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The Roles of Physical Adaptation, Social Support, Culture, Economic Transition Phase in Perinatal Period: Perspectives of Predicting Maternal Depression in Indonesia

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Abstract

The visible transformations are prone to various mental challenges, including labor fears, and are primarily due to pre/postpartum experiences. Therefore, the purpose of this study was to explore the role of mothers in Indonesia, in terms of responsibilities, physical adaptations, social support, and cultural practices during perinatal. Furthermore, the qualitative research method was adopted with semi-structured in-depth interviews involving 10 postpartum mothers and 8 pregnant women in hospitals and community health service centers. The data were analyzed by a thematic content approach. The results considered 4 themes, including (1) the role of mothers in providing baby's needs, (2) cultural influences on both mother and fetus/infant, (3) harsh economic conditions in fulfilling family obligations, and (4) social support for the nursing mothers. In summary, analysis of the perspectives of predicting maternal depression during ante/postpartum was achieved.

Keywords: Roles and Duties, Physical Adaptation, Social Support, Culture, Economy, Perinatal, Maternal Depression.

Introduction

Pregnancy and postpartum are common events among women of child bearing age, with mixed emotions ranging from happiness, anxiety, vulnerability and depression (Biaggi, Conroy, Pawlby, & Pariante, 2015). Asia recently recorded 20-21.8% depression rates as a result of these sensitive and mental changes (Roomruangwong & Epperson, 2011). These events commence from conception to postpartum, and pose a major problem in Indonesia. However, antepartum depression was reportedly at 18% (Ismail, 2003), while postpartum blue cases and depression in cities were 39% and 59.3%, respectively (Idaiani & Basuki, 2012). Several factors, including physical alterations, responsibility, economy, culture and social support are known influences of maternal sensitivity and emotional changes during perinatal (Biaggi *et al.*, 2015, Roomruangwong & Epperson, 2011).

These moods encompass sadness, loss of interest in baby care, hopelessness and absence of mother-child bonding (Fowles, 1996), in addition to describing mild to severe depression phases. Also, previous studies attributed these emotional triggers to stress prior or after pregnancy, marriage, household income, number of conceptions and children and physical health conditions (Idaiani & Basuki, 2012, Ismail, 2003, Takahashi & Tamakoshi, 2014). However, other identified factors involve responsibility, social support, culture, and economic status (Corrigan, Kwasky & Groh, 2015, Perry, Ettinger, Mendelson & Le, 2011).

Pregnancy discomfort occurs due to the inability in adapting to perinatal situations and therefore, a feeling of burden and certain ambivalent attitudes tend to evolve (Zager, 2009). Furthermore, maternal role demands absolute attention, awareness, acceptance and self-understanding (Barclay, Everitt, Rogan, Schmied, & Wyllie, 1997). In this context, acceptance refers to the improvement of self-identity (Mercer, 2004). Also, certain misconceptions attempt to stimulate unnecessary worry, fear, sadness, self and pregnancy blames as well as reduced mother-fetus/baby bonding (DiPietro, Christensen, & Costigan, 2010, Kitamura *et al.,* 2015). Another predominant opinion described motherhood as boring, poor self-care, stress of household chores, demanding child care, risks of fetal damage, and inadequate attention to pregnancy/baby (Epifanio, Genna, Luca, Roccella, & Grutta, 2015). These observations were reported among depressed mothers during ante/postpartum (Kitamura *et al.,* 2015).

Another study revealed the influence of cultural practices on emotional changes, including mother-baby interactions. Indian tradition prioritizes one gender over another (Patel, Rodrigues, & DeSouza, 2002). Postpartum depression appears more common in the birth of a girl child, in addition to higher rate of domestic violence (Patel *et al.,* 2002). This state of unhappiness tends to increase, while the infant attachment unfortunately decreases (Patel *et al.,* 2002). Similar gender preference is also observed in Indonesia. Traditionally, nursing mothers in Taiwan, Vietnam and Arabia, are not permitted to exit the house for a month, in addition to dietary and other absurd restrictions (Bina, 2008).

Several tribal groups in Indonesia also share resemblance with the above-mentioned culture, including strict implementation with intent to influence mother-child bonding. Equally, social support is perceived as another motivating factor (Ohara *et al.,* 2017). Furthermore, economic indicators, e.g. family income, also relates to the prevailing mental conditions. Previous studies reported the need for mothers to also work, in an effort to generate additional income and perform new functions. These situations consequently stimulate increased stress and declining affection.

Information obtained from perinatal experiences potentially becomes the basis for conducting this qualitative study. The objective was to explore the role of mothers in Indonesia, in terms of responsibility, physical adaptation, social support, culture, economic status and the underlying impact on behavior or emotions during ante/postpartum. The results provided a viable perspective for predicting maternal depression.

Methods

Study Design

This study explored the transition events from pregnancy to postpartum, in respect to the role, physical adaptation, culture, economy and social support for the development of maternal psychological responses. Qualitative research and phenomenological methods were adopted (Polit & Beck, 2014).

Setting and Sample

The preferred locations were regional general hospital and public health center in Indonesia, with a high expectant and post-partum women population. Possible inclusion criteria include third trimester and a month after birth, respectively. Moreover, sampling technique was conducted, using purposive and snowball techniques. Subsequently, 18 respondents were recruited on the basis of certain characteristics and data saturation (Polit & Beck, 2014). The interviews engaged 8 post-partum mothers on the first and second days (still being treated in the hospital), while FGD recorded 10 pregnant women in the third trimester and post-partum, between a week to one month.

Data Collection

The relevant data were collected by querying participants' motherhood experiences, using deep interview/semi-structured techniques and focus group discussions, with the aim of exploring the transition events from pregnancy to immediately after birth. However, the use of FGDs data capture was to clarify the search results on similar experience of non-hospitalized participants at the public health centre. Prior to interview, consent was requested on the confidentiality of the

discussion process. Furthermore, the obtained records were in accordance with data saturation.

Tables

Table 1. Interview question.

1.	How was the experience of being a mother during pregnancy and postpartum?
2.	How the experience of being was a mother during pregnancy and postpartum related to family habits in carrying out cultural traditions?
3.	How was the experience of being a mother during pregnancy and postpartum related to family income?
4.	How the experience of being a mother during pregnancy and postpartum was related to the support from the environment around?

Theoretical Framework

The theoretical framework for this study was based on the motherhood transition, with additional caregiver position. This phase requires a delicate consideration and is influenced by maternal identity (Mercer, 2004), with factors including social, economic, cultural, self-concept support and personality traits (Abrams & Curran, 2011, Bornstein *et al.*, 2015, Mercer, 2004). Also, the relationship between maternal identity and achievement demonstrated both positive and negative impact. A positive realization describes the establishment of a mother-child interaction (maternal-neonatal) in the womb (Flaherty & Sadler, 2011). The negative aspect shows a significant bonding failure, due to adverse effects of mental and emotional changes. This concept is then applied in analyzing the data. The illustration below represents the theoretical framework.

Data Analysis

Data analysis commenced from collection, transcription, classification, and theme determination. In addition, a narrative approach in the form of thematic content assessment was employed to group these themes, and identify sub-units in text pattern evaluation. Furthermore, the data analysis was performed on the basis of Collaizzi's stages, initially describing the phenomenon under study, quoting meaningful statements as keywords, searching for appropriate definitions prior to categorization, followed by theme development (Polit & Beck, 2014).

Ethics

The applied ethical principle refers to beneficence, including respecting human dignity and justice (Streubert & Speziale, 2007). Prior to interview, participants exhibited the right to acknowledge or refuse the formal consent as a justification for the research activity. The provision on the form/sheet required a signature for approval. This study has received authorization from the ethical committee of the Faculty of Nursing, University of Indonesia, with reference number: 0538 / UN2.F12.D / HKP.02.04 / 2016.

Findings

Participants Characteristics

The respondents were aged between 17-38 years old (mean =26 years, standard deviation (SD) = 5.9 years) and comprised of 10 postpartum mothers and 8 pregnant women. Also, the entire participants were multiparous.

Table 2. Themes

Major Themes	Sub Themes

	Indirect or direct touch to fetus /baby*
The mother's role in meeting the overall needs of the fetus/baby*.	Acceptance of the fetus / baby
	Communicating with the fetus / baby
	Fetal monitoring
	Breastfeeding
	Rooming in
	Responsibility.
Physical and psychological adaptations during pregnancy and postpartum.	Accept physical and emotional changes from pregnancy to postpartum.
Cultural influences on mother and fetus / baby.	Naming the baby
	Family acceptance of the fetus/baby
	Gender
	Family tradition in welcoming babies.
The family economic condition causing difficulties in providing basic amenities.	Economic burden
	Complexities in sharing family resources.
The social support for mothers.	Family support (husband and parents),
	Comfortable and uncomfortable support
	Health support (drives physical and psychological adaptation)
	Information needs for breastfeeding
	Appreciation.

*Postpartum

*The Mother's Role in Fulfilling the Overall Needs of the Fetus/Baby **

The participant's experience in fulfilling baby needs from pregnancy to postpartum was illustrated by mother-fetus interaction. These occurrences were believed to vary, with certain acceptance level. Moreover, undesirable behavior indicated emotional and mental changes, as observed by mother-baby bond, including indirect/direct contact, acceptance and communication with the fetus/baby, monitoring, breastfeeding, rooming in, responsibility, and physical changes.

Indirect/direct Contact

The response due to indirect/direct contact with baby was believed to significantly differ. Three participants stated the touch was with pleasure, happiness, and frequent. These reactions were conveyed by the statement:

[Participant (P1 postpartum mother): "... I am glad and happy to kiss my newborn …"].

[Participant (P3 pregnant woman): "… I often caress my stomach …"].

[Participant (P6 pregnant woman): "… I love to hold my child soon …"].

Conversely, four participants reported an irritating, frequent, and violent touch, and therefore, do not want to have any more contact with the baby. These behaviors were conveyed in the declaration:

[Participant (P2 postpartum mother): "... I wish you were not born … I do not need you, but you are alive …"].

[Participant (P5 postpartum mother): "... the caress was slightly violent, but with an infuriating feeling …"].

[Participant (P8 postpartum mother): "... I don't even want to either hold or see the baby …"].

[Participant (P4 pregnant woman): "... the caress was performed more frequently… ...while saying "may God protect us"…"].

Acceptance of the Fetus/Baby

The mother's role is to accept the baby from the womb. Participants' statements also varied and four of the respondents expressed happiness over the baby's presence. These emotions were conveyed by the statement:

[Participant (P4 pregnant woman): "... I am currently pregnant with my second child ... Thank God ... I am happy ... I have been expecting this phase …"].

Conversely, two respondents assumed a feeling of fear and dislike, as conveyed specifically in the statement:

[Participant (P2 postpartum mother): "... Initially slightly scared, but currently I am very comfortable…"].

[Participant (P2 postpartum mother): "I did not observe proper self-care and medical checkup …"].

Communicating with Fetus/Baby

The participants showed regular communication with the fetus/baby, using various patterns. Six women employed the act of reading holy verses and also singing. This attribute was conveyed by a statement:

[Participant (P1 and P2 postpartum mother): "... I usually invite the baby for a talk, ... and recite the Quran while stroking …"].

[Participant (P3 pregnant woman): "... I often discuss with the baby ... (P 4) pregnant woman. I do chat with my unborn child …"].

Meanwhile, other participants applied contrasting methods, due to age/fatigue, as stated below:

[Participant (P6 pregnant woman): "... I feel very fatigued ... I am 38 years old ... the conversation has slightly decreased …"].

[Participant (P5 postpartum mother): "... When I hear my baby cry, 1 tend to also cry…"].

Monitor the fetus condition in the uterus

The mother is expected to monitor the fetus condition during pregnancy. This phase is accompanied with various feelings and attitudes, including fear and stress. The reactions were conveyed by the following statement:

[Participant (P6 pregnant woman): "... the baby is very active … when the fetus doesn't move, I tend to become afraid, then immediately call on the midwife …"].

[Participant (P4 pregnant woman): "... I am much stressed ... this experience appears different from the first conception."].

Breastfeeding

Breastfeeding is a major responsibility of postpartum mothers, with various experiences. Most participants were not ready to breastfeed probably due to fear, pain, and lack of sleep or fatigue. This situation was conveyed by the statement:

[Participant (P5 postpartum mother): "... I am afraid to hold the baby, including breastfeeding …. I am also scared my child would fall and suffer pain as a result"].

[Participant (P5 postpartum mother): "... I have felt discomfort all day with the baby, and have difficulty sleeping, as my baby kept crying and wants to continue eating …"].

Rooming in

Participants are constantly with the baby from the point of delivery. Several experiences, both positive and negative, were also conveyed:

[Participant (P1 postpartum mother): "... I want to always be close to my baby … likewise, my baby also wants to continuously be with me …"].

However, certain women were not ready to offer constant attention to the baby. This experience was conveyed in the statement:

[Participant (P7 postpartum mother): "... actually, I want the baby to be close .... But I also need time to rest …"].

[Participant (P8 postpartum mother): "... essentially, I want the baby to be in the room …"].

Responsibility

The state of motherhood is engulfed with diverse responsibilities. This statement describes the mother's role during transition. Also, participants demonstrated various incidents of responsibility, ranging from unpreparedness, worry and fear. This situation was conveyed below:

[Participant (P5 postpartum mother): "... I feel happy, but when the baby cries, I also tend to cry …"].

[Participant (P4 pregnant woman): "... I was nervous (describing anxiety) and also worried because I was 35 years old …"].

[Participant (P8 postpartum mother): "... I get annoyed as the child continues crying every time. I had a complicated delivery …"].

Physical and Psychological Adaptations during Pregnancy and Postpartum

The respondents encountered various physical and psychological transitions from pregnancy to postpartum. These experiences tend to influence emotional responses, attitudes and behaviors. Several mothers exhibited a feeling of being ugly, dirty, fat, insecure, and probably afraid of their husbands cheating, as most rarely have sex. These occurrences were conveyed as follows:

[Participant (P7 postpartum mother): "... I do feel ugly. My stomach appears horrible from conception. Despite dressing properly, I consider myself dirty. Prior to pregnancy, I seemed like a teenager, in terms of makeup. Presently, I don't observe these acts and also appear like my mom …"].

[Participant (P3 pregnant woman): "... I feel fat, ugly, therefore, I attempt to change my appearance, in order to be attractive …"].

[Participant (P7 postpartum mother): "... with my current unattractive nature, I am afraid my husband may desire another lady, as he never… or rarely have intercourse with me …"].

[Participant (P2 postpartum mother): "... I have to pay attention to my appearance …"].

Culture Affects Both Mother and Baby since Pregnancy

In Indonesia, the family tradition for pregnant and postpartum mothers involves a ceremony as a means of baby and mother acceptance. This function also hopes to avoid possible harm and wishes the child a great future. Moreover, participants' experiences regarding the cultural implication tend to also differ, and is strongly believed to influence the mother's response. Behavioral, emotional, and mental reactions were expressed as follows: The naming of the baby, family acceptance, gender preference, and family traditions in welcoming the new child.

Naming of the baby. The contribution of the family in choosing a name for the prospective baby is assumed to instigate happiness. This experience was communicated in the following statement:

[Participant (P1 postpartum mother): "... My husband and I have already prepared a great name …"].

However, certain persons opposed the involvement of other people in the baby naming process. This statement was described as follows:

[Participant (P2 and P5 postpartum mother): "... It is enough for me and my husband … my in-laws do not need to interfere …"].

Family acceptance of the baby. Participants felt the family did not accept the baby. This experience was expressed in the following statement:

[Participant (P3 pregnant women): "... my in-laws were not aware I was pregnant… ... I didn't want to talk about it …"].

However, family acceptance was observed in other cases. This recognition triggered a pleasant and happy emotion, as conveyed in the statement:

[Participant (P6 postpartum mother): "... Both families felt happy and gladly expected the childbirth …"].

[Participant (P2 postpartum mother): "... Our parents are excited ... the number of grandchildren has also increased …"].

[Participant (P4 pregnant women): "... The family is generally happy …"].

Gender of the baby. Mothers' experiences vary according to the child's gender, but do not pose a problem as the family already showed acceptance. The experience was conveyed in the statement:

[Participant (P2 postpartum mother): "... the family is happy as the grandchildren are increasing …"].

[Participant (P1 postpartum mother): "... the birth of the baby completes our family…"].

[Participant (P4 pregnant women): "... Our family accepts both genders …"].

However, other respondents attributed certain importance for a preferred gender. For instance, a male child is believed to be the rightful successor. This instance was communicated in the statement:

[Participant (P5 postpartum mother): "... my husband, a Sumatran, is very happy to have a son to continue the lineage …"].

[Participant (P6 pregnant women): "... the arrival of my baby girl brought extreme happy as my expectation was fulfilled …"].

Family traditions in welcoming the baby. The events of mothers in performing the welcome tradition of the fetus/babies significantly vary. Also, certain irrelevant rituals also tend to occur, as family support is greatly required. These variations provide positive and negative responses to the mother's emotional and mental wellbeing. The experience was expressed with the statement:

[Participant (P6 pregnant women): "... I feel indebted."].

… I do not give importance to ritual activities, particularly in welcoming babies … (P1) postpartum mothers.

[Participant (P2 postpartum mother): "... I feel overwhelmed… but it is an obligation to perform."].

[Participant (P3 pregnant women): "... just follow it … there is no influence in the rituals of welcoming the baby)."].

[Participant (P5 postpartum mother): "... not required."].

[Participant (P8 postpartum mother): "... I am sad as I have no parents to assist in the process."].

Economic Conditions That Make It Difficult to Meet Family Needs.

Mothers endure various challenges in managing basic family desires during pregnancy and postpartum, including an increased economic burden and difficulty in allocating resources. These conditions create stress-related attitudes, e.g dizziness and disappointment, as expressed in the statement:

Family economic burden. This indicated an emotion of burden, stress, and dizziness, in the following statement:

[Participant (P3 pregnant women): "... I get disappointed as I ponder on the domestic expenses."].

[Participant (P4 pregnant women and P7 postpartum mothers): "... I usually felt dizzy as I encountered certain problems."].

However, other respondents acknowledged economic burdens, but felt very hopeful, as stated:

[Participant (P1 postpartum mother): "... the burden is quite minimal … I just take things easy and try not to really overthink ..."].

[Participant (P3 pregnant women): "... I have several families' supports …"].

[Participant (P11 pregnant women): "... I just resigned everything to fate ... life is uncertain …"].

[Participant (P10 postpartum mothers): "... I have no burden. My family finances are sufficient …"].

[Participant (P9 postpartum mother): "... my husband's income is enough to cater for our needs …"].

[Participant (P6 pregnant women): "... abundant provisions have already been prepared …"].

Difficulty in dividing resources. Participants reported difficulties in distributing money to fulfill family needs. This situation does not indicate emotional change, and is expressed by the statement:

[Participant (P1 postpartum mothers and P10 postpartum mother): "... I struggle to disburse money for our needs."].

Social Support Needed by Mothers. The social support needed by mothers during pregnancy and postpartum is highly demanded from husbands and parents. This provision is in the form of family support (husband and parents), comfortable and uncomfortable, health (encourages physical and psychological adaptation), information for breastfeeding, and appreciation.

Family support needs (husband and parents). Participants acknowledged the need for family support (husband and parents), in order to achieve a sense of comfort and security, as referred in the statement:

[Participant (P12 pregnant women): "... my husband's affection is increasing… he is getting more attentive and offers to assist with my work ..."].

[Participant (P15 postpartum mother): "... husbands and parents are expected to show love and care."].

[Participant (P16 postpartum mother): "... I am happy, due to the help I get in cooking and washing ..."].

Comfortable and Uncomfortable Support

Participants acquire support, but feel uncomfortable with most mother-in-laws. This experience was stated as follows:

[Participant (P1 postpartum mother): "... parental assistance compels me to feel reluctant (not free) and slightly afraid ..."].

Health Support

This encourages physical and psychological adaptation, but also appears stressful, as expressed below:

[Participant (P1 postpartum mother): "... I often exhibit a feeling of annoyance, related to the rules of the past, in terms of food ..."].

[Participant (P18 postpartum mother): "... my mother assigned several instructions ... after giving birth, I had to select certain food types to eat."].

[Participant (P13 postpartum mother): "... the rules get me emotional."].

Information Needs for Breastfeeding

Supporting health information (breastfeeding) from families, including food advice, tends to increase breast milk production. This form of parental monitoring appears stressful, as stated below:

[Participant (P18 postpartum mother): "... my mother always tells me to eat certain meals, in order to increase breast milk ..."].

[Participant (P16 postpartum mother): "... I love eating spicy foods, but my mother-in-law always discourages me… I felt annoyed."].

[Participant (P16 and 18 postpartum mothers): "... I am frustrated, as I am constantly reminded of food varieties to consume."].

Appreciation needs

The need for appreciation or recognition influences mother's emotions, as below:

[Participant (P7 postpartum mother): "... I was upset and felt really insulted ..."].

[Participant (P17 pregnant woman): "... I do not like when people say I can't afford to be a mother … I aspire to be a very great one."].

Discussion

The analysis results illustrated the changes in maternal psychological conditions, due to pregnancy and childbirth, in relation to the role, physical adaptation, culture, economics, and social support. This imbalance was expressed in terms of the mother's behavior and overall emotional reactions. Also, the above factors were known to stimulate certain sensitive modifications during pregnancy and postpartum on, based on previous information. However, the risk of motherhood, according to O'hara & Swain, (1996), presented an opportunity to experience various mental health situations, including postpartum blues, depression, anxiety and anger or frustration.

Conversely, the success of similar events was primarily influenced by maternal identity, and also supported by various features, termed personality, self-image, society, culture, and economic support, as well as the ability to adapt to the transitional phase (Quosdorf, Peterson, Rashotte, & Davies, 2020, Roomruangwong & Epperson, 2011). An imbalance of one factor triggered a psychological change, e.g emotional and mental conditions. The mother's psychological alterations were due to differences in behavioral and emotional responses in interacting with the fetus, as compared to pregnancy and delivery habits. Based on the research results, mothers tends to feel either happy or annoyed in the course of performing the primary duties, probably due to the attention demanded by the entire household and baby. Furthermore, loss of rest time, rude comments to babies, feeling of unhappiness with the pregnancy and the urge to join the baby when crying, are common experiences. Moreover, fatigue in child care was a significant influence in the mother's emotional state and relationship (Lai, Hung, Stocker, Chan, & Liu, 2015). This behavior appeared as one of the regular symptoms of antepartum and postpartum depression (Brockington *et al*., 2001, Kitamura *et al*., 2015), but was not different between primiparous and multiparous conditions.

The role of motherhood becomes a full responsibility after conception, and therefore requires sufficient awareness, understanding, and complete acceptance (Barclay *et al.,* 1997). Also, wrong information or misconception during the transition phase instills worry, fear, and sadness. This condition further instigates unnecessary blames of self, pregnancy and baby, as well as reduced feelings of attraction and mother-fetus bonding. According to (Barclay *et al.,* 1997), the mother's role possibly monitored emotional and mood changes by maternal and fetal interactions (prenatal bonding). Moreover, the detection process also continues at postpartum as the behavior towards the fetus (pregnancy phase) showed a significant impact (Beck, 1995, Kurjak *et al.,* 2004).

Maternal emotional imbalance in the transitional phase was stimulated by physical changes and the ability to adapt to these changes varies. This condition was due to the feeling of being ugly, filthy, fat, and suspicion of the husband having an affair. These unhealthy emotions instigated a high level of blames on the pregnancy or the baby (Biaggi *et al.,* 2015), and also decreased attraction and acceptance (Redzuan *et al.,* 2020). Changes in maternal behavior towards pregnancy and new babies were mainly attributed to negligence of prenatal and postpartum care, as well as complicated gestation (Taylor *et al.,* 2005). This condition needs to be anticipated, in order to avoid sudden consequences.

Similarly, in Indonesia, family habits of welcoming a prospective baby (pregnancy) and the actual arrival (post-partum), based on cultural practices, contributes significantly to emotional changes. The population is diverse and demonstrates a variety of special ceremonial rituals on the above situation. This belief appears necessary to ward off crime, eliminate calamity and ensure adequate welfare of pregnant women until delivery. However, mothers are expected to comply with these traditions, commencing from the ceremony, as well as certain prohibitions. In addition, other cultural routines, including the baby naming, gender preference, restrictions on activities, and certain food selection were

observed (Roomruangwong & Epperson, 2011). Several ethnic groups tend to prioritize one gender over another, particularly as a factor in determining lineage. Furthermore, the inability to observe and accept traditional norms was among the stimulating influence of anxiety, anger, and decreased interest in babies, as well as the act of blaming pregnancies and babies (Roomruangwong & Epperson, 2011).

Family economic conditions also imposed certain difficulties in properly attending to domestic needs. This study clearly attributed the challenges to dizziness and stress. In Indonesia, the income per capita of middle to lower families remained higher. Economic conditions contributed to antepartum depression as a result of lesser income (Idaiani & Basuki, 2012). Similar problem also occurred in the case of social support. Pregnant women until childbirth, require sufficient attention and assistance during transition phase, particularly from husbands and other key family members. The amount of available social support tends to influence the event of depression and failure in mother-baby bonding.

This information provided an illustration on mother and duty, physical adaptation, social support, culture, and economy as well as triggered psychological changes in the mother's behavior or emotions. Furthermore, the changes commenced with mild to severe phases, and a high risk of causing baby damages. Therefore, the condition anticipates the possible occurrence to the entire women.

Conclusion

Based on the results and discussions, a mother's experience during pregnancy and postpartum, in terms of the role, physical adaptation, social support, cultural traditions, and economic state was believed to influence the psychological impact on the affective realm, including feelings, thoughts, and behavior in interacting with the fetus/baby. The vulnerability of these psychological and emotional changes possibly increases the risk of depression and crisis in mother-child relationship. These conditions occur in every woman from pregnancy to delivery. Furthermore, the study showed similarities with previous reports, and extensively enriched the information regarding psychological and emotional changes of the maternal thoughts, feelings, and behavior in mother-child interaction. Also, the domains were employed to predict depression within pregnant and postpartum mothers. Consequently, the factors of role, physical adaptation, social support, cultural traditions, and economic conditions became significant perspectives in predicting depression in pregnant and postpartum mothers.

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