Midwives can be a motivator by providing individual counseling for postpartum mothers. Providing counseling is proven to increase maternal knowledge. Individual provision of information is private, so the method is considered to make it easier for mothers to absorb information<sup>3</sup>.

Postpartum women are healthy and capable individuals but need support to carry out activities independently. Help in providing information on maternal needs through the right people will increase maternal confidence. Midwives can improve efficacy and influence positive behavior through successful experiences and valuable feedback<sup>8</sup>.

The postpartum emotional reaction factor is influenced by the type of delivery, especially SC postpartum. Suture wound trauma causes pain and anxiety for the mother. The discomfort makes the mother reluctant to do activities, so that these conditions can affect the wound-healing process and the recovery of body functions in the postpartum period.<sup>7</sup> The average PSE score before and after the intervention shows a significant change and can also improve emotional reactions. Providing support through SC postpartum counseling is proven to increase positive assessments of mothers. Readiness to learn and stable emotional conditions are one of the success factors. Changes in affective aspects can occur due to information with topics needed by postpartum mothers and the availability of interactive media so that mothers get enough support after giving birth to their babies<sup>7</sup>.

Providing counseling to the intervention group accompanied by demonstrations is an appropriate method in increasing the knowledge and skills of postpartum mothers, and increasing the mother's

confidence to perform primary care actions on herself and her baby at home so that it is helpful to reduce anxiety and concern about mistakes that might occur.<sup>8</sup>

In this study, counseling given to postpartum SC affected the increase in PSE. Counseling given to postpartum mothers is one of the efforts to prepare mothers to become parents in the transition period.<sup>9</sup> Physical and psychological preparation is important in achieving a successful role transition as a mother, especially for those who have given birth for the first time and experienced SC surgery. The transition process is successful if the mother can adapt and carry out the new role well, maintain a relationship with a partner, and form satisfaction with the child.<sup>10</sup> Experiences in this period are permanent. They can affect the development of children in the future, as well as subsequent pregnancies. The study's results stated that maternal knowledge, attitudes, and abilities would affect mothers' readiness, confidence, and ability to carry out their roles as parents<sup>11</sup>.

The increase in the intervention group's cognitive, affective, and skill aspects in this study shows that the PSE score in SC postpartum has increased. The intervention group emphasizes good relationships and interactions between midwives and clients. Assistance and empathy demonstrated by midwives as a form of persuasion can influence mothers to change positive behavior.<sup>4</sup> According to the postpartum study, it can be done by building a good relationship and meeting the client's needs individually.<sup>12</sup> The results of this study showed a change in the mean PSE score before and after being given statistically significant treatment  $p < 0.005$  and proven to increase the postpartum SC PSE score. The results of this study indicate that the provision of counseling and booklets can increase the mother's knowledge and confidence that she can cope with her pregnancy.

## CONCLUSION

Counseling and giving booklets affect increasing PSE knowledge in SC postpartum mothers. Providing PSE information through counseling and brochures in hospitals by midwives or nurses can be given to all postpartum mothers, especially new parents individually.

## REFERENCES

1. Gibbons L, Belizán JM, Lauer JA, Betrán AP, Meriáldi M, Althabe F. *The Global Numbers and Costs of Additionally Needed and Unnecessary Caesarean Sections Performed per Year: Overuse as a Barrier to Universal Coverage World Health Report (2010) Background Paper, 30 HEALTH SYSTEMS FINANCING.*
2. Pillitteri A. Maternal and Child Health Nursing- Care of the Childbearing and Childrearing Family. 2010;6.
3. Lata A. Self-Efficacy and Self-Constraint. *International Journal of Science and Research.* Published online 2018. doi:10.21275/20012005
4. Kari Coleman P. *Maternal Self-Efficacy Beliefs as Predictors of Parenting Competence and Toddlers' Emotional, Social, and Cognitive Development.* <https://researchrepository.wvu.edu/etd>
5. Porter CL, Hsu HC. First-time mothers' perceptions of efficacy during the transition to motherhood: Links to infant temperament. *Journal of Family Psychology.* 2003;17(1):54-64. doi:10.1037/0893-3200.17.1.54

6. Jones TL, Prinz RJ. Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clin Psychol Rev.* 2005;25(3):341-363. doi:10.1016/j.cpr.2004.12.004
7. Salonen AH, Kaunonen M, Åstedt-Kurki P, Järvenpää AL, Isoaho H, Tarkka MT. Parenting self-efficacy after childbirth. *J Adv Nurs.* 2009;65(11):2324-2336. doi:10.1111/j.1365-2648.2009.05113.x
8. Pender NJ, Oded Bar-Or M, Wilk B, Mitchell S. *Self-Efficacy and Perceived Exertion of Girls During Exercise Background: An Important National Goal in Healthy People.*
9. Mercer RT. Nursing support of the process of becoming a mother. *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing.* 2006;35(5):649-651. doi:10.1111/j.1552-6909.2006.00086.x
10. Elek SM, Hudson DB, Margaret RN, Fleck O. *Elek et al. / Fatigue During Transition To.* Vol 8.; 2002.
11. Weiss ME, Lokken L. Predictors and outcomes of postpartum mothers' perceptions of readiness for discharge after birth. *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing.* 2009;38(4):406-417. doi:10.1111/j.1552-6909.2009.01040.x
12. Ellsworth-Bowers ER, Corwin EJ. Nutrition and the psychoneuroimmunology of postpartum depression. *Nutr Res Rev.* 2012;25(1):180-192. doi:10.1017/S0954422412000091