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RESEARCH ARTICLE / *ARTIKEL PENELITIAN*

Maternal Self-Efficacy, Body Dissatisfaction, and Postpartum Depression in Indonesian Primiparas (*Maternal Self-Efficacy, Body Dissatisfaction, dan Postpartum Depression pada Primipara Indonesia*)

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ABSTRACT

The global prevalence of postpartum depression (PPD) has increased over the past two decades. The vast changes in the social and physical body are two crucial postpartum stressors in first-time mothers that may evoke depressive symptoms. This study aims to determine whether there is a significant effect of maternal self-efficacy (MSE) and body dissatisfaction (BD) towards PPD in primiparous mothers. The survey involved approximately 245 Indonesian primiparous mothers within the postpartum period of 0-12 months. Data was disclosed through PMP S-E, BSQ-8B, and EPDS. Regression analysis showed PPD was simultaneously ($R = 0,433$; $R^2 = 0,188$; $p = 0,00$) affected by MSE and BD by 18,8%. PPD was also partially affected by both variables, with BD contributing higher ($\beta = 0,167$; $p = 0,00$) than MSE ($\beta = -0,172$; $p = 0,00$). MSE and BD are predictors of PPD in Indonesian primiparous mothers.

Keywords: *body dissatisfaction, maternal self-efficacy, postpartum depression, primiparous mothers*

ABSTRAK

Prevalensi global *postpartum depression* (PPD) telah meningkat selama dua dekade terakhir. Perubahan besar nan cepat dari aspek sosial dan tubuh fisik merupakan dua pemicu stres *postpartum* krusial yang berpotensi menimbulkan gejala depresi bagi ibu primipara. Penelitian ini bertujuan untuk mengetahui apakah terdapat pengaruh yang signifikan antara *maternal self-efficacy* (MSE) dan *body dissatisfaction* (BD) terhadap PPD pada ibu primipara. Survei ini melibatkan 245 ibu primipara berdomisili di Indonesia dalam rentang fase *postpartum* dari 0-12 bulan. Data diungkapkan melalui PMP S-E, BSQ-8B, dan EPDS. Analisis regresi menunjukkan PPD secara simultan ($R= 0,433$; $R^2= 0,188$; $p= 0,00$) dipengaruhi oleh MSE dan BD sebesar 18,8%. PPD juga dipengaruhi secara parsial oleh kedua variabel, dengan kontribusi lebih tinggi dari BD ($\beta= 0,167$; $p= 0,00$) dibandingkan MSE ($\beta= -0,172$; $p= 0,00$). MSE dan BD merupakan prediktor PPD pada ibu primipara di Indonesia.

Kata kunci: *body dissatisfaction, ibu primipara, maternal self-efficacy, postpartum depression*

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INTRODUCTION

The birth of a child is a significant life event, especially for women who bear children for the first time or clinically known as primiparous mothers. The postpartum phase is a joyful and fulfilling life phase, yet it is full of crisis and vulnerabilities (Groer et al., 2002). It is known that this phase increases women's vulnerabilities toward mental health disorders (Vesga-López et al., 2008) and led them to experience twice the rate of depressive episodes compared to other life phases (Cox et al., 1993), known as postpartum depression. Approximately 53.4% of primiparous mothers experienced feelings of sadness compared to 36.2% of multiparous mothers and 22.2% primiparous mothers experienced depressive symptoms compared to 11.6% multiparous mothers (Martínez-Galiano et al., 2019). The previous study shows primiparous mothers were more prone to postpartum depression compared to multiparous mothers.

Postpartum depression (PPD) is a major depressive disorder with an onset at four weeks postpartum, six weeks postpartum, which can persist for up to one year postpartum (American Psychiatric Association, 2000; Beck, 2006) with clinical manifestations such as depressive mood, reduced excitement in nearly all activity, insomnia or hypersomnia, significant weight gain or loss, psychomotor retardation or agitation, loss of energy, feelings of worthlessness and excessive guilt, decreased self-confidence and self-esteem, difficulty concentrating, and suicidal ideation (American Psychiatric Association, 2000).

The interaction between depressive symptoms along with social roles and expectations of postpartum phase may elevate the magnitude of depression compared to experienced depression in other phases of life (e.g., increased guilt and self-isolation; undervaluing symptoms; not seeking professional help) (Andajani-Sutjahjo et al., 2007; Kauppi et al., 2012; O'Hara, 2009). It must be known that nearly 80% of postpartum women do not report depressive symptoms they experience (Halbreich & Karkun, 2006). Under-reported symptoms may lead to untreated depression which can last up to three years postpartum (Putnick et al., 2020) and even lead to suicidal behavior (World Health Organization, n.d.). In the long term, mothers with untreated depression have been found to be less able to show affection and responsiveness towards baby's cues. Bad interaction may lead to difficulty building good bond, decrease the quality of parenting practices as well as increase estranged behavior towards children, which then has a negative impact in the short term and long term on the child's cognitive, emotional, social, and physical development (Beck, 1998; Field, 2010).

Globally, the prevalence of postpartum depression was 13%, two decades later, it escalated towards 18% (Hahn-Holbrook et al., 2018; O'Hara & Swain, 1996). Reports show that prevalence in developing countries is higher, especially in Asia, including Indonesia, which ranged from 3.5-63.3% (Klainin & Arthur, 2009). A postpartum depression seminal research in Indonesia at three main Surabaya hospitals found an incidence of 22.35% from 434 postpartum mothers (Edwards et al., 2006). Putriarsih et al. (2017) found a postpartum depression incidence of 18.5% from 200 postpartum mothers in Sukoharjo, Nurbaeti et al. (2018) found an incidence rate of 19.88% from 144 postpartum mothers in Jakarta, while Rahmadhani & Laohasiriwong (2020) found an incidence rate of 60.58% from 520 postpartum mothers in Central Java. In short, these statistics show a constant significantly high incidence of postpartum

depression in several parts of Indonesia. Nevertheless, peripartum mental health systems still have not been well-prioritized in developing countries, including Indonesia (Pratiwi, 2019; Mukherjee et al., 2021; Schwank et al., 2019).

Mental health disorders during the peripartum period are crucial factors that increase complication risks, which may indirectly escalate Southeast Asia's Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Pratiwi, 2019). The MMR in Indonesia was found to have increased drastically by 57.45% from 2007 to 2012, which is certainly not in line with the reduction target set by the Indonesian officials (Surjaningrum et al., 2018). This reality is also contrary to the target of reducing MMR by 2030, which is part of achieving the objective of Sustainable Development Goals 3 (Good Health and Well-Being), namely the fulfilment of a healthy life for all people of all ages.

The postpartum phase is a stressful time (Osman et al., 2014). As it is a time of a life transition, with a high presence of ambiguity, and low controllability (Sarafino & Smith, 2011). Postpartum mothers are faced with different types of change – physical, emotional, psychological, and social change – which all happens simultaneously. Primiparous mothers oftentimes find it difficult to manage these challenges (Law et al., 2019). Hung (2007) found that there are typical excessive stressors that are only found in primiparous mothers, namely: (1) excessive concern about negative body changes which is closely related to body dissatisfaction and (2) excessive concern about the achievement of maternal roles (maternal role attainment) which is closely related to maternal-self efficacy. Both are important to help mothers adjust maximally in the postpartum period.

Drastic physical changes in postpartum body shape and size followed by the appearance of hyperpigmentation, stretch marks, and cellulites have the potential to disrupt the level of satisfaction with mother's body. The dramatic physical changes tend not to be desirable and are not easily achieved back in a short time even further oftentimes it stays permanent (Lewis, 2017; Rodriguez et al., 2019), making them an internal stressor that is often difficult for mothers to accept (Allison & Sarwer, 2016). This challenge may make mothers feel out of control and frustrated followed by feelings of hopelessness which leads to the emergence of depressive cognition.

Body dissatisfaction is a negative subjective evaluation of an individual's body related to the affective component of body image (Cash, 2012). Several studies have found that body dissatisfaction appears and increases during the one-year postpartum phase (Clark et al., 2009; Rallis et al., 2007; Stein et al., 1996). Apart from the internal stressors explained above, various types of external stressors contribute to inflating body dissatisfaction, such as the emphasis on aspects of retrieval of the pre-pregnant body and postpartum body pathologization through mass media for example by showing the unrealistic post-birth celebrity body or promoting breastfeeding to lose weight (Chae, 2014; Lovering et al., 2018) followed by treatment of body shaming or fat shaming by the mother's environment (Anggita, 2020; Baby & Kalamullathil, 2021). A survey conducted by Orami Parenting Indonesia in 2020 found that 8% of mothers often experience negative public stigma such as body shaming. Similarly, a study by Baby & Kalamullathil (2021)in Kerala, India found that 81,35% of postpartum mothers are fearful of being body-shamed and victims of body shaming. All the things above happen mostly due to the existence of thin-ideal internalization as well as stigmatization of heavier bodies due to its associations with moral failings by the society (Rodriguez et al., 2019). Whereby fat shaming, body shaming, and weight-related discrimination could predict the appearance of depressive symptoms to weight retention during the one-year postpartum phase (Brewis & Bruening, 2018; Rodríguez-Almagro et al., 2019). Several previous studies between body dissatisfaction and postpartum depression were more frequently conducted in Western and Middle Eastern countries (Green et al., 2006; Walker et al., 2002) with different findings yet less regularly conducted in Asia (Lee et al., 2015; Roomruangwong et al., 2017).

Based on the explanation above, it can be seen that the relationship between these two variables in Asian cultures, especially Southeast Asian countries such as Indonesia, is still poorly understood.

A study towards Indonesian primiparas have found mothers tend to feel confused, troubled, and not sure on how to be a 'good' mother (Afiyanti & Solberg, 2015). Mother's self-confidence is the emotional component of the maternal role (Mercer & Ferketich, 1995) and was found to be an integral aspect of achieving a maternal role (Lederman et al., 1989 in Fasanghari et al., 2019). The speed and successful transformation towards the achievement of maternal role and identity, self-determination in carrying out the maternal role, increased ability in becoming a mother, as well as being kept away from high distress or depressive symptoms are determined by the height of mother's self-belief (Flagler, 1990 in Hung, 2007; Mercer, 1986).

Maternal self-efficacy is defined as the mother's belief in her ability to organize and carry out various tasks related to childcare (De Montigny & Lacharité, 2005). First-time mothers often do not believe in their ability to carry out childcare tasks, which is partly understandable due to their inexperience. Though it is able to increase to the better by practice and time, but their potential to have a better MSE may be strongly hindered by the on-going sociocultural factors which still have not been solved well in society. One of them is through the mom shaming phenomenon, which is getting increasingly rampant with the existence of social media. They usually face criticism regarding child's discipline (70%), diet/nutrition (52%), sleep (46%), breast-vs-bottle-feeding (39%), safety (20%), and childcare (16%)(C.S. Mott Children's Hospital National Poll on Children's Health, 2017). In short, mom shaming occurs when an individual or a group of people criticize or abuse a mother for the way of parenting adopted by her (Bell, 2021). For example, a mother-in-law who abuses her daughter-in-law for not being able to fully breastfeed her child or a mother who criticizes her own friend for not holding her child in a special manner.

Indonesian child and adolescent psychologist, Samantha Elsener, explained that around 88% of millennial and gen Z mothers experience mom-shaming (Nayamenggala, 2022). Results of a survey by CNN Indonesia (2021) found that 54% of postpartum mothers experienced mom shaming from face-to-face and non-face-to-face chats, 38% experienced it from their closest relatives, and 11% from closest friends. It must be known that mom-shaming led to 42% of mothers to be unsure of their choices (C.S. Mott Children's Hospital National Poll on Children's Health, 2017). Therefore, this will have the potential to affect the formation of maternal self-efficacy, namely through the effects of poor verbal or social persuasion aspects. This aspect is known to be the second most important aspect in the process of establishing an adequate maternal self-efficacy. Low maternal self-efficacy is associated with an individual's level of resilience in the face of various difficulties, obstacles, and failures (Bandura, 1997) along with non-adaptive cognitive processes such as rumination or self-blame and other-blame (Márk-Ribiczey et al., 2016), which can lead to symptoms of depression. Previous recent studies have found that low maternal self-efficacy is correlated with symptoms of postpartum depression (Zheng et al., 2018) also studies with counteracting results as well (Lee et al., 2015; Mariana, 2016). These studies were mostly conducted in Western and East Asian countries. The inconsistencies of those studies along with not much study conducted within the Southeast Asia context, led the relationship between the variables to be still poorly understood in a holistic manner.

Most postpartum depression-related psychology studies in Indonesia have mainly focused on sociodemographic factors such as baby gender (Putriarsih et al., 2017; Rahmadhani & Laohasiriwong, 2020), parity, age, socioeconomic status, education level, occupation, and mode of birth (Estiningtyas & Cahyaningtyas, 2021; Febrianti et al., 2021; Putriarsih et al., 2017; Ria et al., 2018; Widarti et al., 2019); psychosocial factors focusing on social support (Nurmaulid et al., 2020), childcare stress, marital satisfaction, stressful life events (Nurbaeti et al., 2019), and psychological factors limited to self-esteem

(Wardani et al., 2021). There have only been two studies on maternal self-efficacy and PDD with contradictive results (Fitria et al., 2020; Mariana, 2016) as well as no studies available on body dissatisfaction and PDD available in Indonesia. Those variables have also never been analyzed simultaneously as possible precursor of postpartum depression in primiparous women though these factors are crucial stressors as explained above. In comparison to previous studies, this makes our study relevant and important to be undertaken.

By then, the various pieces of evidence presented above lead to the research question of "Does maternal self-efficacy and body dissatisfaction predict postpartum depression?". We hypothesized maternal self-efficacy and body dissatisfaction to be predictors of postpartum depression in Indonesian primiparous mothers.

METHOD

Research Design

This was an explanatory study with a cross-sectional survey. The quantitative study design was chosen in linear with the research objective which aims to assess the effects of two independent variables—maternal self-efficacy and body dissatisfaction—toward one dependent variable—postpartum depression.

Participants

The target population in this study were postpartum mothers. The inclusion criteria in this study were primiparous postpartum women (0 – 12 months), domiciled in Indonesia, and willing to participate in the study. This research has enforced ethical rules and safeguarded the rights of participants as our research is a part of an extensive study on postpartum depression that has obtained ethical approval from the Ethics Committee of the Faculty of Nursing, Universitas Airlangga Number 2335-KEPK. All participants were also given informed consent. The sampling technique chosen was purposive sampling, namely non-probability sampling. The sample size calculation was acquired through the *A priori power analysis* with a *medium effect size* (d = .15); *alpha* of .05; *power* of .80; and two predictors; which resulted in a minimum of 68 participants. This study collected a total of 245 primiparous mother participants with an age range of 20 – 41 (M_{age} = 26; SD_{age} = 2.333).

Measurement

PPD was operationalized through aspects of major depression symptoms which was dominated by anxiety, obsessive aggressive thinking, disturbed concentration and decision-making ability, and the presence of anxious anhedonia subtype or in short consisted of three aspects which cannot be separated, namely: general depressive symptoms, anxiety, and anhedonia (Syam et al., 2021). Postpartum depression was measured by Edinburgh Postnatal Depression Scale (EPDS) (Cox et al., 1987), which has been adapted into Bahasa Indonesia by the Department of Health Government of Western Australia (2003). EPDS has a total of 10 items comprised of 3 favorable and 7 unfavorable items constructed by a 4-Likert scale format ("Never" = 0; "Yes, oftentimes" = 4) with high reliability (α = .86). The theoretical score of the scale itself ranges from 0-30. The scoring process involves summing up scores of each item accordingly, whereby the higher the score implies the more 'possibly depressed' one is.

MSE was operationalized through four dimensions, namely: care taking procedures, evoking behaviors, reading behaviors, and situational beliefs. Maternal self-efficacy was measured by Perceived Maternal Parental Self-Efficacy (PMP S-E)(Barnes & Adamson-Macedo, 2007), which has been adapted into Bahasa Indonesia by (Fitria et al., 2020). PMP S-E has a total of 20 items comprised of all favorable ones constructed by a 4-Likert scale format ("Highly Disagree" = 0; "Highly Agree" = 4) with high reliability (α = .92). The theoretical score of the scale itself ranges from 0-80. The scoring process involves

summing up scores of each item accordingly, whereby the lower the score implies the lower ones' maternal self-efficacy is.

BD was operationalized through the experience of feeling fat which consisted of aspects such as: distressing preoccupation with weight and shape, embarrassment in public and avoidance of activity or exposure of the body due to self-consciousness, and excessive feelings of fatness after eating. Body dissatisfaction was measured by Body Shape Questionnaire-8B (BSQ-8B)(Cooper et al., 1987), which has been adapted to Bahasa Indonesia by Solikha (2015). BSQ-8B has a total of 8 items comprised of all favorable ones constructed by a 6-Likert scale format ("Never" = 1; "Always" = 6) with high reliability (α = .88). The theoretical score of the scale itself ranges from 8 – 48. The scoring process involves summing up scores of each item accordingly, whereby the higher the score implies the higher ones' 'marked concern with shape' (body dissatisfaction) is.

The classical assumption test was conducted by examining residual data normality distribution, linearity correlation between variables, absence of multicollinearity, and absence of heteroscedasticity. The normally distributed residual data assumptions of regression analysis test were met by examining the P-P Plot (Normal Probability Plot) of Regression Standardized Residual which shows that the residual value points tend to stick towards the diagonal line. The linearity assumptions were met as each independent variable and the dependent variable has a linearity significance value of p = .000 (p < .05) and linearity deviation of p = .451; p = .833 (p > .05). The multicollinearity absence assumptions were met as the value of *Tolerance* = .995 (Tolerance > .10) and value of Variance Inflation Factor = 1.005 (VIF < 10.00). The homoscedastic assumption was met as the points in the Scatterplot output of SRESID and ZPRED values are scattered randomly and do not form any pattern.

Data Analysis

Data analysis technique used in this study was multiple regression analysis by SPSS 23.0 for Windows to disclose the simultaneous and separate effects between the dependent and independent variables.

RESULTS

A total of 245 primiparous mothers participated with an age range of 20 – 41 (M_{age} = 26; SD_{age} = 2.333), education range from JHS to Master (JHS = 0.8%; HS = 7.6%; Diploma 1/2/3/4 = 9.6%; Bachelor = 70.8%; Master = 11.2%), and occupation status of housewives and working mothers (HW = 48.8%; WM = 51.2%). The proportion of mothers who gave birth to normal and caesarean section was quite balanced (N = 51.2%; C = 48.8%). Participants had Body Mass Index in the range of Thin II, Thin I, Normal, Fat I, and Fat II (T-II = 2.4%; T-I = 3.6%; N = 60.4%; F-I = 9.6%; F-II = 24.0%). Participants came from more than 21 provinces domiciled in Indonesia with the majority coming from big cities in Java (East Java = 28.8%; West Java = 26.4%; DKI Jakarta = 16.0%; Central Java = 5.2%; Banten = 4.8%; DI Yogyakarta = 3.6%; Others = 20%) (**see Table 1)**.

Table 1 also reported the categorization based on group norms for the maternal self-efficacy variable which shows 68.0% of the subjects had a moderate level of maternal self-efficacy. In the second position, 17.2% of the subjects had a low level of maternal self-efficacy. Then, as many as 14.8% of the subjects had a high level of maternal self-efficacy. For the body dissatisfaction variable, it was found that 56.0% of the subjects had a mild concern for the body shape or, in other words, experienced low levels of body dissatisfaction. Occupying the second-highest number, 22.4% of the subjects had a deep concern for the body shape or experienced high levels of body dissatisfaction. Then, 19.6% of the subjects experienced moderate concern for the body shape or experienced moderate body dissatisfaction. Only 2.0% of the subjects did not care about their body shape, or it could be said that they did not experience body dissatisfaction. As for the postpartum depression variable, it was found that 41.6% of the subjects were

classified as possibly depressed or, in other words, tended to have symptoms of postpartum depression that interfered with daily functioning and were advised to seek further professional help. Then, almost 40% of the subjects were classified as not depressed or only experienced mild distress symptoms that did not interfere with daily functioning. Then, as many as 18.4% of the subjects were classified as borderline depressed or experienced symptoms of distress that somewhat interfered with daily functioning (**see Table 1)**.

Table 1. Participant characteristics

Characteristics	Category	Frequency	Percentage
Age	20 – 35 years old	242	96.8%
	>35 years old	8	3.2%
Education	Junior High School	2	0.8%
	Senior High School	19	7.6%
	Diploma	24	9.6%
	Bachelor	177	70.8%
	Master	28	11.2%
Occupation	Housewives	122	48.8%
	Working Mothers	128	51.2%
Marriage Status	Married	249	99.6%
	Divorced	1	0.4%
Birth-process	Normal	128	51.2%
	Caesar	122	48.8%
BMI	Thin II (Severe) (BMI < 17,0)	6	2.4%
	Thin I (Mild) (BMI= 17,0 – 18,4)	9	3.6%
	Normal (BMI= 18,5 – 25,0)	151	60.4%
	Fat I (Mild) (BMI= 25,1 – 27,0)	24	9.6%
	Fat II (Severe) (BMI > 27,0)	60	24.0%
Age of the Baby	1-13 weeks	89	35.6%
	14-26 weeks	56	22.4%
	27-39 weeks	40	16.0%
	40-52 weeks	65	26.0%
Domicile	Sumatra	15	6.0%
	Bali	3	1.2%
	Java	212	84.8%
	Kalimantan	3	1.2%
	Riau Islands	2	0.8%
	West Nusa Tenggara	2	0.8%
	East Nusa Tenggara	2	0.8%
	Papua	3	1.2%
	Riau	1	0.4%
	Sulawesi	2	0.8%
	Others	5	2.0%
Postpartum Depression	Not depressed	100	40%
	Borderline depressed	46	18.4%
	Possibly depressed	104	41.6%
Body Dissatisfaction	No concern with shape	5	2.0%
	Concern with shape	140	56.0%
	Moderate concern with shape	49	19.6%

Maternal Self-Efficacy	Marked concern with shape	56	22.4%
	High MSE	37	14.8%
	Moderate MSE	170	68.0%
	Low MSE	43	17.2%

Table 2 shows there is a correlation between MSE and PPD as r value equals to -.351 < r table .138 and there is a correlation between BD and PPD as r value equals to .354 > r table .138.

Table 2. Zero Order Correlation Matrix Results

		1	2	3
1.	Maternal Self-Efficacy	1.00		
2.	Body Dissatisfaction	-.087	1.00	
3.	Postpartum Depression	-.351**	.354**	1.00

*p ≤ .05, **p ≤ .01, ***p ≤ .001

Table 3 shows there is a simultaneously significant moderate strength correlation (R= .433) and a significant effect (R^2= .188) between the dependent and independent variables of this research. Thus, it can be concluded that the variables of MSE and BD simultaneously have an effect of 18.8% on PPD.

Table 3. Model Summary of Multiple Linear Regression Analysis Test Results

R	R Square	Adjusted R Square	Std. Error of the Estimate
.433[a]	.188	.181	4.820

Table 4 shows that the regression significance test analysis identified through the F value is significant (p= 0.000). In other words, the lower the MSE and the higher the BD of the postpartum mother, the higher the tendency towards PPD to be experienced.

Table 4. ANOVA of Multiple Linear Regression Analysis Test Results

	Sum of Squares	df	Mean Square	F	Sig.
Regression	1297.849	2	648.924	27.927	.000[b]

Table 5 shows that the multiple linear regression test coefficients analysis identified through the partial t is each significant (p = .000; p = .000). The MSE variable obtained a negative t-count value (t = -4.59) meaning the lower the MSE, the higher the PPD. The BD variable obtained a positive t-count value (t = 5.55) meaning the higher the BD, the higher the PPD. In addition, when identified through the standard coefficient Beta value, BD (β = .32) had a unique contribution that was stronger than MSE (β = -.27) on PPD.

Table 5. Coefficient Model of Multiple Linear Regression Analysis Test Results

	Standardized Coefficients	
	Beta	t
Maternal Self-Efficacy	-.267**	-4.593
Body Dissatisfaction	.322**	5.547

*p ≤ .05, **p ≤ .01, ***p ≤ .001

DISCUSSION

Our study aims to prove the effects of maternal self-efficacy and body dissatisfaction on the emergence of postpartum depression in primiparous women of Indonesia. The hypothesis in our study is accepted. The results partially echo Hung's (2007) seminal research where postpartum stress related to concerns on negative body changes and concerns on maternal role attainment are reported to be simultaneously stronger in primiparas compared to multiparas in Southern Taiwan. According to Hung, the relevance on primiparas was due to sociocultural influences where fitness is of major focus in today's society as well as minimum skill and knowledge in mothering capability. Therefore, our study shows these two variables are still proven to be relevant in postpartum mental health problems of primiparous mothers despite the relatively long gap year difference of research time frame in a different cultural context.

Body dissatisfaction is found to have a higher contribution towards postpartum depression compared to maternal self-efficacy in our study. The results are similar with research on 306 primiparous one-week postpartum mothers in Korea, which discovered the variables of self-efficacy, body image, and family support to be simultaneously correlated with the tendency of postpartum depression. However, stepwise multiple regression test analysis showed body image and family support were the only main predictors of postpartum depression, excluding self-efficacy (Lee et al., 2015). These results which show how the effect of body image overrides self-efficacy may be due to how Korean women placed greater importance on physical appearance – slenderer – compared to other cultures (Kim & Lee, 2015). In addition, their used self-efficacy scale is also not specified towards maternal-related behavior which may weaken the effect towards postpartum depression (Bandura, 1997).

The higher degree of body dissatisfaction in our study may be determined from the participant's Body Mass Index, where 24.0% were in the category of Obesity (Weight) (BMI < 27.0) or Obesity. The significant number has the opportunity to support the role of its relevance to our research findings - higher BMI leads to higher tendency of body dissatisfaction and postpartum depression as well. Body dissatisfaction may also be a strong predictor of postpartum depression in our study due to the belief where postpartum body is often seen as not 'normal' or needs to be controlled and corrected as soon as possible (Hodgkinson et al., 2014), which is oftentimes unrealistic to do in a short amount of time though one has adopted healthy lifestyle (Lewis, 2017). This may lead to self-deprecation, feelings of inadequacy, fear of negative evaluation by others and lead them to be vulnerable towards depression (Silveira et al., 2015; Vannuci and Ohannessian, 2018 in Chan et al., 2020).

Research on primiparous mothers of various ethnicities found body dissatisfaction as the only predictor of depression in Canada (Sweeney & Fingerhut, 2013). In a similar vein, a recent longitudinal study by Chan et al. (2020) in China, found that body dissatisfaction was the main predictor of postpartum anxiety and depression, even after a hierarchical multiple regression analysis was carried out. So far, studies on the effect of body dissatisfaction on postpartum depression still tend to be dominated by Western contexts, such as white and black race or only specific ones. In East Asia, the research tends to have a small sample dominated by mothers with middle socioeconomic status (Hung, 2007; Lee et al., 2015). Thus, this study has contributed in filling the empirical gap by the finding that body dissatisfaction has a moderate strength correlation and significant effect on the emergence of postpartum depression symptoms in primiparous mother within the Indonesian context. Our study also fulfills Silveira et al. (2015) recommendation for a replication study of the relationship between these two variables.

Maternal self-efficacy is found to be a predictor of postpartum depression, though with a lower contribution than body dissatisfaction. The reason of the lower contribution may be due to how we examined maternal self-efficacy variable with an inclusion criteria ranging from 0 – 12 months of the whole postpartum period in a cross-sectional study. It is known maternal self-efficacy has the strongest

correlation and influence in the postpartum period of 3 weeks then 3 to 4 months (Law et al., 2019). It is in accordance with Bandura's aspects of self-efficacy formation, namely the enactive mastery experience aspect, that by practicing in the role of being a mother during these months, the mother is gradually more able to develop positive confidence in her ability to carry out her role as a mother. In the later months, the correlation and influence between these variables will decrease slowly, and postpartum depression becomes more predictable by other variables (Law et al., 2019; Zheng et al., 2018). Therefore, it is plausible why the contribution value of the effect is low, it is due to the relationship and effect between maternal self-efficacy and postpartum depression which partly depends on the stage of postpartum period which our study doesn't account to.

Our study resonates with research on postpartum mothers in Malang (Indonesia) which found maternal self-efficacy is able to mediate a negative correlation between perceived social support and postpartum depression – meaning a direct negative correlation between maternal self-efficacy and postpartum depression as well (Fitria et al., 2020). Furthermore, Mohammad et al. (2021)study on adolescent postpartum mothers in Arabia found low maternal self-efficacy to be one of the predictors of postpartum depression symptoms. Maternal self-efficacy becomes a predictor of postpartum depression in our study may be understood from Beck's theory of depression, where mothers who have low maternal self-efficacy indirectly have negative beliefs about themselves. Self-efficacy affects mood and performance by means of the individual being apathetic and reducing the level of initiation of behavior, low interest and persistence in carrying out roles, and feelings of worthlessness and inadequacy (Maddux & Meier, 1995). In addition, low maternal self-efficacy is associated with an individual's level of resilience in facing various difficulties, obstacles, and failures (Bandura, 1997) along with non-adaptive cognitive processes such as rumination or self-blame and other blame (Ribiczey et al., 2015), which can lead to depressive symptoms.

The low to moderate scores of maternal self-efficacy in our study may be due to being first-time mothers, which means there is less to no experience in mothering capabilities. Experience or in psychological terms known as enactive mastery experiences provides explicit evidence that one is truly capable of doing something and is considered the most influential source of maternal self-efficacy (Bandura, 1997). Other possible contributing factor may be due to Eastern culture tendencies to live in an extended family environment whereby mother-in-law are prone to dictate role and responsibilities (Al-Kloub et al., 2019 in Mohammad et al., 2021) resulting in negative verbal/social persuasions which is the second most important aspect in the formation of adequate maternal self-efficacy (Bandura, 1997). Overall, our research has contributed to showing that maternal self-efficacy is a dynamic variable that needs to be used in specific and focused contexts only.

The results of this study must be taken into account carefully, as it has several limitations such as: 1) cross-sectional study minimizes the ability to generalize findings, specifically within the postpartum period context; 2) uncontrolled sociodemographic and unstudied psychological variables may have interfered with the study results; 3) sample study was focused into a broad region instead of a narrow Indonesian region; 4) The data collection process which was done through an online medium may have affected the results.

CONCLUSIONS

Based on the results of data analysis and discussion in this study, it can be concluded that maternal self-efficacy and body dissatisfaction have a partial and simultaneous effect on depression in primiparous mothers in Indonesia. Body dissatisfaction is a strong predictor of depression, while the role of maternal self-efficacy still needs to be studied further due to its low contribution. The results of the study implicate the importance of giving appreciation to primiparous mothers for their role as mothers that

go beyond mere physical appearance so that the emotional atmosphere of the mother is not focused on appearance. The role in breastfeeding, the need for nutritional intake, and health are more important factors for a mother. Another implication is the need to build maternal self-efficacy in mothers, especially in the early months after giving birth. Psychoeducation about parenting, informative support, and appreciation for the mother's treatment of the baby needs to be a concern so that primiparous mothers feel confident in their actions to lessen their possibility of experiencing postpartum depression. Primiparous mothers in Indonesia can join the MotherHope community or support groups on social media such as @haloibuid. Future research topic may undertake replication study with more focus on the inclusive criteria such as postnatal primiparous mothers belonging to the low SES (income; education), at-risk age range, are in the extreme spectrum on Body Mass Index (very thin and very fat), has been divorced or experienced unplanned/out of marriage pregnancy, ethnic minorities, live with a nuclear or extended family, baby's sex, or active Instagram users. Further research using a positive psychology lens with protective factor variables such as maternal role satisfaction, maternal well-being, body appreciation, and body functionality is also recommended.

Maternal Self-Efficacy, *Body Dissatisfaction*, dan *Postpartum Depression* pada Primipara Indonesia

Kelahiran seorang anak merupakan peristiwa hidup besar, terutama bagi perempuan yang baru pertama kali memiliki anak atau juga dikenal dengan istilah primipara. Sebuah fase hidup yang menyenangkan dan memuaskan, namun juga penuh dengan krisis dan kerentanan (Groer dkk., 2002). Fase ini diketahui membuat perempuan rentan terhadap gangguan kesehatan mental (Vesga-López dkk., 2008) dan mengalami episode depresi dua kali lebih tinggi dibandingkan fase hidup lain (Cox dkk., 1993), yakni dipahami sebagai *postpartum depression*. Sekitar 53,4% ibu primipara mengalami perasaan sedih dibandingkan 36,2% ibu multipara dan 22,2% ibu primipara mengalami gejala depresi dibandingkan 11,6% ibu multipara (Martínez-Galiano dkk., 2019). Penelitian sebelumnya menunjukkan ibu primipara lebih rentan terhadap *postpartum depression* dibandingkan dengan ibu multipara.

Postpartum depression (PPD) diketahui sebagai gangguan depresi mayor dengan *onset* pada 4 minggu pascapersalinan, 6 minggu *postpartum*, dan tetap dapat terjadi hingga 1 tahun *postpartum* (American Psychiatric Association, 2000; Beck, 2006) dengan manifestasi klinis seperti *mood* depresif, berkurangnya kegembiraan pada hampir semua aktifitas, insomnia atau hipersomnia, peningkatan atau penurunan berat badan secara signifikan, keterbelakangan atau agitasi psikomotorik, kehilangan energi, perasaan tidak berharga dan rasa salah berlebih, menurunnya kepercayaan diri dan harga diri, kesulitan berkonsentrasi, serta ide bunuh diri (American Psychiatric Association, 2000).

Gejala depresif yang berinteraksi dengan segala ekspektasi sosial pada fase *postpartum* dapat menjadikan pengalaman depresi lebih intens dibandingkan depresi yang dialami pada fase kehidupan lainnya (misalnya, meningkatkan rasa bersalah dan isolasi diri; meremehkan gejala yang dialami; tidak mencari bantuan professional)(Andajani-Sutjahjo dkk., 2007; Kauppi dkk., 2012; O'Hara, 2009). Penting untuk diketahui bahwa hampir 80% perempuan *postpartum* tidak melaporkan gejala depresif yang dialaminya (Halbreich & Karkun, 2006). Gejala yang tidak dilaporkan dapat menyebabkan depresi tak tertangani yang dapat bertahan hingga tiga tahun pascamelahirkan (Putnick dkk., 2020) ataupun bahkan perilaku bunuh diri (World Health Organization, n.d.). Ibu dengan depresi tak tertangani ditemukan kurang mampu menunjukkan kasih sayang dan kurang responsif terhadap isyarat bayi. Interaksi yang buruk dapat menyebabkan sulitnya membangun ikatan yang baik, menurunkan kualitas pengasuhan serta meningkatkan perilaku terasing terhadap anak, yang kemudian berdampak negatif dalam jangka pendek dan panjang pada perkembangan kognitif, emosional, sosial, dan fisik anak (Beck, 1998; Field, 2010).

Secara global, prevalensi PDD diketahui sebesar 13%, dua dekade kemudian, persentase tersebut meningkat hingga 18% (Hahn-Holbrook dkk., 2018; O'Hara & Swain, 1996). Laporan menunjukkan prevalensi di negara berkembang lebih tinggi, sedangkan di Asia, termasuk Indonesia, berkisar antara 3.5-63.3% (Klainin & Arthur, 2009). Sebuah penelitian seminal di Indonesia pada tiga rumah sakit Surabaya mendapatkan angka kejadian PDD sebesar 22,35% dari 434 ibu pascamelahirkan (Edwards dkk., 2006). Putriarsih dkk. (2017) mendapatkan angka kejadian PDD sebesar 18,5% dari 200 ibu pascamelahirkan di Sukoharjo, Nurbaeti dkk. (2018) mendapatkan angka kejadian PDD sebesar 19,88% dari 144 ibu pascamelahirkan di Jakarta, sedangkan Rahmadhani & Laohasiriwong (2020) menemukan angka kejadian PDD sebesar 60,58% dari 520 ibu pascamelahirkan di Jawa Tengah. Secara singkat, elaborasi statistik tersebut menunjukkan tingginya insidensi PDD di beberapa wilayah Indonesia. Namun, sistem kesehatan mental peripartum masih belum dijadikan prioritas pada negara-negara berkembang, termasuk Indonesia (Pratiwi, 2019; Mukherjee dkk., 2021; Schwank dkk., 2019).

Gangguan kesehatan mental selama periode peripartum merupakan salah faktor krusial yang meningkatkan risiko komplikasi, yang secara tidak langsung dapat meningkatan Angka Kematian Ibu

(AKI) and Angka Kematian Bayi (AKB) di Asia Tenggara pula)(Pratiwi, 2019). AKI-B di Indonesia ditemukan meningkat secara drastis yakni sebesar 57,45% dari tahun 2007 hingga 2012, yang mana tidak selaras dengan target penurunan yang ditetapkan oleh negara (Surjaningrum dkk., 2018). Realita ini bertolak belakang dari target penurunan AKI-B pada tahun 2030 yang merupakan bagian dari proses pencapaian objektif *Sustainable Developmental Goals* 3 (*Good Health and Well-Being*) yaitu pemenuhan kehidupan sehat bagi semua penduduk seluruh usia.

Fase *postpartum* merupakan masa yang *stressful* (Osman dkk., 2014). Hal ini dikarenakan fase ini merupakan masa transisi kehidupan, dengan kehadiran ambiguitas yang tinggi, dan kemampuan kontrol yang rendah pula (Sarafino & Smith, 2011). Ibu *postpartum* dihadapkan pada berbagai jenis perubahan – fisik, emosional, psikologis, dan sosial – yang mana semuanya terjadi secara simultan. Ibu primipara seringkali merasa kesulitan dalam menghadapi tantangan ini (Law dkk., 2019). Hung (2007) menemukan adanya stresor khas yang hanya ditemui pada ibu primipara yakni: (1) keprihatinan berlebih terhadap perubahan tubuh yang negatif (*negative concerns over body changes*) yang erat kaitannya dengan *body dissatisfaction* dan (2) kekhawatiran berlebih terhadap pencapaian peran maternal (*maternal role attainment*) yang erat kaitannya dengan *maternal-self efficacy*. Keduanya penting agar ibu dapat menyesuaikan diri secara maksimal selama fase *postpartum*.

Perubahan fisik drastis pada bentuk dan ukuran tubuh *postpartum* yang diikuti dengan munculnya hiperpigmentasi, *stretch mark*, dan selulit berpotensi menganggu tingkat kepuasan terhadap tubuh ibu. Perubahan fisik yang dramatis cenderung tidak diinginkan dan tidak mudah dicapai kembali layaknya tubuh semula dalam waktu singkat bahkan seringkali tetap permanen (Lewis, 2017; Rodriguez dkk., 2019), menjadikannya stresor internal yang seringkali menyulitkan untuk diterima para ibu (Allison & Sarwer, 2016). Tantangan ini dapat membuat ibu merasa lepas kendali dan frustasi yang diikuti dengan perasaan putus asa yang berujung pada munculnya kognisi depresif.

Body dissatisfaction merupakan evaluasi subjektif negatif terhadap tubuh individu yang terkait dengan komponen afektif *body image* (Cash, 2012). Beberapa penelitian mendapatkan bahwa *body dissatisfaction* muncul dan terus meningkat selama satu tahun fase *postpartum* (Clark dkk., 2009; Rallis dkk., 2007; Stein dkk., 1996). Selain dari stresor internal yang telah dijelaskan di atas, berbagai jenis stresor eksternal ikut berkontribusi dalam memicu *body dissatisfaction*, yakni seperti penekanan pada aspek pengembalian tubuh layaknya pra-kehamilan dan patologisasi tubuh *postpartum* melalui media massa (misalnya, menampilkan tubuh *postpartum* selebritis yang tidak realistis atau mempromosikan menyusui untuk menurunkan berat badan)(Chae, 2014; Lovering dkk., 2018) diikuti dengan perlakuan *body shaming* atau *fat shaming* oleh lingkungan ibu (Anggita, 2020; Baby & Kalamullathil, 2021). Survei yang dilakukan oleh Orami Parenting Indonesia pada tahun 2020 menemukan bahwa 8% ibu sering mengalami stigma negatif di masyarakat seperti *body shaming*. Demikian pula dengan penelitian Baby & Kalamullathil (2021) di Kerala, India menemukan bahwa 81,35% ibu postpartum takut mengalami *body shaming* dan telah menjadi korban *body shaming*. Seluruh hal diatas sebagian besar terjadi karena adanya *thin-idealized internalization* serta stigmatisasi terhadap tubuh lebih berat yang erat kaitannya dengan *moral failing* oleh masyarakat (Rodriguez dkk., 2019). *Fat shaming, body shaming,* dan *weight-related discrimination* dapat memprediksi munculnya gejala depresi hingga retensi berat badan selama satu tahun fase *postpartum* (Brewis & Bruening, 2018; Rodríguez-Almagro dkk., 2019). Beberapa penelitian sebelumnya terkait *body dissatisfaction* dan *postpartum depression* lebih sering dilakukan di negara-negara Barat dan Timur Tengah (Green dkk., 2006; Walker dkk., 2002) dengan temuan yang berbeda-beda pula, juga lebih jarang dilakukan di Asia (Lee dkk., 2015; Roomruangwong dkk., 2017). Berdasarkan penjelasan di atas, terlihat bahwa hubungan kedua variabel tersebut dalam budaya Asia, khususnya negara Asia Tenggara seperti Indonesia, masih kurang dapat dipahami.

Sebuah studi terhadap primipara di Indonesia menemukan ibu cenderung merasa bingung dan tidak yakin akan bagaimana menjadi ibu yang 'baik' (Afiyanti & Solberg, 2015). Kepercayaan diri ibu merupakan komponen emosional dari peran maternal (Mercer & Ferketich, 1995) dan ditemukan sebagai aspek integral untuk mencapai peran maternal (Lederman dkk., 1989 dalam Fasanghari dkk., 2019). Kecepatan dan keberhasilan menuju tercapainya peran dan identitas maternal, keteguhan diri dalam menjalankan peran maternal, serta dijauhkannya dari gejala distres atau depresi ditentukan oleh tingkat kepercayaan diri ibu (Flagler, 1990 dalam Hung, 2007; Mercer, 1986).

Maternal self-efficacy dapat dipahami sebagai keyakinan ibu akan kemampuannya dalam mengorganisasikan serta melaksanakan berbagai tugas yang berhubungan dengan pengasuhan anak (De Montigny & Lacharité, 2005). Ibu primipara seringkali tidak percaya akan kemampuan dirinya dalam mengasuh anak, hal ini dapat dipahami akibat minimnya pengalaman mereka dalam hal tersebut. Meskipun kepercayaan akan kemampuan pengasuhannya dapat meningkat seiring berjalannya waktu dan latihan, potensi dapat terhambat oleh faktor sosiokultural yang semakin marak terjadi dan belum terselesaikan dengan baik dalam masyarakat. Salah satunya yakni fenomena *mom shaming* yang semakin merajalela dengan adanya media sosial. Mereka biasanya menghadapi kritik terkait disiplin anak (70%), diet/nutrisi (52%), tidur (46%), pemberian ASI vs botol (39%), keamanan (20%), dan pengasuhan anak (16%) (C.S. Mott Children's Hospital National Poll on Children's Health, 2017). Singkatnya, *mom shaming* terjadi ketika seseorang atau sekelompok orang mengkritik atau melecehkan seorang ibu atas cara pengasuhan yang dianut olehnya (Bell, 2021)(misalnya, ibu mertua yang melecehkan menantu perempuannya karena tidak bisa menyusui sepenuhnya atau ibu lain yang mengkritik temannya sendiri karena tidak menggendong anaknya dengan cara yang dianggapnya benar).

Psikolog anak dan remaja Indonesia, Samantha Elsener menjelaskan bahwa 88% ibu milenial dan generasi Z mengalami *mom-shaming* (Nayamenggala, 2022). Hasil survei oleh CNN Indonesia (2021) mendapatkan bahwa 54% ibu pascamelahirkan mengalami mom shaming dari obrolan tatap muka maupun non-tatap muka, 38% mengalaminya dari saudara terdekat, serta 11% dari rekan terdekat. Penting untuk diketahui bahwa *mom-shaming* menyebabkan 42% ibu tidak yakin dengan pilihan mereka (C.S. Mott Children's Hospital National Poll on Children's Health, 2017). Hal ini akan sangat berpotensi memengaruhi pembentukkan *maternal self-efficacy*, yakni melalui aspek verbal atau *social persuasions* yang buruk. Aspek tersebut diketahui sebagai aspek kedua paling penting dalam proses pembentukkan *maternal self-efficacy* yang memadai pula. Rendahnya *maternal self-efficacy* berkaitan erat dengan tingkat resiliensi individu dalam menghadapi berbagai kesulitan, hambatan, dan kegagalan (Bandura, 1997) beserta dengan proses kognitif non-adaptif seperti ruminasi atau *self-blame* dan *other-blame* (Márk-Ribiczey dkk., 2016), yang dapat mengantarkan menuju gejala-gejala depresi. Beberapa penelitian terdahulu menemukan bahwa rendahnya *maternal self-efficacy* berkorelasi dengan gejala-gejala PDD (Zheng dkk., 2018) beserta hasil penelitian yang bertolak belakang pula (Lee dkk., 2015; Mariana, 2016). Sebagian besar penelitian tersebut dilaksanakan di negara-negara Barat dan Asia Timur. Ketidakkonsistenan pada penelitian-penelitian tersebut serta minimnya riset yang dilakukan dalam konteks Asia Tenggara, menyebabkan hubungan antar variabel masih kurang dapat dipahami secara holistik.

Sebagian besar studi terkait dengan *postpartum depression* di Indonesia terutama berfokus pada faktor sosiodemografi seperti jenis kelamin bayi (Putriarsih dkk., 2017; Rahmadhani & Laohasiriwong, 2020), paritas, usia, status sosiekonomi, tingkat pendidikan, pekerjaan, dan proses melahirkan (Estiningtyas & Cahyaningtyas, 2021; Febrianti dkk., 2021; Putriarsih dkk., 2017; Ria dkk., 2018; Widarti dkk., 2019), faktor psikososial berfokus pada dukungan sosial (Nurmaulid dkk., 2020), stres pengasuhan anak, kepuasan pernikahan, *stressful life events* (Nurbaeti dkk., 2019); dan faktor psikologis yang hanya terbatas pada harga diri (Wardani dkk., 2021). Hanya terdapat dua penelitian mengenai *maternal self-*

efficacy dan *postpartum depression* dengan hasil yang kontradiktif (Fitria dkk., 2020; Mariana, 2016) serta tidak ada penelitian mengenai *body dissatisfaction* dan *postpartum depression* yang tersedia di Indonesia. Kedua variabel tersebut juga belum pernah dianalisis secara simultan sebagai prekursor *postpartum depression* pada ibu primipara meskipun faktor-faktor tersebut merupakan stresor krusial seperti yang telah dijelaskan di atas. Apabila dibandingkan dengan penelitian sebelumnya, hal ini membuat penelitian kami relevan dan penting untuk dilakukan.

Maka dari itu, berbagai bukti yang disajikan di atas mengarah pada pertanyaan penelitian "Apakah *maternal self-efficacy* dan *body dissatisfaction* memprediksi *postpartum depression*?". Kami berhipotesis *maternal self-efficacy* dan *body dissatisfaction* menjadi prediktor *postpartum depression* pada ibu primipara di Indonesia.

METODE

Desain Penelitian

Penelitian ini merupakan *explanatory study* yang menggunakan pendekatan survei *cross-sectional.* Rancangan studi kuantitatif dipilih sesuai dengan tujuan penelitian, yakni untuk menguji pengaruh dua variabel independen—*maternal self-efficacy* dan *body dissatisfaction*—terhadap satu variabel dependen—*postpartum depression*.

Partisipan

Populasi target dalam penelitian ini adalah ibu *postpartum*. Kriteria inklusi dalam penelitian ini adalah ibu *postpartum* primipara (0 – 12 bulan), berdomisili di Indonesia, dan bersedia berpartisipasi dalam penelitian. Penelitian ini telah menegakkan aturan etik dan menjaga hak-hak partisipan karena penelitian kami merupakan bagian dari penelitian besar mengenai *postpartum depression* yang mendapatkan izin etik dari Komite Etik Fakultas Keperawatan Universitas Airlangga Nomor 2335-KEPK. Semua peserta juga telah diberikan *informed consent*. Teknik pengambilan sampel yang dipilih adalah *purposive sampling* yaitu *non-probability sampling*. Perhitungan ukuran sampel diperoleh melalui *A priori power analysis* dengan *medium effect size* (d = 0,15); *alpha* 0,05; *power* 0,80; dan dua prediktor; yang menghasilkan minimal 68 responden. Penelitian ini mengumpulkan total 245 partisipan ibu primipara dengan rentang usia 20 – 41 (M_{usia} = 26; SD_{usia} = 2,333).

Pengukuran

PPD dioperasionalkan melalui aspek-aspek gejala depresi mayor yang didominasi oleh kecemasan, pemikiran obsesif agresif, gangguan konsentrasi dan kemampuan mengambil keputusan, dan subtipe anhedonia cemas atau singkatnya terdiri dari tiga aspek yang tidak dapat dipisahkan, yaitu: gejala depresi umum, kecemasan, dan anhedonia (Syam dkk., 2021). *Postpartum depression* diukur menggunakan Edinburgh Postnatal Depression Scale (EPDS) (Cox dkk., 1987), yang telah diadaptasi dalam Bahasa Indonesia oleh *Department of Health Government of Western Australia* (2003). EPDS memiliki total 10 aitem yang terdiri 3 aitem *favorable* dan 7 aitem *unfavorable* dalam bentuk skala Likert dengan 4 (empat) pilihan jawaban ("Tidak Pernah" = 0; "Ya, cukup sering" = 4) dengan reliabilitas terpakai yang tinggi (α = 0,86). Skor teoretis dari skala tersebut berkisar antara 0 – 30. Proses skoring melibatkan penjumlahan skor dari setiap aitem, di mana semakin tinggi skor menyiratkan semakin tinggi '*possibly depressed*' seseorang.

MSE dioperasionalkan melalui empat dimensi, yaitu: *care taking procedures*, *evoking behaviors*, *reading behaviors/signaling*, dan *situational beliefs*. Maternal self-efficacy diukur menggunakan Percived Maternal Parental Self-Efficacy (PMP S-E)(Barnes & Adamson-Macedo, 2007), yang telah diadaptasi dalam Bahasa Indonesia oleh Fitria dkk. (2020). PMP S-E memiliki total 20 aitem *favorable* disusun dalam bentuk skala Likert dengan 4 (empat) pilihan jawaban ("Sangat Tidak Setuju" = 1; "Sangat Setuju"

= 4) dengan reliabilitas terpakai yang sangat tinggi (α = 0,92). Skor teoretis dari skala tersebut berkisar antara 0 – 80. Proses skoring melibatkan penjumlah skor dari setiap aitem, di mana semakin rendah skor menyiratkan semakin rendah *maternal self-efficacy* seseorang.

BD dioperasionalkan melalui *experience of feeling fat* yang teridiri dari aspek-aspek seperti: *distressing preoccupation with weight and shape*, *embarrassment in public and avoidance of activity or exposure of the body due to self-consciousness*, dan *excessive feelings of fatness after eating*. Body dissatisfaction diukur menggunakan Body Shape Questionnaire-8B (BSQ-8B) (Cooper dkk., 1987), yang telah diadaptasi dalam Bahasa Indonesia oleh Solikha (2015). BSQ-8B memiliki total 8 aitem yang terdiri dari 8 aitem *favorable* disusun dalam bentuk skala Likert dengan 6 (enam) pilihan jawaban ("Tidak Pernah" = 1; "Selalu" = 6) dengan reliabilitas terpakai yang tinggi (α = 0,88). Skor teoretis dari skala tersebut berkisar antara 8 – 48. Proses skoring melibatkan penjumlahan skor dari setiap aitem, di mana semakin tinggi skor menyiratkan semakin tinggi '*marked concern with shape*' (*body dissatisfaction*) seseorang.

Uji asumsi klasik dilakukan dengan menguji normalitas distribusi nilai residual, linearitas antar variabel, tidak adanya multikolinearitas, dan tidak adanya hereoskedastisitas. Asumsi data residual yang berdistribusi normal dipenuhi dengan menguji *P-P Plot (Normal Probability Plot) of Regression Standardized Residual* yang menunjukkan bahwa titik-titik nilai residual cenderung menempel pada garis diagonal. Asumsi linieritas terpenuhi karena masing-masing variabel bebas dan terikat memiliki nilai signifikasi linieritas p = 0,000 (p < 0,05) dan deviasi linieritas p = 0,451; p = 0,833 (p > 0,05). Asumsi ketiadaan multikolinieritas terpenuhi dengan nilai Tolerance = 0,995 (Tolerance > 0,10) dan nilai Variance Inflation Factor = 1,005 (VIF < 10,00). Asumsi homoskedastik terpenuhi karena titik-titik pada output Scatterplot dari nilai SRESID dan ZPRED tersebar secara acak dan tidak membentuk pola apapun.

Analisis Data

Teknik analisis data yang digunakan dalam penelitian ini adalah analisis regresi berganda dengan SPSS 23.0 for Windows untuk mengetahui pengaruh simultan dan terpisah antara variabel dependen dan independen.

HASIL PENELITIAN

Dua ratus empat puluh lima (245) ibu primipara berpartisipasi dengan rentang usia 20 – 41 (M_{usia} = 26; SD_{usia} = 2,333), rentang pendidikan SMP – S2 (SMP = 0,8%; SMA = 7,6%; D1/2/3/4 = 9,6%; S1 = 70,8%; S2 = 11,2%), dan status pekerjaan ibu rumah tangga dan ibu bekerja (IRT = 48,8%; IB = 51,2%). Proporsi ibu melahirkan Normal dan Caesar cukup seimbang (N = 51,2%; C = 48,8%). Partisipan memiliki Indeks Massa Tubuh pada rentang Kurus II, Kurus I, Normal, Gemuk I, dan Gemuk II (K-II = 2,4%; K-I = 3,6%; N = 60,4%; G-I = 9,6%; G-II = 24,0%). Partisipan berasal lebih dari 21 provinsi berdomisili di Indonesia dengan mayoritas berasal dari kota-kota besar di Pulau Jawa (Jawa Timur = 28,8%; Jawa Barat = 26,4%; DKI Jakarta = 16,0%; Jawa Tengah = 5,2%; Banten = 4,8%; DI Yogyakarta = 3,6%; Lainnya = 20%) **(lihat Tabel 1)**.

Tabel 1 juga menjelaskan kategorisasi berdasarkan norma kelompok untuk variabel *maternal self-efficacy* menunjukkan bahwa 68,0% subjek memiliki tingkat *maternal self-efficacy* dengan kategori menengah. Pada posisi kedua, sekitar 17,2% dari subjek memiliki tingkat *maternal self-efficacy* dengan kategori rendah. Lalu, sebanyak 14,8% dari subjek memiliki tingkat *maternal self-efficacy* dengan kategori tinggi. Untuk variabel *body dissatisfaction* didapatkan bahwa 56,0% subjek memiliki kepedulian yang ringan terhadap bentuk tubuh atau dengan kata lain mengalami ketidakpuasan tubuh dalam kadar rendah. Menempati nomor dua tertinggi, sebesar 22,4% subjek memiliki kepedulian yang tinggi terhadap bentuk tubuh atau mengalami ketidakpuasan tubuh dalam kadar tinggi. Lalu, sebesar 19,6% subjek mengalami kepedulian yang sedang terhadap bentuk tubuh atau mengalami ketidakpuasan tubuh pada kadar menengah. Hanya sebesar 2,0% subjek yang tidak peduli terhadap

bentuk tubuhnya atau dapat dikatakan tidak mengalami ketidakpuasan tubuh. Sedangkan untuk variabel *postpartum depression* cenderung memenuhi gejala-gejala depresi pascamelahirkan yang menganggu keberfungsian sehari-hari dan disarankan mencari bantuan profesional lebih lanjut. Kemudian, hampir 40% dari subjek terklasifikasi sebagai *not depressed* atau hanya mengalami gejala distres ringan yang tidak menganggu keberfungsian sehari-hari. Lalu, sebanyak 18,4% subjek diketahui terklasifikasi sebagai *borderline depressed* atau mengalami gejala distres yang agak menganggu keberfungsian sehari-hari **(lihat Tabel 1)**.

Tabel 1. Karakteristik partisipan

Karakteristik	Kategori	Frekuensi	Persentase
Usia	20 – 35 tahun	242	96,8%
	>35 tahun	8	3,2%
Pendidikan	SMP/Setara	2	0,8%
	SMA/K/Setara	19	7,6%
	D1/2/3/4	24	9,6%
	S1	177	70,8%
	S2	28	11,2%
Status Pekerjaan	Ibu Rumah Tangga	122	48,8%
	Ibu Bekerja	128	51,2%
Status Pernikahan	Menikah	249	99,6%
	Cerai	1	0,4%
Proses Melahirkan	Normal	128	51,2%
	Caesar	122	48,8%
Indeks Massa Tubuh (IMT)	Kurus II (Berat) (IMT < 17,0)	6	2,4%
	Kurus I (Ringan) (IMT= 17,0 – 18,4)	9	3,6%
	Normal (IMT= 18,5 – 25,0)	151	60,4%
	Gemuk I (Ringan) (IMT= 25,1 – 27,0)	24	9,6%
	Gemuk II (Berat) (BMI > 27,0)	60	24,0%
Usia Bayi	1 – 13 minggu	89	35,6%
	14 – 26 minggu	56	22,4%
	27 – 39 minggu	40	16,0%
	40 – 52 minggu	65	26,0%
Domisili	Sumatra	15	6,0%
	Bali	3	1,2%
	Jawa	212	84,8%
	Kalimantan	3	1,2%
	Kepulauan Riau	2	0,8%
	Nusa Tenggara Barat	2	0,8%
	Nusa Tenggara Timur	2	0,8%
	Papua	3	1,2%
	Riau	1	0,4%
	Sulawesi	2	0,8%
	Lainnya	5	2,0%
Postpartum Depression	*Not depressed*	100	40%
	Borderline depressed	46	18,4%
	Possibly depressed	104	41,6%
Body Dissatisfaction	*No concern with shape*	5	2,0%
	Concern with shape	140	56,0%

	Moderate concern with shape	49	19,6%
Maternal	*Marked concern with shape*	56	22,4%
Self-Efficacy	MSE tinggi	37	14,8%
	MSE netral	170	68,0%
	MSE rendah	43	17,2%

Tabel 2 menunjukkan adanya korelasi antara MSE dan PPD dengan nilai r sebesar -0,351 < r table 0.138 dan terdapat korelasi antara BD dan PPD dengan nilai r sebesar 0,354 > r tabel 0,138.

Tabel 2. Hasil *Zero Order Correlation Matrix*

		1	2	3
1.	*Maternal Self-Efficacy*	1,00		
2.	*Body Dissatisfaction*	-0,087	1,00	
3.	*Postpartum Depression*	-0,351**	0,354**	1,00

*p ≤ 0,05, **p ≤ 0,01, ***p ≤ 0,001

Tabel 3 menunjukkan adanya korelasi kekuatan sedang yang signifikan secara simultan (R= 0,433) dan pengaruh yang signifikan (R^2= 0,188) antara variabel dependen dan independent penelitian ini. Dengan demikian dapat disimpulkan bahwa variabel MSE dan BD secara simultan berpengaruh sebesar 18,8% terhadap PPD.

Tabel 3. Hasil *Model Summary of Multiple Linear Regression Analysis Test*

R	R Square	Adjusted R Square	Std. Error of the Estimate
0,433[a]	0,188	0,181	4,820

Tabel 4 menunjukkan bahwa analisis uji signifikansi regresi yang diidentifikasi melalui nilai F adalah signifikan (p= 0,000). Dengan kata lain, semakin rendah MSE dan semakin tinggi BD ibu *postpartum* primipara, semakin tinggi kecenderungan PPD yang dialami.

Tabel 4. Hasil *ANOVA of Multiple Linear Regression Analysis Test*

	Sum of Squares	df	Mean Square	F	Sig.
Regression	1297,849	2	648,924	27,927	0,000[b]

Tabel 5 menunjukkan bahwa analisis koefisien uji regresi linier berganda yang diidentifikasi melalui t parsial adalah masing-masing signifikan (p= 0,000; p= 0,000). Variabel MSE memperoleh nilai t hitung negatif (t= -4,59) artinya semakin rendah MSE, semakin tinggi PPD. Variabel BD memperoleh nilai t hitung positif (t= 5,55) artinya semakin tinggi BD, semakin tinggi PPD. Selain itu, ketika diidentifikasi melalui nilai koefisien standar Beta, BD (β =0,32) memiliki kontribusi unik yang lebih kuat dibandingkan MSE (β = -0,27) terhadap PPD.

Tabel 5. Hasil *Coefficient Model of Multiple Linear Regression Analysis Test*

	Standardized Coefficients	
	Beta	t
Maternal Self-Efficacy	-0,267**	-4,593
Body Dissatisfaction	0,322**	5,547

*p ≤ 0,05, **p ≤ 0,01, ***p ≤ 0,001

DISKUSI

Penelitian kami bertujuan untuk membuktikan pengaruh *maternal self-efficacy* dan *body dissatisfaction* terhadap kecenderungan *postpartum depression* pada ibu primipara di Indonesia. Hipotesis dalam penelitian ini diterima. Hasil penelitian ini secara parsial mereplikasi temuan dalam penelitian seminal Hung (2007) di mana stres *postpartum* terkait dengan keprihatinan berlebih terhadap perubahan tubuh yang negatif (*negative concerns over body changes*) dan kekhawatiran berlebih terhadap pencapaian peran maternal (*maternal role attainment*) dilaporkan secara bersamaan lebih kuat pada primipara dibandingkan multipara di Taiwan Selatan. Menurut Hung, relevansi terhadap primipara ini disebabkan oleh pengaruh sosiokultural di mana *fitness* merupakan fokus utama dalam masyarakat saat ini serta keterampilan dan pengetahuan yang minim dalam kemampuan menjadi ibu. Oleh karena itu, penelitian kami menunjukkan bahwa kedua variabel ini masih terbukti relevan dalam permasalahan kesehatan mental *postpartum* ibu primipara meskipun dengan adanya perbedaan rentang waktu penelitian yang relatif lama dan konteks budaya yang berbeda pula.

Body dissatisfaction ditemukan memiliki kontribusi lebih besar terhadap *postpartum depression* dibandingkan dengan maternal *self-efficacy*. Hasil penelitian ini sejalan dengan penelitian terhadap 306 ibu primipara 1 minggu postpartum di Korea yang mendapatkan bahwa variabel *self-efficacy*, *body image*, dan *family support* secara simultan berkorelasi dengan kecenderungan *postpartum depression*. Namun, hasil *stepwise multiple regression* menemukan hanya variabel *body image* dan *family support* yang menjadi prediktor *postpartum depression* (Lee dkk., 2015). Hasil tersebut dapat dikarenakan bagaimana perempuan Korea lebih mementingkan penampilan fisik—lebih ramping—dibandingkan dengan budaya lain (Kim & Lee, 2015). Selain itu, skala *self-efficacy* yang mereka gunakan juga tidak spesifik terhadap perilaku maternal, yang mana hal ini dapat melemahkan pengaruhnya terhadap *postpartum depression* (Bandura, 1997).

Derajat *body dissatisfaction* dalam penelitian ini ditentukan dari Indeks Massa Tubuh di mana 24,0% partisipan berada dalam kategori Gemuk (Berat) (IMT < 27,0) atau Obesitas. Jumlah yang cukup signifikan ini berpeluang mendukung peran relevansinya dengan temuan penelitian kami – IMT yang lebih tinggi mengarah pada *body dissatisfaction* dan *postpartum depression* yang lebih tinggi pula. *Body dissatisfaction* juga dapat menjadi prediktor kuat *postpartum depression* dalam penelitian kami karena adanya kepercayaan bahwa tubuh *postpartum* sering terlihat tidak 'normal' atau perlu diperbaiki sesegera mungkin (Hodgkinson dkk., 2014), yakni seringkali tidak realistis untuk dilakukan dalam waktu singkat meskipun seseorang telah mengadopsi gaya hidup sehat (Lewis, 2017). Hal ini dapat menyebabkan sikap mencela diri, perasaan tidak mampu, rasa takut akan evaluasi negatif oleh orang lain dan membuat mereka rentan terhadap depresi (Silveira dkk., 2015; Vannuci and Ohannessian, 2018 dalam Chan dkk., 2020).

Penelitian terhadap ibu primipara dari berbagai etnis menemukan *body dissatisfaction* sebagai satu-satunya prediktor depresi di Kanada (Sweeney & Fingerhut, 2013). Senada dengan penelitian sebelumnya, studi longitudinal terbaru oleh Chan dkk. (2020) di Cina, menemukan bahwa *body dissatisfaction* merupakan prediktor utama *postpartum anxiety* dan *postpartum depression*, bahkan setelah dilakukan *hierarchical multiple regression analysis*. Hingga dewasa ini, kajian mengenai pengaruh *body dissatisfaction* masih cenderung didominasi oleh konteks Barat, seperti ras kulit putih dan kulit hitam atau hanya ras/etnis tertentu. Di Asia Timur, penelitian cenderung memiliki sampel kecil yang didominasi oleh ibu dengan status sosial ekonomi menengah (Hung, 2007; Lee dkk., 2015). Dengan demikian, penelitian ini telah berkontribusi dalam mengisi *empirical gap* dengan menemukan bahwa *body dissatisfaction* memiliki korelasi kekuatan sedang dan berpengaruh signifikan terhadap munculnya gejala *postpartum depression* pada ibu primipara dalam konteks Indonesia. Penelitian kami juga

memenuhi rekomendasi Silveira dkk. (2015) mengenai studi replikasi terkait hubungan antara kedua variabel tersebut pada konteks yang berbeda.

Maternal self-efficacy ditemukan sebagai prediktor postpartum depression, meskipun dengan kontribusi yang lebih rendah dibandingkan *body dissatisfaction*. Alasan akan kontribusi yang lebih rendah dapat dikarenakan bagaimana kami meneliti variabel *maternal self-efficacy*, yakni dengan kriteria inklusi rentang periode postpartum 0-12 bulan penuh dalam penelitian *cross-sectional*. Diketahui bahwa *maternal self-efficacy* memiliki korelasi dan pengaruh paling kuat pada periode postpartum 3 minggu kemudian 3 sampai 4 bulan (Law dkk., 2019). Hal ini sesuai dengan konsep pembentukan *self-efficacy* Bandura yaitu aspek *enactive mastery experience*, bahwa dengan berlatih berperan menjadi seorang ibu selama bulan-bulan tersebut, ibu secara perlahan sudah lebih dapat mengembangkan keyakinan positif akan kemampuan dirinya dalam mengemban perannya sebagai seorang ibu. Pada bulan-bulan kemudian, tingkat korelasi dan pengaruh antar variabel tersebut akan menurun secara perlahan dan *postpartum depression* menjadi lebih tepat untuk diprediksi oleh variabel lain (Law dkk., 2019; Zheng dkk., 2018). Oleh karena itu, masuk akal mengapa nilai kontribusi efeknya rendah, hal ini disebabkan hubungan dan pengaruh antara *maternal self-efficacy* dan PDD yang sebagian bergantung pada tahap periode postpartum yang tidak diperhitungkan oleh penelitian kami.

Studi kami selaras dengan penelitian pada ibu *postpartum* di Malang yang menemukan *maternal self-efficacy* mampu memediasi korelasi negatif antara *perceived social support* dan *postpartum depression* – yang juga mengindikasikan adanya korelasi negatif antara *maternal self-efficacy* dan *postpartum depression* (Fitria dkk., 2020). Selanjutnya, penelitian Mohammad dkk. (2021) terhadap ibu *postpartum* remaja di Arab menemukan *maternal self-efficacy* yang rendah menjadi salah satu prediktor gejala *postpartum depression*. Dalam penelitian kami, *maternal self-efficacy* menjadi prediktor *postpartum depression* dapat dipahami melalui teori depresi Beck, di mana ibu yang memiliki *maternal self-efficacy* rendah secara tidak langsung memiliki keyakinan negatif akan dirinya. *Self-efficacy* memengaruhi suasana hati dan kinerja dengan cara individu menjadi apatis dan mengurangi inisiasi perilaku, rendahnya minat dan ketekunan dalam menjalankan peran, serta perasaan tidak berharga dan tidak mampu (Maddux & Meier, 1995). Selain itu, *maternal self-efficacy* yang rendah juga dikaitkan dengan tingkat resiliensi individu dalam menghadapi berbagai kesulitan, hambatan, dan kegagalan (Bandura, 1997) diikuti dengan proses kognitif non-adaptif seperti ruminasi atau *self-blame* dan *other blame* (Márk-Ribiczey dkk., 2016), yang dapat menimbulkan gejala depresi.

Skor *maternal self-efficacy* yang rendah hingga sedang dalam penelitian kami dapat disebabkan oleh tidak adanya pengalaman menjadi ibu untuk pertama kalinya. Pengalaman atau dalam istilah psikologis dikenal sebagai *enactive mastery experiences* memberikan bukti eksplisit bahwa seseorang mampu melaksanakan sesuatu dan dianggap sebagai sumber *maternal self-efficacy* yang paling berpengaruh (Bandura, 1997). Faktor lain yang dapat berkontribusi adalah kecenderungan budaya Timur untuk tinggal di lingkungan keluarga besar di mana ibu mertua cenderung mendikte peran dan tanggung jawab (Al-Kloub dkk., 2019 dalam Mohammad dkk., 2021) mengakibatkan *verbal/social persuasions* negatif yang merupakan aspek terpenting kedua dalam pembentukan *maternal self-efficacy* (Bandura, 1997). Secara keseluruhan, penelitian kami telah berkontribusi untuk menunjukkan bahwa *maternal self-efficacy* adalah variabel dinamis yang lebih baik digunakan dalam konteks yang spesifik dan terfokus saja.

Hasil penelitian ini harus diperhatikan dengan seksama, karena memiliki beberapa keterbatasan seperti: 1) studi *cross-sectional* meminimalisir kemampuan untuk menggeneralisasi temuan dalam konteks periode *postpartum*; 2) variabel sosiodemografis dan psikologis yang tidak terkontrol mungkin telah menginterfrensi hasil studi; 3) studi sampel difokuskan pada wilayah luas bukan wilayah

Indonesia tertentu; 4) proses pengumpulan data yang dilakukan melalui media daring dapat memengaruhi hasil.

SIMPULAN

Berdasarkan hasil analisis data dalam penelitian ini, dapat disimpulkan bahwa *maternal self-efficacy* dan *body dissatisfaction* berpengaruh secara parsial maupun simultan terhadap *postpartum depression* pada ibu primipara di Indonesia. *Body dissatisfaction* menjadi prediktor yang kuat terhadap *postpartum depression* sedangkan peran *maternal self-efficacy* masih perlu ditelaah lebih lanjut karena kontribusinya yang rendah. Hasil penelitian memberikan implikasi pentingnya memberikan penghargaan pada ibu primipara akan perannya sebagai ibu yang melebihi penampilan fisik semata sehingga suasana emosi ibu tidak terfokus pada penampilan. Peran dalam menyusui, perlunya asupan gizi, dan kesehatan merupakan faktor yang lebih utama bagi seorang ibu. Implikasi lainnya adalah perlunya membangun *maternal self-efficacy* pada ibu terutama di bulan-bulan awal setelah melahirkan. Psikoedukasi tentang pengasuhan, dukungan informatif, dan penghargaan atas perlakuan ibu terhadap bayi perlu menjadi perhatian agar ibu primipara merasa yakin dengan tindakannya sehingga terhindar dari kemungkinan mengalami *postpartum depression*. Ibu primipara di Indonesia dapat bergabung dengan komunitas MotherHope atau mengikuti *support group* di sosial media seperti @haloibuid. Topik penelitian mendatang dapat melakukan studi replikasi yang lebih fokus pada kriteria inklusif seperti ibu *postpartum* primipara yang termasuk dalam SES (pendapatan; pendidikan) rendah, rentang usia berisiko, berada dalam spektrum pada Indeks Massa Tubuh (sangat kurus dan sangat gemuk), telah bercerai atau mengalami kehamilan yang tidak direncanakan/di luar nikah, etnis minoritas, tinggal bersama keluarga inti atau keluarga besar, jenis kelamin bayi, atau pengguna aktif Instagram. Penelitian lebih lanjut dapat menggunakan lensa psikologi positif dengan variabel faktor protektif seperti *maternal role satisfaction*, *maternal well-being*, *body appreciation*, dan *body functionality* juga direkomendasikan.

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DECLARATION OF POTENTIAL CONFLICTS OF INTEREST / *DEKLARASI POTENSI TERJADINYA KONFLIK KEPENTINGAN*

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