

8-1-2019

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Recommended Citation

Agil, Hilda M.; Watanabe, Kumi; Tanaka, Emiko; Afiyanti, Yati; and Anme, Tokie (2019) "Factors influencing Indonesian male partners' support in the postpartum period," *Makara Journal of Health Research*: Vol. 23 : Iss. 2 , Article 4.

DOI: 10.7454/msk.v23i2.10636

Available at: <https://scholarhub.ui.ac.id/mjhr/vol23/iss2/4>

Factors influencing Indonesian male partners' support in the postpartum period

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Abstract

Background: Lack of male partners' postpartum support can cause postpartum depression (PPD), a serious mood disorder, in women. Thus, to prevent PPD, it is important to clarify the factors influencing male partners' postpartum support. **Methods:** In total, 62 male partners of postpartum women at 1 week–6 months after delivery, living in South Jakarta, were invited by assistance from community volunteers. Focus group interviews were employed; participants were grouped depending on their residences and asked about their behaviors in supporting postpartum women. Interviews were documented using two voice recorders and two video recorders. The content analysis method and Bertalanffy's system theory of internal and external factors of health behaviors was utilized to develop units and codes. **Results:** The analysis identified five codes of individual-level factors: (1) knowledge; (2) belief; (3) social and life adaptation skills; (4) psychological disposition; and (5) physiological condition. Three codes of community-level factors included: (1) social support; (2) media; and (3) socio-cultural and economic. Two codes of social policy-level factors included (1) health care system and; (2) Indonesian societal laws and regulations. **Conclusions:** Various internal and external factors influence Indonesian male partners' postpartum support. Different interventions for these factors might be impactful in preventing PPD.

Keywords: male partner, depression, postpartum period

Introduction

Postpartum depression (PPD) is a serious mood disorder that affects approximately 10%–15% of adult mothers annually.¹ An Indonesian study showed that the national prevalence of PPD was 2.32%, and approximately 104,400 Indonesian postpartum women suffer from PPD annually.² PPD occurs because of various factors such as low economic status,^{3,4} stressful life events (e.g. violence from parents in adolescence or from a partner^{3,5,6}), and alcohol consumption.⁶ Additionally, previous studies revealed that lack of social support received by mothers, particularly from male partners, is the biggest factor causing PPD.^{5,7,8} These findings deserve more attention because a recent study identified Indonesia as a fatherless country, not because of the huge number of orphans but owing to men's ignorance about raising children.⁹ Along these lines, it can be speculated that the absence of male support due to lack of knowledge might contribute to PPD occurrence in Indonesia.

Several studies have identified internal and external factors influencing male partners' support during pregnancy and the postpartum period. Previous studies have identified internal or individual factors, including age, education level, lifestyle, race, beliefs and values, as

the factors determining male partners' postpartum support.^{10–12}

However, few studies have discussed this topic in Indonesia, where the incidence of PPD is increasing and the involvement of male partners in supporting females during postpartum period is declining. To improve male partners' postpartum support, it is essential to clarify the factors that influence the support. Obtaining original perspectives from Indonesian male partners and exploring how patriarchal beliefs in the community affect their behavior in providing support will clarify this issue. Thus, the current study aimed to evaluate the factors that influence male partners' postpartum support.

Methods

The current research employed a focus group interview (FGI)-based and qualitative content analysis design.

Recruitment. Purposive sampling method was used in this study to recruit participants. Community volunteers in Jagakarsa supported the recruitment process by distributing invitations to postpartum fathers who met the inclusion criteria: male partners with postpartum wives at 1 week–6 months after delivery, residing in South

Jakarta, and with the ability to speak Indonesian. A total of 62 postpartum fathers were invited, but only 49 participants who were interested in voluntary participation gathered on the interview day and received a detailed explanation of the study aim.

Focus group interviews. Eight FGIs were conducted at community halls, and all participants were asked to complete the consent form before starting the interview. In total, 49 participants consented to participate and were divided into eight groups based on their residential area. Each group contained three to eight participants; the participants were provided snacks and drinks during the interview. During the 60–75-min interview, the entire process was documented using two voice recorders and two or three video recorders.

A moderator led the interview and asked participants three main questions: (1) What kind of support have you been providing to your wife during the postpartum period? (2) What kind of factors influence you to provide support during postpartum period? (3) From your own experience, what do Indonesian male partners need to improve in their support during the postpartum period? In the current study, two observers supported the interview documenting process by noting important points that arose. The observers are experts in qualitative research and have conducted several studies.

Ethical considerations. Ethical clearance and research permission were obtained from the University of Tsukuba (972) and the Indonesian Ministry of Home Affairs (440.02/772/Polpum).

Data analysis. This study employed the content analysis technique for making inferences by systematically and objectively identifying specified characters within the text.¹³ Content analysis consists of the following necessary steps that were applied in this study¹⁴: (1) initial preparation of data, (2) constructing a coding scheme, (3) preparing the data units, and (4) coding the data. First, data transcriptions were performed by two independent professional transcribers without any omissions. The transcription included the full answers of participants, as well as participants' nicknames. Important notes made by observers in the interview were also prepared during this period. During analysis, participants' answers were shortened into items and then developed into concepts without omitting the phenomenological essence.¹⁵ The codes in the current study were defined as categories of words reflecting the concepts, and codes were justified from Cole et al.¹⁶ about internal and external factors that encourage or discourage health-relevant behaviors. The internal factors included (1) knowledge; (2) attitudes, beliefs, and core values; (3) social and life adaptation skills; (4) psychological disposition; (5) and physiology. External factors included (1) social support; (2) media; (3) socio-

cultural, economic, and political factors; (4) biological factors; (5) health care system; (6) environmental stressors; and (7) societal laws and regulations.

The units were developed from codes by employing general system theory¹⁷ to define source levels of influencing factors for male partners and consisted of individual, community, and social policy levels. This theory helped develop a systematic framework and explain how multiple elements interacting at an individual level represent the internal factors; these factors consisted of knowledge level, beliefs and core values, life adaptation skills, psychological disposition, and physiological condition. While the external factors are built into community and social policy. After completing the analysis, the coding process required other professionals' opinions about the coding scheme and grouping. The current study obtained inter-coder agreement from other professionals on this study theme.

Validity and reliability. In the current study, the researchers followed several steps to maintain validity: (1) moderator joined an FGI training and workshop to acquire certain skills in managing FGI dynamics; (2) the moderator and observers held a briefing just before the FGI to minimize any misconception; (3) the questions were arranged systematically; (4) data triangulation was performed by employing transcription and memos made by observers; and (5) peer debriefing was used to enhance the accuracy of the data; the last step involved including opinions from professionals on this theme who have conducted FGIs several times. Last, as the leader, the main researcher independently took all decisions regarding the study, beginning from obtaining ethical clearance, the recruitment process, interviewing, analysis, and writing the report; all these were done systematically. The researcher followed all the written rules on ethical clearance to implement the study and treat the data during the analysis. The different results were discussed and arranged together until a high-level agreement was achieved.

Several steps were also taken to maintain reliability. The transcriptions were checked many times to ensure they contained no obvious mistakes. The codes were developed by adapting a theory of factors influencing people's behavior; then the researcher had discussions with observers and professionals involved in the current study until agreement was achieved. The establishment of theories in the development of codes contributed to maintaining consistent reliability.

Results

Participants' demographic data. Participants came from various backgrounds, and their experiences were heterogeneous (Table 1).

Individual factors influence Indonesian male partners' postpartum support

Knowledge level related to providing postpartum support. Participants considered knowledge level about the postpartum period as a factor that influenced them in providing support. As found in the concept, once the participants had more knowledge about the importance of their roles in providing support and about the type of postpartum support that can be provided, they provided greater support.

"...yes right, it is about knowledge... many fathers don't know their roles..." (13M. P2)

Moreover, male partners felt helpless to support postpartum mothers if they had no idea how to deal with babies.

Attitudes, beliefs, and core values. Attitudes, beliefs, and core values of participants were believed to be important variables that influenced the development of their attitude in providing support for postpartum women.

Table 1. Characteristics of participants

Characteristics	n	Percentage (%)
Age (in years)		
20–40	36	73.5
41–60	13	26.5
Pregnancy status		
Planned	33	67.3
Unplanned	16	32.7
Number of babies		
Primipara	19	38.8
Multipara	30	61.2
Education level*		
<12 years	14	28.6
≥12 years	35	71.4
Income		
<City standard	15	30.6
≥City standard	34	69.4
Work time		
Regular**	24	48.9
Irregular	25	51.1
Family structure		
Extended***	28	57.1
Nuclear	21	42.9

*12 years-year education is a compulsory and provided by government

**Regular working time or office hours (08.00 am–04.00 pm)

***Beyond the nuclear family (including grandparents, uncles, relatives)

Participants were convinced that their attitude was determined by life guidance, which mostly came from religious and cultural values: "So, I think culture and religion, affect the behavior of a husband at the time postpartum to support his wife. They are the basis for the provision of support." (25S. P2). Another participant emphasized religion as his core belief: "I will also mention regarding religion, for me it is a core belief. Well because I am a Muslim, my belief is what has been taught by my religion then I apply it." (25S. P1). Among Indonesian male partners, dogma greatly influences their behaviors in supporting postpartum women.

Life adaptation skills related to providing postpartum support

This code is defined as adaptive and positive behavior that enables individuals to deal with the demands and challenges of everyday life, especially in providing postpartum support. Time availability, the ability to cover all family needs, and experience level are three concepts included in the life adaptation skills code. Job demands limit male partners' availability to spend time with their wives: "... for example, because of the demands of the job. At last, we came back home until 9 pm, like that" (25S. P2). Although male partners wanted to help, there were jobs to be finished, which was considered a difficulty for them: "the matter of time, like the clash at the same time with my job or not. The difficulty like that." (4M. P3).

Ability to cover all family needs, which was strongly related to financial condition, contributed to the quality of Indonesian male partners' support. "Our baby needs vitamins, needs good care, like that right? Everything needs money" (13MJ. P2). "We can't ignore, that material things are necessary. Err what, like daily needs. Start from the baby food, baby milk, those also we need. We can't be naive, sometimes it has not been fully covered by us." (10M. P3). Participants felt they could not provide all family needs properly because of limited income, hence, their support was considered non-optimal.

Some participants said that they were unready to interact with the new baby inducing a sense of fear that influenced the provision of support. Especially for a first-time father who had no experience dealing with the postpartum period and with a baby, "...when I was single, I lived alone, so I didn't get used to being with a baby" (10M. P1). Many of them experienced increased fear about helping with baby needs, "I was frightened with the baby, yeah because of being unaccustomed to holding the baby" (10M. P2), "I was so frightened or yeah like that feeling. Because I have never done it before." (13M. P2). Meanwhile, another participant with more than one baby stated that previous experience taught him better activities to provide support: "because err we have a memory from previous experiences. Ooh, I was doing like this way. Err or also just learning by doing" (25S. A).

Psychological disposition. Psychological disposition code in the current study referred to the mood status of male partners. The discrepancy between what was expected by the male partners and the events that actually happened impacted their mood status, and hence, the quality and quantity of support they could provide. If the reality matched what the male partners had expected, it prompted them to help their wives in the postpartum period: *“when the baby was crying, or something. Sometimes we were thinking, why it can happen like this. But then, we would remind, it was something that we expected”* (13M. P3). When male partners were tired or frustrated, they would try to help and take more roles at home because having a baby met their expectations. However, unexpected things obviously would also decrease their willingness to help: *“... an example like unexpected, unplanned pregnancy would decrease the responsibility as well”* (13M. P2).

Physiological. Physiological conditions related to the health status of postpartum women and their male partners also contributed to the support quality of male partners. Participants stated that they would provide more support if their wives needed extra rest for recovery: *“when my wife was not feeling well so I must be an alert husband.”* (13M. P5), or if they looked exhausted: *“yeah it’s like when my wife is sick, I kept accompanying her”* (13M. P4). Yet, when postpartum women were in a good condition, regarding their mood or health, male partners’ support somehow decreased: *“when her health is getting better. When her condition became better, I did not help her that much. Because if she was not in good, she would feel pain right? So, I still assisted”* (13MJg. P4).

Aging was also considered to be a physiological factor that keeps changing and influences male partners’ postpartum support. A participant stated that when he was younger and still had one baby, he was still fresh and could do more things to provide support. *“Regarding postpartum, the thing that influences is our age itself for sure. Maybe we were younger on our first child”* (25S. PB). However, in the current situation it became difficult for him to provide support owing to his changing body.

Community factors influence Indonesian male partners’ postpartum support

Social support from others. Support from others was defined as help from other parties, such as parents, parents-in-law, relatives, neighbors, or coworkers. *“In a way, parents help more. Sometimes when separated, parents certainly give their hand because they know more. The role of grandma and grandpa can’t be denied”* (10M. P3). Another participant added that this condition is related to Indonesian customs, which involve strong kinship or tendencies to be close to one another: *“for Indonesian, parents always give full support, present, and be there, at least they come in a week”* (13M. P1).

The availability of informational support from the environment was also considered an important factor to improve male partners’ involvement. When postpartum-related information from the environment is limited, male partners provide limited support. *“It’s a good idea to hold the counseling at office, or socialization of father’s role example like how to educate child”* (13M. P2). Information derives not only from formal institutions, but also from community health volunteers living in the same environment: *“then all of the things related to child health. Praise to Allah, there is a Posyandu (health center). So everything about what, illness that can harm in post toddler.”* (13MJg. P7). Nonetheless, the information available was considered to focus just on women’s knowledge: *“everywhere there are only talks about being a good mother, not a single word about being a good father, nothing”* (10M. P4). Indonesian postpartum fathers felt neglected under current conditions; hence, there is a need to develop a support system for both postpartum parents.

Media promotion. Media promotion in Indonesia through channels such as television, radio, magazines, and others that provide information about the postpartum period and male partners’ roles was considered an influencing factor. Participants said that media coverage related to the postpartum period is still limited in Indonesia. *“Fathers also need information on media. Information nowadays is limited about postpartum matters”* (13MJg. P5). *“Only spotting several medias, no yet to be summarized as a handbook”* (29F. 4). Through media, Indonesian male partners expected to gain more information regarding their postpartum roles and improve their involvement.

Socio-cultural and economic values. Patriarchal beliefs are still common in Indonesian communities. This belief states that a man only needs to go to work and is not expected to do housework; hence, it impacts male partners’ attitudes in helping postpartum women at home: *“yes, maybe there’s a husband who feels embarrassed at that time, or their dignity put upon. They do not want to dry the clothes, as an example”* (5M. P3). A participant agreed that patriarchal beliefs strongly influence Indonesian male partners in providing support: *“men just work, it’s their duty to provide family needs. Just leave the stuff at home to wives, that’s usual here, and it happens”* (5M. P3).

The next concept concerns when Indonesian male partners feel hampered by economic conditions. Expensive prices for baby needs, or even for other goods, influence their ability to provide support in many ways: *“err what kind of constraints? The constraints anyway if I see economic issues. On delivery time and postpartum period”* (5M. P3). Another participant was convinced that Indonesian economic factors were a common constraint: *“in Indonesia was more likely to define as*

economic factors. Fathers sometimes have to work early but come home very late, yet the income is not worth it" (25S. P2).

Social policy factors influence Indonesian male partners' postpartum support

Health care system. Difficulty accessing the health care system in Indonesia hampers male partners from obtaining appropriate support from professionals. Especially, access to information from professionals about the postpartum period and their roles in it, or even some biases in information between communities and professionals, were concerns: "there is a difference in information between professional and parents. One side we're guided by the professional. The one hand, from parents" (4M. P6). Moreover, the Indonesian health system classifies people based on their economic status, which impacts which health services can be accessed. This kind of system hampers Indonesian male partners from obtaining optimal support or access from professionals, especially for those of low-economic status: "sometimes the midwives or nearby clinics would ask about our 'class,' please excuse me, the class refers to economic status level" (5M. PC).

Indonesian societal laws and regulations.

Unsupportive policies for male partners in Indonesia during childbirth and postpartum period are a factor influencing male partners' quality and quantity of support. Unavailability of paternal leave limits male partners' time to attend and provide support for wife and baby. Thus, if the company provides paternity leave, male partners would have more time to spend with family and provide optimal support: "luckily, when my 2nd baby was born I could get more days off, so I automatically spent more and more time at home helping my wife" (25S. P3).

Unfortunately, few companies have this policy, hence male partners' involvement is still limited in Indonesia. These conditions influence male partners' ability to provide support to their wives, particularly during the early postpartum period.

Discussion

Individual factors influencing Indonesian male partners' support. The current findings clarified that Indonesian male partners really wanted to help postpartum women, but they lacked knowledge regarding what needed to be done.

Table 2. Summary of units, codes, and concepts retrieved from transcribed interviews

Units/Codes	Concepts
Individual	
Knowledge level related to providing support in the postpartum period	Having awareness to provide postpartum support Having appropriate knowledge about providing postpartum support Don't know what should be done to help during the postpartum period
Beliefs and core values	Religious beliefs Cultural beliefs
Life adaptation skills related to providing support	Time availability Ability to cover all family needs Experience level
Psychological disposition regarding expectations and reality	Viewpoint between expectation and reality
Physiological condition	Postpartum women's mental health status Postpartum women's physical health status Sexual needs Male partners' ageing
Community	
Social support from others	Availability of support from family members Availability of support from environment Unavailability of support from environment Unavailability of support from family members
Media for promotional programs	Limited media available related to the postpartum period Information access through media about the postpartum period
Socio-cultural and economic values related to the postpartum period	Social norms related to the postpartum period Values changing related to the postpartum period Culture developed to use easier tools Economic factors
Social policy	
Health care system	Difficulty accessing health facilities
Indonesian societal laws and regulations	Unsupportive policies Unavailable programs for the postpartum period

This result is supported by previous studies¹⁸⁻²⁰ reporting that knowledge-level influences male partners' involvement in helping postpartum women. The more knowledge they possess, the more support they can provide. Along with knowledge, the core values that generally originate from religion, culture, and affiliation with others were also identified as factors influencing Indonesian male partners' support. Core values are often defined as fundamental beliefs of a person to connect and relate to others and the beliefs determining the importance that an individual will place on having contact with and helping others.²² The participants in this study stated that religion and culture determined their behavior in providing support to their wives. Particularly, values derived from religion and culture are still strongly believed in Indonesia.

Life adaptation skills are related to male partners' ability to cover family needs in terms of skill and expenses, as well as time management to deal with coming challenges. Social life adaptation skills, defined as the ability to adapt to the environment, and people with this skill tend to have positive outcomes.²² The current results showed that postpartum experience level would help male partners to provide support in the present. This finding is consistent with a previous study¹⁸ finding that first-time fathers would tend to feel "disconnected" in the early period because of having no previous experience, while "experienced" fathers were more like to give advice from their previous experience.

Because most participants had incomes higher than the city standard, they could cover family needs. However, the remaining participants with lower incomes considered their support was still not optimal because male partners are expected to provide financial support Optimally.^{11,23} This finding differs from that of a previous study that distinguished between financial support and male involvement.²⁴ In addition, the availability of time to spend with family was a factor influencing support provision; hence, time management is an important skill for Indonesian male partners. This finding is supported by a previous study¹¹ reporting that fathers seek to spend more time with their children and to engage with them in caring and playful activities.

Male partners' expectations related to pregnancy were also considered as a factor influencing their postpartum support. Discrepancies between expectations and reality affected male partners' mood. Additionally, Wiemann¹² found that an unplanned pregnancy was significantly associated with low support by Mexican American male partners. In conclusion, expectations might differ across individuals and are difficult to change.

The next factor influencing male partners' support is the physiological condition of both postpartum parents, which consists of postpartum women's health status and

sexual needs and male partners' age. Postpartum women's health status refers to both their mental and physical conditions. Participants confessed that their support likely improved when their wife's condition was not healthy or when she still needed time to recover after a cesarean procedure. In addition to their physical condition, when postpartum women felt anxious or nervous, male partners tried to provide more emotional support. However, when postpartum women's condition became healthier and more stable, participants tended to decrease their support.

Additionally, this study found that male partners' age was a factor influencing their postpartum support. One participant associated age with the physical ability to move. At the birth of the first child, he was younger and could perform many support activities easily, but when he grew older, everything became more difficult. Previous studies have found that male partners' age has significant associations with their ability to provide support,¹⁰⁻¹² however, these studies found that younger male partners tended to provide lower support owing to limited knowledge, experience, and income.

Community factors influencing Indonesian male partners' support. This study found that kinship among Indonesians was a significant factor in male partners' support. The community support system includes family, neighbors, and relatives who are willing to provide help for postpartum women in the form of informational and tangible support. This support allows Indonesian postpartum parents to share their stressors and live a better life. Further, community is defined as membership with a sense of identity and belonging; the members influence and are influenced by one another.²⁵ Therefore, interactions among community members, particularly male partners, occur naturally and shape their belief systems, behaviors, values, and knowledge levels.

The current study clarified the social norms in the community, such as patriarchal beliefs and not expecting male partners to help, that influence male partners in helping their wives to deal with the postpartum period. Consistent results established in previous studies have shown negative social reactions to male partners' involvement.^{11,18} Some urban areas of Indonesia still consider that men should not perform housework and infant care, consistent with patriarchal beliefs. Patriarchal beliefs decrease male partners' involvement and make them felt "left-out" regarding postpartum issues.¹⁸ The norms that applied in the community regarding the postpartum period were shared by all members, and they developed as a common paradigm among them. Supportive values and norms would also help male partners to become more involved, and vice versa.

Social policy factors influencing Indonesian male partners' support. Social policy is the greatest element in

a society because it is a government product that generally considers people's needs and problems. The goal of the policy is to influence people to take up ideas and change their behaviors.²⁶ According to the Alert-Husband program, Indonesian male partners are expected to be involved only during pregnancy and delivery, but their involvement is not required during the postpartum period. Difficulty accessing postpartum information from professionals also shaped male partners' assumption that they are not expected to be involved. These findings support Alio et al.'s²⁷ finding that unsupportive policy often discourages fathers' involvement. However, the development of new government programs like breastfeeding fathers encourages Indonesian male partners to improve their roles. This type of program is expected to develop more in the future to change both community and individual behaviors. As stated in previous study,²⁵ policy forces people to act as expected, therefore, it would be worth applying as an intervention.

Interaction between individual, community, and social policy factors. The government decides national goals that influence the establishment of roles in the community. The current study found limited government programs regarding the postpartum period and limited media coverage or information from others that could be accessed by Indonesian male partners. In this study, media was considered an important variable influencing people to change their behavior; this agrees with a previous finding that media coverage is significantly powerful in determining people's behavior.^{27,29} The stressors that exist in the community, such as economic pressures, also influence people in making decisions and considering risks. This finding is consistent with those of a previous study²⁹ reporting that individual decisions and risk considerations are determined by the community because members are living in the same environment, and, therefore, their views influence each other.

Bertalanffy,¹⁷ using general system theory, explained how multiple elements interact and develop into a system. This theory is also suitable to accurately explain Indonesian male partners' support that is influenced by the interaction among individuals, community, and social policy factors. This finding suggests that no single factor influences people's tendency to take an action, and it is strengthened by general system theory in connecting multiple elements to build a system. Therefore, several interventions can be applied to each element, but the impact would spread to all elements owing to the interaction.

The researchers have made their best efforts to conduct a good study and planned to collect the data from several areas. However, during the study period, the bureaucracy system of Indonesia was quite complicated and the study took longer than planned. The permission to conduct the study could be obtained from only one area, limiting the number of participants. Thus, the results might not be

representative of the general Indonesian population. Last, randomization was not applied in the current study due to the participant number; this may influence the results. Yet, several steps have been followed to maintain the validity and reliability of the study.

Conclusions

The study results showed several internal and external factors classified into three levels of source factors: individual, community, and social policy. The individual level comprises five factors: (1) knowledge level; (2) attitudes, beliefs, and core values; (3) social and life adaptation skills; (4) psychological disposition; and (5) physiological condition. The external factors are classified into two levels: community level and social policy level. The community level further comprises three factors: (1) availability of social support from others; (2) media for promotional programs; and (3) socio-cultural and economic values related to the postpartum period. The last level is the social policy level comprising; (1) the Indonesian health care system; and (2) Indonesian societal laws and regulations. These factors influence each other to construct male partners' paradigm and behavior in supporting postpartum women.

Acknowledgement

We thank all the participants, community health volunteers, Jakarta Health Department Office, and the Faculty of Medicine, Tsukuba University, for their support and cooperation during the research process.

Funding

This research received no specific grant from any funding agency in the public.

Conflict of Interest Statement

There are no conflicts of interest to declare.

Received: February 10, 2019 Accepted: May 20, 2019

References

1. Anoyke R, Acheampong E, Budu-Ainooson A, Obeng EI, Akwasi AG. Prevalence of postpartum depression and interventions utilized for its management. *Ann Gen Psychiatry*. 2018;17:8.
2. Sri I, Basuki B. Postpartum depression in Indonesia women: a national study. *Health Sci J Indones*. 2012;3:3-8.
3. Alhasanah D, Fry-McComish J. Postpartum depression among immigrant and Arabic women: literature review. *J Immigr Minor Health*. 2015;17:1882-94.
4. Kathree T, Selolihilwe OM, Bhana A, Petersen I. Perceptions of postnatal depression and health care needs in a South African maternal health care. *BMC Women Health*. 2014;12:140.

5. Gremigni P, Mariani L, Marracino V, Tranquilli AL, Turi A. Partner support and postpartum depressive symptoms. *J Psychosom Obstet Gynecol*. 2011;32:135–40.
6. Siegel RS, Brandon AR. Adolescents, pregnancy, and mental health. *J Pediatr Adolesc Gynecol*. 2014;27:138–50.
7. Almuitari AF, Salam M, Alanazi S, Alweldawi M, Alsomali N, Alotaibi N. Impact of help-seeking behavior and partner support on postpartum depression among Saudi women. *Neuropsychiatr Dis Treat*. 2017;13:1929–36.
8. Kim THM, Connolly JA, Tamim H. The effect of social support around pregnancy on postpartum depression among Canadian teen mothers and adult mothers in the maternity experiences survey. *BMC Pregnancy Childbirth*. 2014;14:162.
9. Herliani PD. *Assalamu'alaikum Ayah Ibu [Assalamu'alaikum Dad, Mom]*. Jakarta: Elex Media Komputindo; 2018.
10. Iles J, Slade P, Spiby H. Posttraumatic stress symptoms and postpartum depression in couples after childbirth: the role of partner support and attachment. *J Anxiety Disord, Elsevier*. 2011;25:520–30.
11. Sevil U, Ozkan S. Fathers' functional status during pregnancy and the early postnatal period. *Midwifery*. 2009;25:665–72.
12. Tambag H, Turan Z, Tolun S, Can R. Perceived social support and depression levels of women in the postpartum period in Hatay, Turkey. *Niger J Clin Pract*. 2018;21:1525–30.
13. Stone PJ, Dunphy DC, Smith MS, Ogilvie DM. *The general inquirer: A computer approach to content analysis*. Cambridge: MIT Press; 1966.
14. Meyers R. *Content analysis*. UWS Leadership; 2010.
15. Weber RP. *Basic content analysis: Quantitative applications in the social sciences*. USA: Sage Publications; 1985.
16. Cole GE, Holtgrave DR, Ríos NM. Internal and External Factors That Encourage or Discourage Health-Relevant Behaviors; 1992 [cited 2018 August 13]. Available from: http://www.orau.gov/cdcynergy/soc2web/Content/activeinformation/resources/Health_Behavior_Factors.pdf
17. Bertalanffy LV. *General system theory: Foundations, development, applications*. Edmonton, Canada: George Braziller; 1968.
18. Fletcher R, St-George J. Heading into fatherhood-nervously: Support for fathering from online dads. *Qual Health Res*. 2011;21:1101–14.
19. Tohotoa J, Maycock B, Hauck YL, Howat P, Burns S, Binns CW. Dads make a difference: an exploratory study of paternal support for breastfeeding in Perth, Western Australia. *Int Breastfeeding J*. 2009;4:15.
20. Onchong'a JM, Were T, Osero JOS. Knowledge, perception and level of male partner involvement in choice of delivery site among couples at coast level five hospital, Mombas County, Kenya. *Afr J Reprod Health*. 2016;20:71–9.
21. Katherine GL. *The perfect hire: a tactical guide to hiring, developing, and retaining top sales talent*. California: Entrepreneur Press; 2011.
22. Wilkins KG, Santilli S, Ferrari L, Nota L, Tracey TJG, Soresi S. The relationship among positive emotional dispositions, career adaptability, and satisfaction in Italian high school students. *J Vocat Behav*. 2014;85:329–38.
23. Kaye DK, Kakaire O, Nakimuli A, Osinde MO, Mbalinda SN, Kakande N. Male involvement during pregnancy and childbirth: men's perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. *BMC Pregnancy Childbirth*. 2014;14:54.
24. Yargawa J, Leonardi-Bee J. Male involvement and maternal health outcomes: systematic review and meta-analysis. *J Epidemiol Commun Health*. 2015;69:604–12.
25. Sengane MLM, Nolte AGW. The expectations of fathers concerning care provided by midwives to the mothers during labour. *Health SA Gesondheid*. 2012;17:10.
26. Steen M, Downe S, Bamford N, Edozien L. Not-patient and not-visitor: A metasynthesis fathers' encounters with pregnancy, birth, and maternity care. *Midwifery*. 2012;28:362–71.
27. Alio, Amina P. Addressing policy barriers to paternal involvement during pregnancy. *Matern Child Health J*. 2011;15:424–30.
28. Morrison D, Lawrence C, Oehmen. *Community level influence on individual behaviours: Final report for the human behaviour under stress project*. Australia: Bushfire and Natural Hazards Cooperative Research. 2014; p.16–7.
29. Mehraj, Hakim K, Bhat AN, Mehraj HR. Impacts of Median on Society: A Sociological Perspective. *International J Humanitis Soc Sci Invention*. 2014;3:2319–7714.