

Factors that Influence Self-Efficacy in Maintaining Personal Hygiene of Postpartum Mothers

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Abstract

Background: At present the health status of mothers and babies in Indonesia is still low, which is marked by high maternal mortality rate (MMR) and infant mortality rate (IMR). Mothers and families must be able to carry out their roles and functions related to postnatal maternal health care and the health of their babies. Mother's personal hygiene helps reduce the source of infection and increases the feeling of comfort in the mother and thus increase the self-efficacy of postpartum mothers to care for their babies. The purpose of this study is to determine the direct and indirect influence of the role of health personnel, family support, physical conditions, sources of information and social environment to self-efficacy in postpartum mothers in maintaining personal hygiene at Pasir Mulya Health Center of Bogor City in 2017.

Methods: This research study used cross-sectional design. The data collection with a total sample of 60 participants was taken from questionnaires. The analysis method used was the Structural Equation Model (SEM) using SmartPLS 2.0.

Conclusion: The self-efficacy variable of the postpartum mother in maintaining personal hygiene at Pasir Mulya Health Center of Bogor City was influenced by information source (2.61%), family support (6.39%), physical condition (31.62%), information source (39.40%) and social environment (24.72%). Total direct and indirect influence of self-efficacy of postpartum mother in maintaining personal hygiene was 56.44%. The study showed that when the mother received more information, then the self-efficacy will be higher. If a postpartum mother has high self-efficacy, the personal hygiene will improve as well and lower the maternal and infant mortality rate.

Keywords: Mother, personal hygiene, postpartum, self-efficacy.

Introduction

Self-efficacy is an individual's belief in his ability to produce the expected action on events that affect their lives. Self-efficacy determines how individuals feel, think, and motivate themselves and act. Furthermore, Bandura explains that self-efficacy is related to self-belief that one is able to control difficult situations and believes that one is able to overcome adverse situations.

High self-efficacy will lead individuals to overcome challenges and obstacles in achieving goals. So, it can be concluded that self-efficacy is a person's assessment of her own ability to do something and get the desired results.⁽¹⁾

The postpartum or puerperal begins after the placenta is delivered and ends when the uterine uterus returns to its state before pregnancy. The puerperium lasts for about 6 weeks or 42 days, but overall it will recover within 3 months. Blood that comes out before giving birth is accompanied by signs of birth, so that includes postpartum blood as well. To help speed up the healing process during the puerperium, the postpartum mother requires an adequate diet of calories and protein, requires adequate rest and also especially hygiene of

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the mother. Mother's personal hygiene helps reduce the source of infection and increases the feeling of comfort in the mother. The health personnel should encourage mothers to maintain personal hygiene by taking regular baths at least 2 times a day, changing clothes, bedding, and the environment in which mothers live.⁽²⁾

Maternal mortality rate is one indicator of the success of health services in a country. According to the WHO report in 2014, maternal mortality rate (MMR) in the world reached 289,000 people, divided into several countries, including the United States reaching 9,300 people, North Africa 179,000 people and Southeast Asia 16,000 people. Whereas based on the 2012 Indonesian Demographic and Health Survey (IDHS), the Maternal Mortality Rate in Indonesia stands at 359 per 100,000 live births.⁽³⁾

According to the World Health Organization (WHO) in 2011, health is a healthy condition that is intact physically, mentally and socially and not only free from disease. Maternal and infant health problems are national issues that need to get top priority, because they determine the quality of human resources for future generations. The strength of a community lies in the health of the mother and the baby that is obtained from the family or the closest person to the postpartum mother. The maternal mortality rate (MMR) and infant mortality rate (IMR) in Indonesia are the highest compared to other ASEAN countries. Many factors can affect the self-efficacy of postpartum mothers, one of which is physical appearance. Other physical conditions that also affect the physical and social health of the mother (social environment) are fatigue, perineal disorders, cesarean section, back disorders, hemorrhoids, headaches, constipation, urinal incontinence, sleep disorders, lack of sexual desire, and painful sexual relations.⁽⁴⁾

Maternal Mortality Rate (MMR) in Indonesia which is one indicator of the degree of women's health is still high. It is the highest in ASEAN countries. The latest Indonesia Demographic Health Survey in 2007 showed that Indonesia's MMR reached 228 per 100,000 live births (Maternal Mortality Rate). This figure is still high, although it has declined from 2002/2003 which reached 307 per 100,000 live births.⁽⁵⁾

Maternal mortality during pregnancy and birth has an impact on the increase in MMR in Indonesia. The

main cause of maternal death according to Wiludjeng (2005) was dominated (91.7%) by obstetric death due to complications of pregnancy, childbirth and the puerperium which included bleeding, eclampsia and infection.

At present, the health status of mothers and babies in Indonesia is still low, marked by the still high maternal mortality rate (MMR) and infant mortality rate (IMR). Maternal mortality rate (MMR) is the number of maternal deaths due to birth and complications of pregnancy, childbirth and the puerperium (42 days after pregnancy ends) per 100,000 live births. While the Infant Mortality Rate (IMR) is the number of infant deaths calculated against 1000 or 10,000 live births.⁽⁷⁾

Optimal postpartum care at home will have a profound effect on the physical and mental health status of the mother.⁽⁸⁾

The purpose of maintaining the cleanliness of postpartum mothers is to meet the needs of mothers after give birth, including preventing postpartum infections. Maintaining personal hygiene is not only aimed at preventing infection, but also is a basic need that must always be met to maintain health, both physically and psychologically. Mother's self-efficacy in maintaining personal hygiene is influenced by various factors, including culture, social values in individuals and families, knowledge about self-care, and perceptions of self-care.⁽⁹⁾

The purpose of this study is to determine the direct and indirect influence of the role of health personnel, family support, physical conditions, sources of information and social environment to self-efficacy in postpartum mothers in maintaining personal hygiene at Pasir Mulya Health Center of Bogor City in 2017.

Method

This study was conducted using descriptive research method with cross sectional approach where the relationship of exogenous and endogenous variables was measured at the same time with the aim to determine the direct and indirect effects between the influence of the role of health personnel, family support, physical condition, sources of information and social environment on themselves efficacy in post-partum mothers in

maintaining personal hygiene in 2017.

The population in this study was postpartum mothers at Pasir Mulya Health Center of Bogor City. The total amount of sample in this study was 60 participants. The processing of this data uses Structural Equation Modeling (SEM) analysis, where the number of indicators is multiplied by 5 to 10. Since the number of indicators used in this study is 12, the sample is in the range of 60-120 people. Sampling is determined using the inclusion and exclusion criteria as follows:

1. Inclusion Criteria

- a. Primipara postpartum mother
- b. Willing to be a participant
- c. Live around PasirMulya Health Center of Bogor City

2. Exclusion Criteria

- a. Not willing to be a participant
- b. Participants were sick when the study was conducted
- c. Participants were not available when the study was conducted.

The method of sample collection in this study was random sampling. The measurement technique used a semantic differential scale to measure attitudes, perceptions and opinions of people or groups of people about social phenomena that have a 5-point scale. In regard to Semantic Differential Scale, the variables in this study were measured and will be explained into sub-variables which were then given indicators according to variables before it was distributed to participants. The response value was arranged at an extreme continuum which represented attitude, for example: good-bad, positive-negative, like-dislike.⁽¹¹⁾

To obtain the required data, this study used data collection through questionnaires. The researcher asked for approval from the selected sample through Informed Consent. The validity and reliability test aimed to check whether the instruments could measure the expected variable and indicator and whether the result will be accurate and reliable. In this study, the validity and

reliability were tested using Smart Partial Square. If a loading factor of 0.5-0.6 is obtained, it is said to be valid (if the value of 0.5-0.6 can still be tolerated as long as the model is still in the stage development), but the recommended loading factor is above 0.7.⁽¹²⁾

Average Variance Extracted (AVE) value in this study is used to measure how much variance can be captured by the construct compared to the variance caused by measurement errors. The AVE value obtained must be greater than 0.5. A reflective indicator is declared valid if it has a loading factor above 0.5 for each construct that is intended based on its substantive content which can be seen from the significance of the weight ($t = 1.96$).⁽¹²⁾

The data was obtained in the form of composition and frequency of the sample, presentation of Structural Equation Modeling (SEM) analysis, presentation of this hypothesis in the form of research based on the output of data processing results.

Result

Out of 60 participants, the total participants aged 15-20 years were 22 people (36.7%) and aged 21-25 years were 38 people (63.3%). Based on educational level background, participants with low education (primary and junior high school) were 43 people (71.7%) and participants with high education (high school / college) were 17 people (28.3%). Meanwhile according to the work status, housewife group were found with 41 participants (68.3%) and entrepreneur group as many as 19 participants (31.7%).

The Smart Partial Least Square (PLS) output for loading factors produced the following results: all indicators used in the study were obtained by evaluating the results of cross loading (discriminant validity) on all indicators. Data processing analysis showed that the construct used in forming a research model, in the confirmatory factor analysis process has met the predetermined criteria. The probability values shown a value bigger than 0.05.

Table 1. Evaluation of R-square of family support, physical condition, social environment, health personnel role, information resources factors toward self-efficacy in maintaining personal hygiene of postpartum mothers

Variables	R-square
Self-efficacy	0.763243
Family support	0.571830
Physical condition	0.494939
Social environment	0.172096
Health personnel role	0.000000
Information sources	0.615259

From Table 1, it can be seen that the variability of the role of health personnel contributing to self-efficacy is 76.32% and the remaining 23.68% is influenced by other variables not examined in this study. The role of health personnel and self-efficacy contributed to family support by 57.18% and remaining 42.82%, the role of health personnel, self-efficacy and family support contributed to physical conditions by 49.49% and the remaining 50.51%, the role of health personnel, self-efficacy, family support and physical conditions contribute to social environment by 17.20% and the remaining 82.8%, the role of health personnel, self-efficacy, family support, physical conditions and social environment contributed to information sources by 61.52% and the rest was 38.48%.

Table 2. Percentage of Influence Among Variables towards Self-Efficacy

Source	LV Correlation	Direct Path	Indirect Path	Total	Direct (%)	Indirect (%)	Total (%)
Health personnel role	0,124	0,211	0,9247	1,1355	2,62	0,46	3,07
Family support	0,164	0,390	0,3338	0,7237	6,40	0,42	6,82
Physical condition	0,236	0,134	0,2783	0,4126	3,16	0,40	3,56
Information sources	0,611	0,645		0,6449	39,40		39,40
Social environment	0,602	0,411	0,0749	0,4857	24,75	0,04	24,79
Total					76,32%	1,33%	77,65%

Based on the pattern of relationships between variables described in the conceptual framework, there were direct and indirect relationships. The results of the parameter coefficient test between the role of health personnel on self-efficacy showed direct influence of 2.62% while for the indirect effect of the role of health personnel on self-efficacy of puerperium in maintaining personal hygiene by 0.46%. There were 6.40% direct influence between family support and self-efficacy in maintaining personal hygiene of postpartum

mothers and 0.42% indirect influence. While the direct influence between physical condition and self-efficacy in maintaining personal hygiene of postpartum mothers resulted in 3.16% and the indirect influence showed 0.40%.

Information sources directly influences self-efficacy in maintaining personal hygiene of postpartum mothers. The result of the parameter coefficient test between the source of information directly affects the self-efficacy of the postpartum mothers in maintaining personal hygiene

which showed the amount of 39.40%.

Discussion

Based on the test results, the direct influence of the role of health personnel is smaller than the indirect effect. The T-statistic value indicated there was a significant influence between the role of health personnel on the self-efficacy of postpartum mothers in maintaining personal hygiene at Pasir Mulya Health Center of Bogor City in 2017. If the role of health personnel is increased then the self-efficacy of postpartum mothers in maintaining personal hygiene will be increased as well. Health personnel are expected to be able to help provide a way out in overcoming health and nursing problems and provide health education to postpartum women / individuals, groups, and communities both at home, in the community, as well as instill healthy behavior to achieve optimal health levels.

The role of health personnel and family support is an important part of a person, so that the post-partum mothers will be able to maintain personal hygiene during the postpartum period and appreciate themselves. The role of health personnel can be described as verbal or non-verbal information or advice, tangible assistance or actions obtained due to the presence of health personnel and have emotional benefits or behavioral effects for mothers especially during give birth, especially those relating to health reaction with other.⁽¹⁴⁾ Postpartum mothers who get information from others and the mass media will tend to have better knowledge about self-care in maintaining personal hygiene during the puerperium. By getting good information about postpartum care will have an impact both on physical condition and self-efficacy.

Postpartum mothers who receive attention and family support can increase the mother's self-efficacy in maintaining personal hygiene during the postpartum period because they have received information and advice from the family.⁽¹⁵⁾

Family social support can be in the form of internal family social support, such as support from husband or wife and support from siblings or external family social support.⁽¹⁶⁾ From the test results of the parameter coefficient between family support and maternal self-efficacy showed there was an indirect effect of family

support through physical conditions and sources of information by 0.042%. Family support influences postpartum mother's self-efficacy through physical conditions. Much evidence is shown that postpartum mothers who are cared for and loved by their family and social environment during caring for themselves in the postpartum period will show fewer emotional and physical symptoms, more easily to adjust to their new role. This is believed because there are two main needs that are demonstrated by the achievement of the mother's role, namely receiving signs that she is loved and valued, also the need for acceptance of her partner.⁽¹⁷⁾ Through its function, midwives as health personnel must be able to harmonize information about good care with the family and community so that the postpartum mothers will not feel afraid or hesitant to maintain personal hygiene during give birth. Midwife's ability to carry out tasks or decision-making that is compatible with their role in the organization that is relevant to all expertise, knowledge, and the presence of knowledge from the mother.

Conclusion

It can be concluded that information sources, role of health personnel, family support, physical condition and environment affected the self-efficacy of postpartum mothers in maintaining personal hygiene.

Ethical Clearance: An approval for the study was obtained from the protocol committee and institutional ethical committee of Wijaya Husada Academy of Midwifery.

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