



Scoping Review

## RELATIONSHIP OF MATERNAL SELF EFFICACY, SOCIAL SUPPORT WITH POSTPARTUM DEPRESSION

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### A B S T R A C T

**Introduction:** The high level of postpartum depression in postpartum mothers, which can affect the mother's skills in caring for and caring for her baby, requires self-efficacy and maternal social support for post-partum mothers so that the level of postpartum maternal depression can be reduced.

**Purpose:** The purpose of this scoping review is to map available evidence to the relationship maternal self efficacy, social support with depression postpartum.

**Methods:** In this scoping review, the authors identify studies that explain the relationship between maternal self-efficacy, social support with postpartum depression from three databases (PubMed, Proquest, and Science Direct). Searches are limited to studies published in English and present data for the period 2009-2019. The identified research was reviewed using the PRISMA Flowchart. Studies with quantitative designs related to the relationship maternal self-efficacy, social support with postpartum depression are then selected for review.

**Results:** From a total of four articles that have been reviewed, two sub-themes are maternal relationship self-efficacy with postpartum depression and relationship social support with postpartum depression.

**Conclusion:** From this review, some pieces of evidence show that there is a significant relationship between maternal self-efficacy, social support with postpartum depression. All studies included in the review have limitations related to the research design or sample collection procedures

## INTRODUCTION

Depression in the mother can produce mental and physical symptoms that affect the quality of life and productivity of the puerperal mother (1).

Postpartum depression occurs around 10% - 20% in mothers in the first year after giving birth (2). According to WHO, approximately 25% -85% of postpartum mothers will experience postpartum blues, then 7% -17% experience postpartum depression, and as many as 2% experience psychoses (3). The prevalence in developed country cities is 21.2%, and in growing cities, the prevalence is 25% (4).

Factors that trigger depression in postpartum women are unpreparedness to give birth, becoming a mother, the condition of the baby, a history of depression or previous emotional problems,

cultural factors, psychosocial stressors (including economic), and social support (5).

Maternal self-efficacy influences the mother's behavior and beliefs, which in turn affects the mother's parenting practices and overall perception of herself as a competent and effective mother. (6).

Depressed mothers are more likely to have low levels of self-efficacy and feeling abilities, and they consider others to have the most significant impact on their children. Also, feelings of low self-efficacy of parents can be associated with increased symptoms of depression (7).

The World Health Organization has estimated that by 2020, major depressive disorder (MDD) will become the second-largest component of the disease burden worldwide. One of the MDD subtypes that is recognized by the Diagnostic and Statistical Manual

for Mental Disorders-IV (DSM-IV-TR) is post-partum depression (PPD). Globally, PPD prevalence can be as high as 60% in some countries, three while in Iran, it varies between 20.3% and 35%. The number of related studies on the incidence of PPD reports that 6.5% of mothers experience new depressive episodes during the first three months after birth (8).

Postpartum depression has a significant negative impact on children's cognitive, social, and development. Infants in depressed mothers will experience cognitive, psychological, neurological, and motor development delays (9).

Postpartum depression also affects the social and personal life of the newborn mother, such as the effects of the mother-baby relationship and marital relationship (10), and even the interest in her baby is reduced and unable to care for her baby optimally including breastfeeding (11). Therefore a literature review about the relationship maternal self efficacy, social support with depression postpartum is important to do. The purpose of this scoping review is to map available evidence related to the relationship maternal self efficacy, social support with depression postpartum.

## METHOD

This study is a scoping review, which systematically reviews to interpret the evidence-based available results, used to map the concepts that underlie the research area, sources of evidence, and types of evidence available.

### Determine and align research objectives and questions

This review is guided by the question, "Is there a relationship between maternal self-efficacy, social support, and the incidence of postpartum depression?" For this study, the literature review is defined as a synthesis of research aimed at mapping the literature on the topic of the relationship of maternal self-efficacy with postpartum depression, the link of social support with postpartum depression.

### Develop and align inclusion criteria with research objectives and questions

This study uses the PEOS Framework (Population, Exposure, Outcomes, Study design) in managing and solving the focus of the review. The focus of the search for articles in this review is quantitative research, PEOS is considered appropriate for use.

**Table 1. PEOS Framework**

<i>Population</i>	<i>Exposure</i>	<i>Outcome</i>	<i>Study design</i>
Postpartum mothers	- Maternal self efficacy - Postpartum depression	Postpartum depression	All research studies / study design qualitative and quantitative

### Identifying Relevant Studies

Article search strategy, researchers only focus on peer review of articles using databases. The databases are PubMed, Proquest, and ScienceDirect. Keyword: "(maternal self-efficacy) OR self-efficacy) OR maternal parental self-efficacy) AND social support ) AND postpartum depression OR depression postnatal OR depression mothers.

### Study Selection

**Table 2. Inclusion and Exclusion Criteria**

<b>Kriteria Inklusi</b>	<b>Kriteria Eksklusi</b>
- The past ten years (2010-2019)	- Review article
- In English language	- Systematic review
- Original research	
- Humans	

The article selection process is described using the PRISMA flowchart. PRISMA is considered appropriate because it can improve the quality of publication reporting.

### Quality assessment of articles

Critical Appraisal Skills Program (CASP) is used for a critical appraisal to assess the quality of the article. The selected studies are studies with grades A and B.

## RESULT and DISCUSSION

### Mapping / Scoping

The results of the review found several themes that fit the focus of the review:

**Table 3. Mapping / Grouping Themes**

<b>THEME</b>	<b>Journal</b>
The relationship between maternal self-efficacy with postpartum depression	Number 2, 5, 8
The relationship between social support with postpartum depression	Number 1, 3, 4, 6, 7

### The relationship between maternal self-efficacy with postpartum depression

According to Zheng's research (2017) Maternal self-efficacy can predict perceptions, knowledge of mothers about the independence of mothers after giving birth. Maternal self-efficacy has an impact on changes in maternal behavior, therefore maternal self-efficacy that is formed early in the postpartum period is responsible for developing behavioral changes in the mother, for example stress that can become depressed (12).

In the study of Fathi (2018) found a positive relationship between functional status and maternal self-efficacy to increase postpartum depression scores. Because of the importance of functional and maternal self-efficacy status, for postpartum depressive symptoms (13).

In Law's research (2018) Maternal self efficacy at 3 weeks postpartum ( $B = 0.56$ ,  $SE = 0.24$ ,  $p = 0.02$ ), ( $B = 0.06$ ,  $SE = 0.03$ ,  $p = 0, 05$ ), which means maternal strong maternal self-efficacy at 3 weeks after delivery can gradually reduce stress levels from 3 weeks to 24 weeks postpartum (14).

#### **The relationship between social support with postpartum depression**

In Haslam's (2009) study, parental social support is positively related to maternal self-efficacy, so women with high parental support influence high levels of maternal self-efficacy and lower levels of postpartum depression symptoms (15).

In Warren's research (2011) The results showed a statistically significant correlation between informal structural social support and maternal self efficacy at six weeks postpartum ( $r = 0.21$ ,  $p < 0.001$ ). The importance of family support in improving mother's parenting self-efficacy and positively influencing mental health for first-time mothers at 6 weeks postpartum. There is a significant relationship between informal social networks (family and friends) support and maternal parenting self-efficacy at 6 weeks postpartum (16).

In the Shorey study (2015), the MPSE increase was greater among the intervention groups compared to the control group. This can be explained because of social support that causes increased knowledge and skills of mothers after intervention (17).

Zheng's research (2018) Maternal Self Efficacy Score and social support scores experienced a statistically significant increase, the average EPDS score experienced a statistically significant decrease.

Brazeau Research (2017) This study found that emotional support which is part of high social support has been shown to reduce postpartum depression levels. Social support can play a protective role in the postpartum period by reducing stress associated with the transition to parenting (18).

## **DISCUSSION**

In this review, eight studies that show the relationship of maternal self-efficacy to postpartum depression and the relationship of social support to the incidence of postpartum depression.

Three studies that explain that there is a relationship between maternal self-efficacy or a high state of independence of postpartum mothers that can affect the psychological / mental state of the mother in dealing with the readiness of her baby's birth so that with proper knowledge and skills this can suppress the level of maternal depression after giving birth. There are five studies that reveal that social support both the support of husband, family, friends and the environment also have an impact on the psychological state of childbirth.

The results of this study demonstrated that social support was an important factor which influenced Maternal Self Efficacy at six and 12 weeks postnatally. The result highlighted the potential significance of social support in improving Maternal self efficacy levels for Chinese first-time mothers during the postnatal period, which was consistent with the previous studies undertaken in Western countries, Singapore, and Beijing of china. 's theory, social support may impact on Maternal Self Efficacy through processes involving vicarious experience, verbal persuasion, and physiological and emotional status.

Perform parenting tasks may shape better expectations for women's own performance and increase women's maternal confidence. Verbal persuasion involved aspects of both informational and appraisal support. For instance, support providers supply first-time mothers with parenting advice and information about infant rearing, which may increase their Maternal Self Efficacy levels directly. Additionally, supporters who gave women material and emotional support such as time, money, love, trust and encouragement in baby care may positively affect mothers' state of mind and physiology; and consequently strengthen their parenting self-efficacy in their role as a new mother.

Various factors such as age, marital status, education level, employment status, monthly household income, antenatal birth rate and type of birth were found to increase material self-efficacy, among the many factors that affect self-efficacy, positive social support is one of the factors importantly the most increased Maternal Self Efficacy. These two factors influence the psychological state of postpartum mothers.

## **CONCLUSION**

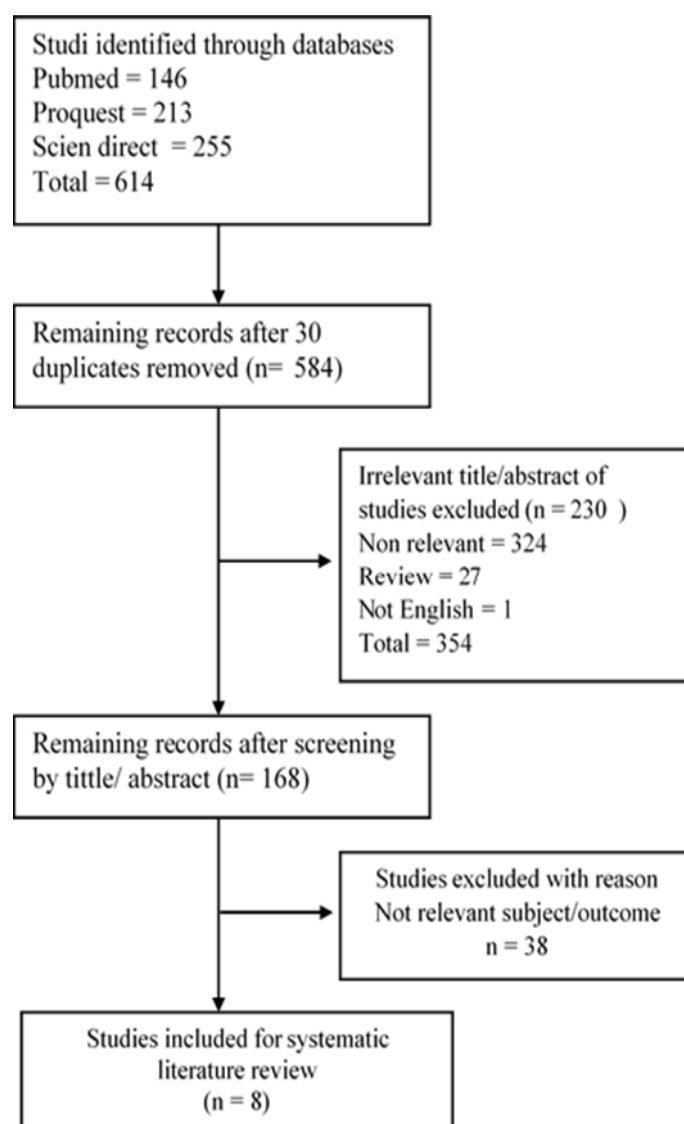
From this review, there is evidence that shows that there is a relationship between maternal self-efficacy, social support for postpartum depression. Maternal self efficacy and social support

show positive meaning that the relationship is quite strong, if social support and maternal self efficacy are high then postpartum depression will be low and if maternal self efficacy and social support is low then postpartum depression will be high.

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All studies included in the review have limitations either related to the research design or sample collection procedures.

**PRISMA Flowchart****Data Findings**

No	Title / author / year / level	Country	Aim	Study Design	Participants / number of samples	Results
1	(Brazeau et al., 2017). Q2. / Grade A	USA	To determine the relationship between Trauma and Self-Efficacy in Depression Mothers	Cross-sectional	280 postpartum	Postpartum depression fully mediates the relationship between trauma and maternal self-efficacy. Emotional support only moderates the pathway between postpartum depression and maternal self-efficacy. Mothers who have the greatest risk for low maternal independence associated with attachment trauma are also those who suffer from postpartum depression.
2	(Fathi, et al., 2018) Q1/ Grade A	Iran	To determine the relationship between self-efficacy and symptoms of postpartum	Cross-sectional	437 postpartum	A Significant positive relationship between self-efficacy and functional status mothers with higher self-efficacy tend to have better adjustment rates for postpartum changes and have better functional status. Symptoms of depression are significantly related to maternal

			depression with functional status in Iranian mothers			poverty values, functional status, social involvement in the community, and self-care
3	(Haslam, et al., 2009). Q2/Grade B	USA	To determine the Relationship Social support and symptomatology of postpartum depression	Cross sectional	247 postpartum	maternal self-efficacy mediates the effects of social support on the symptomatology of postpartum depression <ol style="list-style-type: none"> <li>1. Parental support is positively related to maternal self-efficacy and negatively related to postpartum symptomatology, so women with high parental support influence the great level of maternal self-efficacy and lower levels of postpartum symptomatology. Partner support is not related to both maternal self-efficacy and postpartum symptomatology</li> <li>2. Antenatal symptomatology and unplanned pregnancy rates are predicted to improve postpartum symptomatology. marital status and income are not related to postpartum symptomatological depression</li> <li>3. Parental social support associated with higher perceptions of maternal self-efficacy.</li> <li>4. Partner support is not related to maternal self-efficacy.</li> </ol>
4	(Zheng, et al., 2018). Q1 /Grade A	Cina	This study aims to describe the changes in Maternal Self Efficacy, symptoms of postnatal depression and social support among Chinese primiparous women in the first three months after birth	Cohort	420 postpartum	The mean MSE score at six weeks postnatally was 74.92 (SD = 11.05), and increased to 77.78 (SD = 11.13) at 12 weeks postnatal. Mean social support scores at six and 12 weeks postnatally were 40.99 (SD = 9.31) and 43.00 (SD = 9.55). The mean EPDS score decreased from 9.09 (SD = 4.33) at six postnatal weeks to 8.63 (SD = 4.40) at 12 postnatal weeks; the proportion of women with EPDS scored ten or more and 13 or more at two-time points decreased from 47.4% to 38.3%, and from 21.4% to 18.2%
5	(Zheng, et al., 2017). Q1 /Grade A	Cina	to explore the factors that influence maternal self efficacy in primiparous women in China in the first three months post-birth	Cross-sectional	420 postpartum	Social support, the satisfaction of women with postnatal depression, maternal education, infant health, and maternal work has an influence on Maternal Self Efficacy at six weeks after birth and variables such as postnatal depression, social support, infant health, satisfaction of women with infant condition are factors that affect Maternal Self Efficacy at 12 weeks after birth
6	(Shorey , et al., 2015). Q1/Grade A	Singapore	To evaluate the effectiveness of postnatal psychoeducation programs in increasing maternal self-efficacy and social support and reducing postnatal depression in	Cohort	Intervention group 61 responden Control group 61 respondent	The intervention group had significantly higher parental self-efficacy scores and maternal social support and had lower scores on postnatal depression at 6 and 12 weeks postpartum when compared to the control group

			primiparous mothers at weeks 6 and 12 weeks postpartum			
7	(Warren ,et al., 2009). Q1/ Grade A	Irelandia	To examine the relationship between social support, maternal parents' self-efficacy and postnatal depression in mothers for the first time at 6 weeks postpartum	Cross-sectional	447 postpartum	The results showed a statistically significant correlation between informal structural social support and maternal self-efficacy at six weeks postpartum ( $r = 0.21$ , $p < 0.001$ ). Practical social support is significantly related to postnatal depression as each individual dimension of functional social support at six weeks post delivery. This is a new discovery with an independent mother who has informational support, instrumental support, emotional support as well as experience
8	(Law, et al., 2018). Q1/ grade B	Australia	to document changes in psychological factors of new mothers, and determine how perceptions of maternal self-efficacy, predict changes in stress and depressive symptoms during the first 6 months postpartum	Cross sectional	68 postpartum	Stress and symptoms of maternal depression first peak, and maternal independence is weakest, at three weeks postpartum. Maternal independence at 3 weeks postpartum is a significant (negative) predictor for three weeks, and also (positively) predicts a subsequent decrease in stress