

THE RELATIONSHIP BETWEEN COPING STRATEGIES AND MATERNAL SELF-CONFIDENCE IN MOTHERS WITH POSTNATAL DEPRESSION

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Abstract: Postnatal mothers are susceptible to depression due to various changes they experience after childbirth. Therefore, adopting appropriate coping strategies is essential to reduce the risk and symptoms of depression. This study aims to examine the relationship between coping strategies and maternal self-confidence in mothers with postnatal depression. A total of 40 mothers with postnatal depression in Banda Aceh were involved as research samples selected using the quota sampling technique. Mothers who are categorized as experiencing depression are mothers who obtain an EPDS score above 6. Data collection for the study used the Brief Cope scale, the K-D-M scale, and the Edinburgh Postnatal Depression Scale (EPDS), which were analyzed using Jeffrey's Amazing Statistics Program. The results of the hypothesis test analysis using Pearson's Correlations indicated a significant relationship between problem-focused coping and maternal self-confidence in mothers with postnatal depression, $r=.34$, $p=.032$. In contrast, no significant relationship between emotion-focused coping and maternal self-confidence, $r=.08$, $p=.607$. The results of the chi-square test analysis showed that age is a demographic factor that contributes to this study, particularly in relation to the level of maternal self-confidence in mothers with postnatal depression.

Keywords: coping strategies; maternal self-confidence; postnatal depression.

Abstrak: Ibu pascamelahirkan rentan mengalami depresi dikarenakan banyaknya perubahan yang ibu alami pascamelahirkan, sehingga ibu perlu melakukan strategi koping yang tepat untuk mengurangi risiko dan gejala dari depresi yang dialami. Strategi yang dapat ibu gunakan untuk mengurangi symptom depresi ialah *problem focused coping* atau *emotional focused coping*. Penelitian ini bertujuan untuk mengetahui hubungan antara strategi koping dengan kepercayaan diri maternal pada ibu yang mengalami depresi pascamelahirkan. Sebanyak 40 ibu yang mengalami depresi pasca melahirkan di Banda Aceh terlibat sebagai sampel penelitian yang dipilih dengan teknik *quota sampling*, ibu dengan depresi pascamelahirkan adalah ibu yang memperoleh skor EPDS diatas 6. Pengumpulan data penelitian menggunakan skala *Brief Cope*, skala K-D-M, dan *Edinburgh Postnatal Depression Scale* (EPDS), yang dianalisis menggunakan *Jeffrey's Amazing Statistics Program*. Hasil analisis uji hipotesis menggunakan *Pearson's Correlations* menunjukkan adanya hubungan yang signifikan antara *problem focused coping* dengan kepercayaan diri maternal pada ibu yang mengalami depresi pascamelahirkan, $r=.34$, $p=.032$. Sebaliknya, tidak ada hubungan yang signifikan antara *emotional focused coping* dengan kepercayaan diri maternal pada ibu yang mengalami depresi pascamelahirkan, $r=.08$, $p=.607$. Hasil analisa uji *chi-square* menunjukkan bahwa usia menjadi faktor demografi yang berkontribusi dalam penelitian ini yakni terhadap tingkat kepercayaan diri maternal pada ibu depresi pascamelahirkan.

kata kunci: depresi pasca melahirkan; kepercayaan diri maternal; strategi koping.

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Submitted
03-12-2024

Reviewed
12-02-2025

Revised
21-04-2025

Accepted
16-06-2025

Published
09-08-2025

Introduction

Postnatal mothers are women who have gone through childbirth and are in the postpartum period, commonly called the postnatal phase. In this phase, there will be various changes experienced by the mother, such as hormone level changes, physical changes, and psychological changes (Wulandari et al., 2023). Hormone level changes experienced by the mother will affect the physical, mental, and emotional conditions (Marmi, 2012). Some hormones will change, such as the decrease of estrogen hormone, which causes the mother to have difficulty controlling her emotions and mood (Marmi, 2012). The mother will undergo both physical and psychological changes. The physical changes experienced such as changes in body weight, changes in body shape, the appearance of dark spots on the stomach (stretch marks), and swollen breasts (Tolongan et al., 2019). Psychological changes in postnatal mothers involve an adjustment process that occurs through three phases: the taking in phase, the taking hold phase, and the letting go phase (Rubin, 1963). During these phases, mothers experience a range of emotional changes and adapt to her new role as a mother, although these changes are considered normal, not all mothers can adjust successfully. Some are able to cope and adapt well, while others struggle with the adjustment process (Nirwana, 2011). These differences in adaptability are influenced by a variety of factors, including maternal coping strategies and support systems. Some previous studies have shown that mothers who utilize effective coping strategies, such as seeking social support, have an easier time transitioning to motherhood. In contrast, mothers who do not have

adequate support may face greater challenges, leading to an increased risk of postpartum depression and other emotional difficulties (Febriati et al., 2023; Selvan & Surjaningrum, 2023).

Besides to having difficulty adjusting, mothers also have difficulty in dealing with demands on themselves, which will make mothers feel anxious and exhausted (Ambarwati & Wiyanto, 2021). Mothers who fail or have difficulty adjusting are at risk of experiencing psychological disorders (Dewi & Sunarsih, 2014), and mothers who experience anxiety and exhaustion will experience stress, which if left untreated, can lead to postnatal depression (Ambarwati & Wiyanto, 2021). Postnatal depression is a depressive disorder that can occur in the first 12 months after giving birth. According to the DSM-5, this condition is classified as a major depressive episode, which is characterized by symptoms such as low mood, sleep disturbance, anxiety, low self-esteem, and difficulty performing daily activities (American Psychiatric Association, 2013; O'Hara & Wisner, 2014). If not treated properly, postnatal depression can persist and negatively impact both mother and child (Slomian et al., 2019).

As stated in the International Statistical Classification of Diseases and Related Health Problems (ICD-10), the postnatal depression experienced by mothers can be classified into 3 levels, namely mild, moderate and severe. This classification is based on the number and severity of symptoms the mother experiences. Each symptom experienced by the mother will negatively affect the mother's life, causing her to excessive insomnia, swollen breasts caused by mother's unwillingness to breastfeed her baby, and mother's loss

of interest in doing various activities (Setiawati, 2020). The most severe impact in mother with postnatal depression that a mother's desire to commit suicide, hurt herself and hurt her child (Adli, 2022). The impact from postnatal depression can make mothers have a poor relationship with their children (Purwaningsih & Lystyorini, 2019), where mother with postnatal depression will refuse to breastfeed their children and this can affect the strength of the bond between mother and child. As a result of postnatal depression, the possibility of mothers having physical contact with their children will decrease (Indrisari, 2017). The mother's reluctance to breastfeed her child and the mother who does not have much physical contact with her child will cause the mother to have low maternal self-confidence (Hidayati, 2007).

Maternal self-confidence is an attitude and belief in mother's ability to achieve the goals or results she wants to achieve while caring for her child (Lauster, 2006). Mothers with low maternal self-confidence will negatively affect their children, causing them to can't get optimal care and nurturing from their mothers when the mother does not have confidence in her ability to care for her child (Indrisari, 2017). There is research that shows that maternal self-confidence is related to the postnatal depression in mothers. Research by Ardiyanti and Dinni (2020) found that maternal self-confidence in mothers was proven to be significant in predicting the occurrence of postnatal depression. The research results indicated that mothers with high maternal self-confidence tend to experience lower levels of postnatal depression, and vice versa when the mother had low self-confidence, the mother would have high levels of

postnatal depression. In contrast to the research results by Ardiyanti and Dinni (2020), the research study by Amna and Khairani (2024) actually had the opposite results. It was found that maternal self-confidence in mothers does not affect postnatal depression in mothers. Furthermore, Amna and Khairani's study found that maternal self-confidence in mothers with postnatal depression was actually in the high category. This indicates that mothers with postnatal depression have confidence and belief in their ability to care for their children.

A person with high self-confidence can be influenced by other factors within themselves, one of them is caused by the coping strategies that used (Santrock, 2019). Coping strategies are a series of processes that help individuals deal with various demands that exist, as well as to help individuals deal with various stressful situations. Coping strategies are also individual strategies in regulating their behavior to solve problems in the simplest and most realistic way (Lazarus & Folkman, 1984). Lee et al., (2018) stated that coping strategies can be used by individuals to overcome a crisis of self-confidence. Lazarus and Folkman (1984) explained that there are 2 types of coping strategies that individuals can use include problem focused coping and emotional focused coping. Problem focused coping is a strategy that centers on managing problems directly where individuals try to focus on defining or interpreting the problems they have. Emotional focused coping is a strategy that emphasizes managing and regulating emotions, including cognitive processes within the individual that are directed at reducing the emotional stress they feel.

Mothers with postnatal depression can use both problem focused coping and emotional focused coping according to the circumstances or problems they have. Mothers can use more than one strategy to overcome their problems (Wulandari et al., 2023). Research by Dewayanti (2022) shows that 42.11% of mothers with postnatal disorders dominantly use emotional focused coping strategies, while 38.16% dominantly use problem focused coping strategies. Research by Andarini and Ulya (2022) found that problem focused coping is the strategy most widely used by mothers with postnatal disorders, while research by Wulandari et al., (2023) found that the coping strategy most widely used by mothers is emotional focused coping. Coping strategies that are usually associated with self-defense mechanisms and can have a positive impact, in fact, also have a negative impact. When individuals use inappropriate coping strategies that are not in accordance with their conditions, they will get negative impacts on their physical and mental health (Almojali et al., 2017). Research by Silaen et al., (2014) found that coping strategies have positive and negative impacts. The positive impact that can help overcome the problems, while the negative impact brings up the new problems or stressors. Lack of attention from mothers to their children and mothers who lose interest in doing various activities are also some of the negative impacts of coping strategies.

Based on research by Ardiyanti and Dinni (2020) and research by Amna and Khairani (2024), a gap was found in research results related to maternal self-confidence in mothers with postnatal depression so that researchers want to re-examine maternal self-

confidence in mothers with postnatal depression and their relation to coping strategies.

Method

This study employed a quantitative approach using a correlation research design and utilized a non-probability sampling method for sampling selection, which was the quota sampling. This method was chosen because the sample had specific inclusion criteria: postnatal mothers within a maximum of one year after childbirth, experienced postnatal depression, and domiciled in Banda Aceh. A total of 40 postnatal mothers in Banda Aceh met the criteria, who experienced postnatal depression, which was known based on the Edinburgh Postnatal Depression Scale (EPDS) screening instrument developed by Cox et al. (1987). These 40 mothers were obtained by researchers by visiting several community health centers and childcare facilities in Banda Aceh, including Baiturrahman Health Center, Batoh Health Center, and Alam Pelangi Childcare Center.

The instrument used in this study to measure coping strategies was Brief Cope by Carver (1997) which consisted of 28 items with 4 response options, the maternal self-confidence scale (K-D-M) by Ardiyanti and Dinni (2019) consisted of 15 items with 4 response options, and postnatal depression using the Edinburgh Postnatal Depression Scale (EPDS) which consisted of 10 items with 4 response options. These three instruments were reviewed by three psychology lecturers with expertise in clinical psychology and mental health to ensure content validity. The Brief Cope and EPDS instruments were translated by the researcher

into Indonesian. This study has also gone through an ethical review process that has been approved by the KEPK of the Faculty of Medicine with letter number 079/EA/FK/2024.

The instruments in this study have gone through a pilot test conducted on 60 mothers who have children in Banda Aceh. In this study, the researcher used a minimum item discrimination index of ≥ 0.20 , following Azwar's statement (2018) that items with a correlation coefficient of ≥ 0.20 are considered to have good discrimination power and are suitable for research use. The reliability and discrimination index in the pilot test can be seen in table 1 below:

Table 1.
The reliability and discrimination index in the Pilot test

Instrument	n	Trial	
		Reliability	Discrimination Index
Brief Cope	60	0,768	0,33-0,64
		0,835	0,14-0,62
K-D-M		0,812	0,20-0,73
EPDS		0,771	0,21-0,66

The research data were processed and analyzed using statistical methods with the help of statistical software Jeffrey's Amazing Statistic Program (JASP) version 0.18.3.0 for Windows. The normality test in this study used Kolmogorov-Smirnov and the linearity test was conducted using the ANOVA technique. Hypothesis testing in this study was conducted using the Pearson Correlation technique, as the data were

normally distributed. In correlation studies, the normality of the data distribution is a key consideration.

The hypotheses proposed in this study were that there is a relationship between problem-focused coping and maternal self-confidence in mothers experiencing postpartum depression and that there is a relationship between emotion-focused coping and maternal self-confidence in mothers experiencing postpartum depression.

Results

The study was conducted on mothers with postnatal depression in Banda Aceh, with a total of 40 samples collected. The demographic data of the research sample can be seen in table 2 below:

Table 2. The Demographic Data of Research Sample

Category	n	%	Total (%)
Age			
20-40 (Early Adulthood)	37	92,5	100
40-60 (Late Adulthood)	3	7,5	
Educational Background			
Elementary School	1	2,5	100
Junior High School	2	5	
Senior High School	16	40	
Associate Degree	7	17,5	
Bachelor Degree	13	32	
Master Degree	1	2,5	
Job			
Housewife	26	65	100
Teacher	3	7,5	
Officer	4	10	
Employee	6	15	
Student	1	2,5	
Parity Status			
Primipara	14	35	100
Multipara	26	65	
Labor			
Normal	21	52,5	100
Caesar	19	47,6	

Descriptive Analysis

Descriptive analysis was conducted to examine the distribution of sample numbers based on the type of dominant coping strategy used by the research sample. In this study, Lazarus and Folkman (1984) used the relative score calculation to identify the dominant coping strategy employed by the research sample as follows:

Problem focused coping Formula

$$N = \frac{\text{Problem focused coping score}}{\text{Problem focused coping Max Score}} \times 100\%$$

Emotional focused coping Formula

$$N = \frac{\text{Emotional focused coping score}}{\text{Emotional focused coping Max Score}} \times 100\%$$

Based on the calculations, when the problem-focused coping score is higher than the emotion-focused coping score, the sample predominantly uses the problem-focused coping strategy. Conversely, when the emotion-focused coping score exceeds the problem-focused coping score, the sample predominantly uses the emotion-focused coping strategy. Sample categorization based on coping strategies in this study can be seen in table 3 below:

Table 3. The Results of Coping Strategies Categorization

Coping Strategies Dimension	n	%
Problem focused coping	35	87,5
Emotional focused coping	5	12,5
Total	40	

Based on table 3 above, it is evident that the majority of the research sample predominantly use the problem-focused coping strategy, with 35 samples (87.5%), while only 5 samples (12.5%) predominantly use the emotion-focused coping strategy. Descriptive

analysis of maternal self-confidence data can be seen in table 4. Descriptive analysis was carried out to see the distribution of the number of samples based on the level of maternal self-confidence. Categorization on the K-D-M scale by Ardiyanti and Dinni (2021) can be seen in table 4 below:

Table 4. The Results of Maternal Self-Confidence Categorization

Variable	K-D-M Score	Category	n	%
Maternal Self-Confidence	0-14	Low	0	0
	15-29	Medium	7	17,5
	30-45	High	33	82,5
Total			40	

Referring to table 4 above, it is evident that the majority of samples in this study have maternal self-confidence in the high category with a total of 33 samples (82.5%), while the research samples that have maternal self-confidence in the moderate category are 7 samples (17.5%), while in the low category there are no samples that have low maternal self-confidence (0%).

Next is a descriptive analysis for postnatal depression data, which is carried out to see the distribution of the number of samples based on the level of postnatal depression. In this study, the researcher used the categorization table by McCabe-Beane et al. (2016). The categorization table and number of samples from each category in the postnatal depression variable can be seen in table 5 below:

Table 5. The Results of Postnatal Depression Categorization

Variable	EPDS Score	Category	n	%
Postnatal Depression	0-6	Not Depressed	0	0
	7-13	Mild Depression	35	87,5
	14-19	Moderate Depression	4	10
	19-30	Severe	1	2,5

	Depression
Total	40

Based on table 5 above, it shows that 35 (87.5%) mothers experienced postnatal depression in the mild category, 4 (10%) mothers experienced postnatal depression in the moderate category, and 1 (2.5%) mother experienced postnatal depression in the severe category.

To complement the main findings, an additional analysis using chi-square test analysis was conducted to examine the relationship between demographic data and the research variables. The results of chi-square test analysis are presented in table 6 below:

Table 6. The Results of chi-square test analysis

Demographic Data	Variable		
	Coping Strategies		Maternal self-confidence
	Problem Focused Coping	Emotional Focused Coping	
Age	0,550	0,541	0,020
Educational Background	0,194	0,068	0,307
Job	0,759	0,149	0,631
Parity Status	0,686	0,149	0,631
Labor	0,359	0,935	0,787

The results of the chi-square test analysis in table 6 show that age is significantly related to maternal self-confidence, with a significance value of $p = 0.020$ ($p < 0.05$). In contrast, other demographic variables show no significant relationship with maternal coping strategies or self-confidence in this study.

Assumption Test

The assumption test conducted in this study includes the normality test and linearity test. The results from normality test showed that problem-focused coping

($p = 0.402$), emotional focused coping ($p = 0.526$), and maternal self-confidence ($p = 0.405$) all had significance values greater than 0.05, indicating that the data for each variable were normally distributed. And the results from linearity test showed that problem-focused coping and maternal self-confidence had a linear relationship ($p = 0.032$; $p < 0.05$), while emotion-focused coping and maternal self-confidence did not ($p = 0.607$; $p > 0.05$).

Hypothesis Test

The data distribution of both variables in this study is normal, but the results of the linear test between two dimensions are different, where problem-focused coping and maternal self-confidence have a linear relationship, while emotion-focused coping with maternal self-confidence doesn't have a linear relationship. It is known that in the correlation study, more emphasis is placed on the normal distribution of data, so the hypothesis test in this study was carried out using Pearson's Correlation technique, with the weakness in this study being that emotion-focused coping does not have a linear relationship. The hypothesis test of the study showed a significance value $r = 0.34$, (p) = 0.032 ($p < 0.05$) indicating that there is a relationship between problem focused coping and maternal self-confidence in mothers with postnatal depression and a significance value $r = 0.08$, (p) = 0.607 ($p > 0.05$) indicating that there is no relationship between emotion-focused coping and maternal self-confidence in mothers with postnatal depression.

Discussion

This study found that there was a correlation existed between coping strategies and maternal self-

confidence in the problem-focused coping dimension, but there was not correlation between the emotion-focused coping dimension and maternal self-confidence. The correlation between problem-focused coping and maternal self-confidence is positive, indicating that the higher the problem-focused coping in postnatal depressed mothers, the higher the maternal self-confidence they have. In addition, there was not relationship between emotion-focused coping and maternal self-confidence in postnatal depressed mothers. It means that emotion-focused coping did not correlate directly with maternal self-confidence.

The results of this study are reinforced by previous research by Alshowkan et al. (2023), which stated that the use of problem-focused coping in postnatal mothers can improve maternal mental well-being, where mothers with problem-focused coping can be more capable and confident in carrying out their roles as mothers. Research by Leahy-Warren (2011) stated that mothers with postnatal depression who receive good social support will have good maternal self-confidence. Social support is a sub-dimension of problem-focused coping, instrumental support, where individuals will try to seek help and support from people around them (Carver, 1997).

Guardino and Schetter (2015) found that problem-focused coping carried out by mothers can improve their well-being and self-confidence. Mothers with problem-focused coping strategies will have the ability to adapt in caring for children, and mothers will feel calmer when facing problems and confident in finding a way out of the problems they experience. In contrast, the use of emotion-focused coping does not

significantly improve maternal self-confidence in caring for their children. Mothers who rely on emotion-focused coping typically focus on regulating their emotional responses to manage stress caused by problems (Salleh et al., 2022). However, it is known that mothers with postnatal depression often struggle with emotional regulation, making this strategy less effective in enhancing their confidence (Visted et al., 2018).

The selection of coping strategies used is based on available resources, which are owned by individuals and will help them in addressing experienced issues, dealing with problems experienced such as personality, self-concept, health conditions, and economy (Maryam, 2017). The use of coping strategies will also be based on the individuals' assessment of the problems faced. When individuals consider that the problems experienced can still be controlled and resolved, they will tend to use problem-focused coping. Conversely, when individuals feel unable to handle existing problems, they will tend to use emotion-focused coping (Lazarus & Folkman, 1984).

Other findings in this study indicate that the dominant coping strategy used by mothers is problem-focused coping. Of the 40 mothers with postnatal depression, 35 (87.5%) used problem-focused coping, while only 5 (12.5%) used emotional focused coping. This shows that the majority of mothers predominantly relied on problem focused coping strategies

These findings are aligned with the research conducted by Andarini and Ulya (2022) which found that mothers who experience disorders during the postnatal period tend to use problem-focused coping. Problem-focused coping as a strategy used shows that mothers

are trying to find ways to solve the problems they experience. When individuals have the determination to do something that is needed or desired, it can increase their self-confidence (Amri, 2018).

Mothers with problem-focused coping will make various efforts that can help mothers get out of uncomfortable feelings and environments. The use of problem-focused coping will prevent mothers from getting lost in sadness and guilt when they feel unable to offer optimal care and support for their children (Rahmandani, 2009). Meanwhile, mothers who use emotion-focused coping will try to overcome emotions and internal problems, but this strategy does not impact how mothers care for children (Rahmawati, 2019).

The accuracy of the use of coping strategies by postnatal mothers will have a positive effect on the mothers, including the ease of mothers in regulating emotions, increasing the capability of the mother to interact with children and increasing the mother's confidence in providing good care and nurturing to children (Kapti et al., 2022). Research by Alshowkan et al. (2023) stated that the coping strategy that can improve mental well-being in postnatal mothers is problem-focused coping. Meanwhile, mothers who use emotion-focused coping will be more susceptible to stress (Chiavarino et al., 2012).

Research by Amna and Khairani (2024) found that mothers who experienced postnatal depression had high maternal self-confidence, and which is aligned with the results of this study. High maternal self-confidence in mothers who experienced postnatal depression can be caused by various factors, including the knowledge that the mothers have. Saleh (2011) stated that individuals'

level of knowledge will affect their self-confidence. Lestariningsih and Kusyanti (2018) also stated that mothers with good knowledge will have good self-confidence in breastfeeding their children. The mother's self-confidence in breastfeeding is a sign of a mother who has good maternal self-confidence. Research conducted by Nufus et al. (2021) in Banda Aceh found that most mothers knew about breastfeeding, which was in the good category.

Age can also be a factor in good maternal self-confidence in mothers (Saraung et al., 2017), in this study as many as 92.5% of mothers were in early adulthood while the other 7.5% were in middle adulthood. This age is considered a mature age, where mothers of that age are considered to have been able to put aside any problems they faced, so they can still provide care, nurturing, and breastfeed their children well (Nufus et al, 2021).

Conclusion

This study found that problem-focused coping was related to maternal self-confidence, while emotion-focused coping was not related to maternal self-confidence. This study also found that age was a factor that influenced maternal self-confidence. In addition, based on the findings of this study, it can be concluded that most mothers with postnatal depression in Banda Aceh are in the mild category, with the dominant coping strategy used is the problem-focused coping strategy with maternal self-confidence is in the high category.

Mothers with postnatal depression are advised to be able to recognize the source of the stressor they are facing by trying to do self-reflection and apply

mindfulness behavior to understand what they are feeling and find out the cause of the emergence of these feelings. This can help mothers in choosing the right coping strategy so that it is effective in alleviating symptoms of depression and effective in improving the mothers' health condition.

It is hoped that professional health workers can use this study as a reference that postnatal mothers are susceptible to depression. Based on these findings, it is hoped that psychological treatment programs can be continued, improved, and started to be given since pregnancy, and not only given to mothers, but also to their partners to prevent, minimize, and reduce the severity of symptoms of mothers with postnatal depression.

For next researchers that interested in studying coping strategies and their relationship to maternal self-confidence in mothers with postnatal depression, they can use the findings of this study as an additional reference to conduct other research using different methods, such as using qualitative research methods to develop a more in-depth understanding of coping strategies carried out by mothers with postnatal depression, or can also add studies of other research variables, such as age which can also affect the condition of mothers after giving birth.

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