Social Support of First-Time Mothers: An Exploratory Study of Indonesian Mothers

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Abstract. Ten to fifteen percent of mothers worldwide are studied to develop postpartum depression (PPD) following birth. Although studies suggest significant cases among Indonesian mothers in particular, the prevalence remains unknown. Therefore, this study aimed to investigate support needs of mothers and identify the factors that facilitated or hindered social support. A qualitative study was conducted using in-depth interviews, both online and face-to-face. Furthermore, 13 first-time Indonesian mothers who had given birth in the country and were above 18 years old were selected through purposive sampling. The results suggested that facilitating social support actions included validating feelings, sharing responsibilities, assisting with domestic tasks, providing appropriate advice, and exchanging feelings, knowledge, as well as experiences. Hindering factors included partner ignorance, lack of empathy, promotion of irrelevant traditional beliefs, criticism and comparisons, excessive support, and an exclusive focus on the baby. Future studies were further recommended to provide a more comprehensive understanding of the experiences of first-time Indonesian mothers.

Keywords: Social support, new mothers, postpartum depression, Indonesian mothers

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Introduction

First-time mothers are vulnerable and face significant demands related to maternal roles, physical recovery after childbirth, and meeting the needs of the babies. Studies show that these demands and challenges are often associated with anxiety and depression (Leahy-Warren et al., 2011; Sockol et al., 2014). Furthermore, many first-time mothers develop postpartum depression (PPD) (Ahmad, 2022; Howard et al., 2014; Meltzer-Brody et al., 2018). The availability of support from social environments can also influence resilience in coping with transitional stressors. Numerous studies outline the importance of social support in facilitating the transition to motherhood (Dennis & Kingston, 2008; Holtz et al., 2015; Leahy-Warren et al., 2011; Leahy-Warren & McCarthy, 2007; Lee et al., 2020; Robertson et al., 2004).

Most study on maternal social support is conducted in Western countries. For instance, a study in Australia finds that providing targeted support to mothers is challenging, partly due to difficulties in identifying the specific types of support needed or lacking (McLeish et al., 2021). Women also often struggle to request support, and the assistance received is frequently insufficient. Another study in England emphasized the critical role of health professionals in supporting first-time mothers through informational and emotional guidance alongside clinical care (De Sousa Machado et al., 2020). Specialized training for health professionals is also identified as essential to better assist new mothers.

Publications that focus on Indonesian mothers, particularly first-time remain limited. Previous studies primarily examine the symptoms and prevalence of PPD (Andajani-Sutjahjo & Manderson, 2004; Edwards et al., 2006; Putriasih et al., 2018) without addressing social support for new mothers. In Indonesia, motherhood is perceived as a joyful milestone that warrants celebration. Within one week to a month after delivery, celebrations are often held to congratulate the parents and offer gifts for the baby but mother's wellbeing frequently receives little

attention. Motherhood is still regarded as a normal life stage that does not necessitate additional care or support.

First-time Indonesian mothers typically receive help with household chores and childcare for about a month after delivery. During this period, the mothers also receive advice which is often perceived as overwhelming and unhelpful (Thoits, 2011a). The appropriate type and amount of support are crucial to adequately support new mothers. Partners, friends, and others play key roles in providing social support. Co-parenting, primarily facilitated by the partner, is considered one of the most important sources of support (Feinberg, 2002; Xiao & Loke, 2021). Friends often provide emotional comfort by validating feelings and engaging in warm conversations. Studies suggest that having one close friend can enhance wellbeing more effectively than having a wide social network (Luijten et al., 2021).

Studies have shown that becoming mother is a stressful and complex experience (Copeland & Harbaugh, 2005). Other publications show that the availability of social support benefits the well-being and health of new mothers in the postpartum period (Dennis & Kingston, 2008; Leahy-Warren & McCarthy, 2007). Additionally, social support is evidenced to facilitate a transition to motherhood (Budds, 2021; Erfina et al., 2019; Yamada et al., 2020) but the services and support for new mothers in Asian countries are uncommon, particularly in Indonesia.

There are health service posts (*posyandu*) in Indonesia that are easily accessed by mothers, but no program focuses only on new mothers. Others can ask for support individually, but first-time mothers are less inclined to recognise the problem when feeling depressed (Ruthven et al., 2018). Recently, Jakarta as the capital of Indonesia launched a home visit program called '*Ketuk Pintu Layani Dengan Hati*' (Sari, 2017). This program aims to prevent problems and promote public health. However, programs for new mothers that provide services to support mothers' well-being are not provided by the government. Private sector organizations such as independent mothers' communities and support groups further provide well-being and social support for new mothers with various fees. Some local volunteer groups also offer support to mothers in lower socioeconomic classes.

A lack of social support is a significant risk factor for PPD, which affects approximately 12% of mothers globally (Beck, 2001, Shorey et al., 2018). Although extensive publications and various programs addressing PPD exist in Western countries, PPD is less recognized in Indonesia. A study examining postpartum Indonesian mothers finds that traditional and cultural beliefs often take precedence over scientific recommendations. For instance, mothers may avoid fish during breastfeeding due to a belief that it causes an unpleasant smell in breast milk (Andajani-Sutjahjo et al., 2007).

The dynamic and unique features of first-time Indonesian mothers are important to address due to no study examining the effects of social support for first-timers. Most of the available studies evaluate the universal needs of first-time mothers. Investigating social support of Indonesian first-time mothers can also provide an understanding of how to optimize support during the postpartum period. Therefore, this study aims to address the question of how Indonesian first-time mothers experience social support after childbirth.

Methods

This study investigated Indonesian first-time mothers who were rarely examined in previous publications, aiming to explore social support provided to Indonesian first-time mothers with babies under 12 months of age in relation to the new maternal roles. Specifically, the study aimed to address the following questions.
(a) What kind of social support did mothers need?
(b) Which factors facilitated social support? and
(c) Which factors hindered social support?

An interpretive method was adopted, grounded in the belief that multiple truths and realities were shaped by individual perspectives and experiences (Mathhew & Ross, 2014). This perspective enabled a deeper understanding of the subjective experiences of individuals as created, interpreted, and modified by the views of the world (Howitt, 2019). As part of this methodology, in-depth interviews were conducted to explore and understand diverse viewpoints.

The data obtained added depth and breadth to understanding the influence of contextual factors (Kegler et al., 2019), facilitating the exploration of circumstances where mothers felt supported or unsupported. Semi-structured interviews were used to collect the data, allowing opportunities for unanticipated discoveries in mothers' experiences that might not have been considered initially (Breakwell et al., 2012).

A pilot interview was conducted to ensure the clarity of the questions and to identify any potentially sensitive issues. Two mothers participated in the pilot interview using the interview schedule, which included an additional feedback page. Following the pilot interviews, adjustments were made to the schedule. First, opening and warm-up questions were added to build rapport. Second, probing questions were included to explore responses related to self-efficacy or cultural factors concerning social support.

The study used a purposive sampling strategy, commonly used in qualitative analysis to identify specific groups of individuals with relevant circumstances, characteristics, knowledge, or experiences related to the phenomenon examined (Creswell & Creswell, 2007; Creswell & Poth, 2016). Furthermore, ethical approval (form number 53141) was obtained from the ethics committee at the Graduate School of Education, University of Bristol.

Participants were selected to ensure diverse characteristics and included women who were first-time mothers. Inclusion criteria required participants to be over 18 years of age, from Indonesia, and to have given birth in Indonesia. Some participants were invited through mothers' communities, which were support groups established by the private sector in Indonesia. These participants were identified using a database provided by the communities. Recruitment was also based on meeting the established criteria, and participant consent was obtained before interviews. Thirteen mothers showed willingness to participate in this study while nine mothers were interviewed through online video calls due to physical distance constraints and the rest participated in face-to-face sessions with each interview lasting between 15 to 45 minutes.

The participants ranged in age from 23 to 27 years and were ethnically diverse, including Sundanese, Javanese, Betawi, and Lampung where the babies were between one and 12 months old. The data gathered varied among the interviews due to different subjective experiences. To find any general patterns in the data, thematic analysis was considered as the appropriate method. As a practical method, thematic analysis offered flexibility in analyzing qualitative data using themes that evolved during the interview (Braun & Clarke, 2012). This method included exploring the data based on commonalities, relationships, and differences within data sets (Howitt, 2019).

Table 1
Participants Demographic

| Participants ID	Age	Ethnic Group
Participant 1	25	Lampung
Participant 2	24	Javanese
Participant 3	23	Javanese
Participant 4	23	Javanese
Participant 5	26	Sundanese
Participant 6	26	Sundanese
Participant 7	26	Sundanese
Participant 8	24	Sundanese
Participant 9	27	Betawi
Participant 10	25	Sundanese
Participant 11	26	Sundanese
Participant 12	24	Javanese
Participant 13	25	Javanese
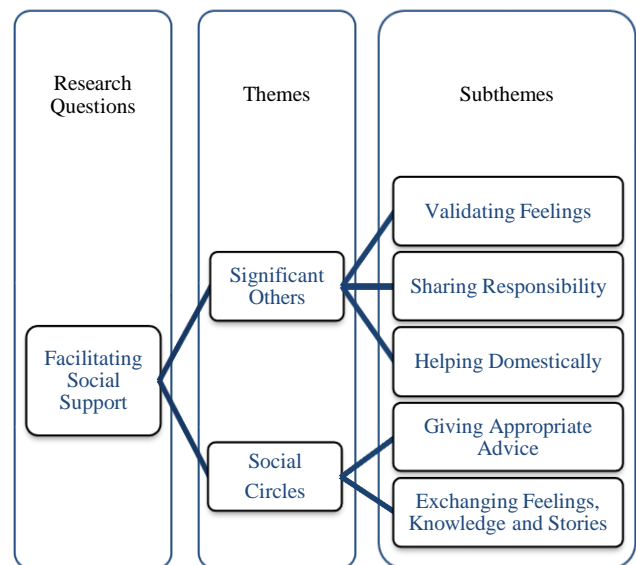
Figure 1. Themes and sub-themes of social support facilitating factors

To ensure the validity and reliability of the identified themes, an inter-rater reliability check was conducted with an Indonesian author specializing in the psychology of education. The author shared the same language and cultural background as the participants (Braun & Clarke, 2012). The inter-rater agreement served as a measure of reliability for the codes, themes, and constructs derived from the data.

Results and Discussion
Results
The study found that first-time mothers required diverse forms of social support, depending on the provider. Themes and subthemes of social support that facilitated and hindered participants' needs were identified and categorized by the type of provider. Most participants reported receiving support from two primary groups namely significant others (such as partners and family members) and social circles (friends and individuals outside the immediate family). Among significant others, partners and mothers were most frequently mentioned as key sources of support. These themes are showed in Figure 1.

Facilitating Factors of Social Support
Support from Significant Others
As shown in Figure 1, facilitating social support from significant others primarily came from the participant's partner, mothers, and mother-in-law. Social circles also played a role, particularly other mothers with similar experiences whether mothers were friends or members of the communities. The study further showed that participants primarily expected support from the partners and mothers. The partner was described as the closest emotionally and

physically while mothers were perceived as emotionally close and experienced in raising babies. Three sub-themes evolved from the category of significant others namely validating feelings, sharing responsibility, and helping domestically.

Validating Feelings

Participants described experiencing mixed emotions such as confusion, happiness, worry, stress, pride, and exhaustion during the postpartum period. The mothers also mentioned challenges such as sleep deprivation, difficulties soothing the infants, and breastfeeding issues. While these problems could not be classified as PPD, the need for validation of the feelings and experiences was evident. Participants expressed vulnerability despite not being diagnosed with PPD. One participant described her emotional fluctuations.

I was happy, tired, and confused. My routine was unorganized because my baby slept and pooped whenever she wanted. I did not know what to do or not to do. My family told me to follow traditional beliefs, which prohibited me from eating certain foods and doing certain activities. I could not do anything about my baby. Maybe I experienced baby blues because I used to cry, was overly sensitive, and worried too much as well as often getting angry. My baby kept crying, which made me tired and confused. (Participant 4)

Participants expressed a strong need for validation and recognition, as echoed by two others.

I easily overreact about anything. My husband said that it was okay to be mad, and he knew I was stressed out. Instead of arguing, he comforted me and assured me that I was the best mom. Later, he gave me some advice to manage my emotions. (Participant 8)

My mother reminded me of always taking care of my health and of praying to Allah that He would make things easier. (Participant 1)

Sharing Responsibility

Although participants initially felt joy with the partners after the baby's arrival, caregiving responsibilities were often transferred to mothers over time. Many participants expressed a need for the partners to share responsibilities. Two participants shared this thought in the following statements.

I hope that my husband realizes our baby is our responsibility. I hope he is willing to take care of the baby and will help bring him up together with me. (Participant 5)

My husband is always beside me ... I have limited movement [I need him]. My husband helps me, creating good cooperation between husband and wife. (Participant 9)

During the transition period, participants were urged to adapt to the new conditions and the new role, particularly in managing personal time. Infants often wake up in the middle of the night, for the participants were also awakened and should take care of the infants regardless of the exhaustion. Some participants explained the need to be accompanied at night, particularly when the baby was awake and crying. One participant explained in the following statements.

As my infant often cries and wakes up in the middle of the night, I get exhausted. But when my husband wakes up and accompanies me, I feel happy and loved. (Participant 3)

Helping Domestically

Most participants lived with extended family for a minimum of one month postpartum, receiving help with household chores and baby care. However, participants primarily expected the partners to contribute. One participant explained in the following statement.

All my family supported me very well. My mother cooked, my mother-in-law helped me with nursing the baby, and my sister. However, when my husband did not support me, I still felt unsupported. I hope he can help me with household chores too. In the future, we will live without our extended family, his support is what I need the most. (Participant 6)

Another participant explained her gratitude and happiness when she found out that the partner often helped with household chores in the following statement.

My husband is nice because He always helps me with cleaning the house, cooking, and nursing the baby. I am grateful. (Participant 5)

Support from Social Circles

Social support from social circles came from outside participants' primary networks. In this study, two sources of support were derived from friends, community, and government services. The evolved sub-themes included giving appropriate advice and exchanging feelings, knowledge, as well as stories.

Giving Appropriate Advice

In Indonesia, there were many mothers' community focus groups on parenting, childcare, and children's behavior problems. However, mothers' communities specifically for first-time mothers were limited. As

most participants showed due to the confusion and worry about the children, mothers expected to have support from others to help. For instance, one participant addressed the various needs of a community.

> I need facts and knowledge about my baby's development. With a community, I can meet people and get certain knowledge which is beneficial for me. (Participant 3)

Exchanging Feelings, Knowledge, and Stories

Participants shared that communities offered opportunities to exchange experiences and stories with other mothers who understood the struggles. Peer mothers were observed as more inclined to validate and understand the feelings. Two participants described these experiences in the following statements.

> I feel relieved and happy after sharing with other mothers. I also feel validated and recognized. Furthermore, knowing that others experienced the same thing and coped well makes me believe I can do too. (Participant 3)

> When I talked to my friend who is also a mom, I felt that she could understand me well. She knew exactly what I had been through; she also knew what I needed. She even gave me practical advice which was very beneficial. (Participant 8)

Hindering Factors of Social Support

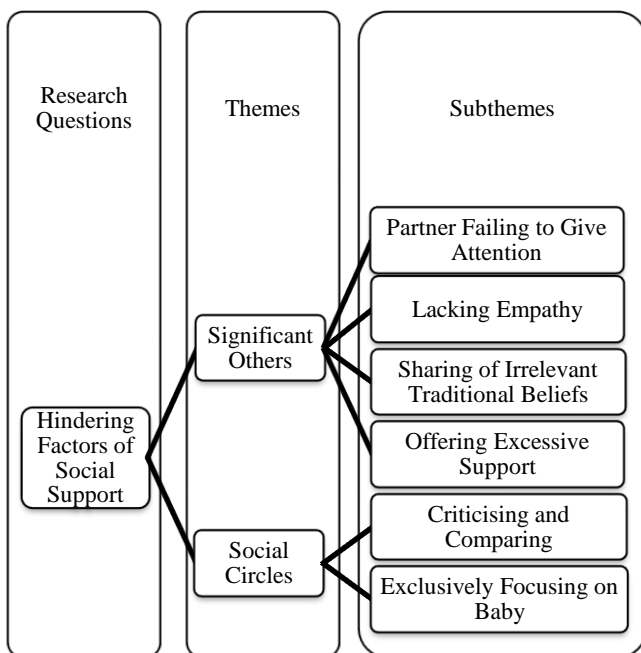The themes related to hindering factors of social support were showed in Figure 2.

Figure 2. Themes and sub-themes of social support hindering factors

Significant Others
Lacking Empathy

Moral support and Supportive behavior from partners were valuable to first-time mothers. The study showed that accessible support from the partners was important. However, some participants expressed disappointment in nurturing the baby. One participant expressed her feelings towards the partner as follows.

> I was exhausted. Dishes and laundry were overloaded, with no one's help. I asked my husband to help. He was playing video games, and he agreed, but he never helped. I was upset and disappointed. I'd rather do it by myself. (Participant 10)

On other occasions, some partners asked participants to attend to the needs even when the mothers were nurturing the baby. Others simply showed indifference and some participants described these situations multiple times in the following statements.

> Three of us live here. I don't have someone to help with household chores. When I just finished breastfeeding the baby, my husband told me to clean the house. Honestly, I was going to sleep; I hadn't slept since last night. He seems to ignore my condition. He just wants to be served and neglects my needs. (Participant 11)

> My husband's parents did not care much, maybe because the way of raising children was different. (Participant 12)

> People often misunderstand me, even my husband. As a first mother, I am always overwhelmed, but then I find difficulties in expressing my feelings of being overwhelmed. (Participant 2).

Additionally, over half of the participants reported experiencing a decline in the quality of the partner relationship. The participants experienced a decrease in communication with the partners as well as a decrease in intimacy. One of the participants spoke about this situation in the following statement.

> My husband said that I was too focused on the baby. He felt ignored. However, I think he is the one who ignores me. Now, we rarely have warm communication; we often argue about the baby. I wish he could be more sensitive and caring. (Participant 6)

Sharing of Irrelevant Traditional Beliefs

Some participants were pressured to adhere to myths or irrelevant traditional beliefs. Extended family members and relatives continued to believe in cultural myths, instructing participants to follow certain

restrictions which caused fear and frustration. For example, participants were told to avoid specific foods or behaviors. Two participants described the experiences in the following statements.

> *I was told to throw away breast milk when my breast was swollen. The color of the milk was not similar to usual milk as it was not white. I was also told not to drink excessively because it would make my breasts more swollen. I could not eat fish because it makes breast milk fishy. I could not eat chicken because it made my skin itchy. I know it is irrelevant, but I am tired of telling my mother. She does not even listen to me. I love her, I listened to her. However, when my mom is away, I eat whatever I want. (Participant 4)*

> *Even my mother still believes in some myths. For instance, she told me not to eat hot food (food containing chilly) and ice water which she thinks will not be good for my breastmilk. (Participant 2)*

Offering Excessive Support
In Indonesia, first-time mothers commonly receive significant support from female relatives, particularly with baby care and household chores. However, support could sometimes be excessive, leaving participants feeling controlled. One participant explained in the following statements.

> *When my mother is away, I feel confident. I can do anything. When my baby cries, I also can soothe her. But, when my mother came, she dictated to me that everything that I did was wrong. She is the only right person. I know she loves me, but she is too much. I feel like I do not have control of my baby. (Participant 11)*

Social Circles
Criticizing and Comparing
Having someone to share stories and feelings with brought joy to the participants. Over half expressed the desire to connect with friends, as mothers missed spending time together or chatting on the phone. However, these interactions were not always supportive. Instead of offering encouragement, friends sometimes criticized the participants and compared the infants to others. One participant explained in the following statement.

> *Sometimes rather than getting any useful advice, my friends criticise me and compare me with other friends. The friends also compared my baby. I would rather ask my friends to go away then. (Participant 3)*

Through social media, participants could observe other mothers' everyday lives. In social media, mothers could post lives on the platform to be perceived as happy, have a loving partner, and an adorable baby. This provoked participants to expect the "ideal" life as observed on social media. One participant showed this concern in the following statement.

> *When I opened Instagram, I saw mothers kissed by partners. The love birds seem to love each other very much. I also saw a husband who helped carry the baby on his back. I keep wondering, why my husband does not behave like that. (Participant 13)*

Exclusively Focusing on the Baby
All participants outlined the need for better preparation in transitioning to motherhood. Although others offered advice on how to care for the baby, mothers rarely focused on the well-being. A few participants clearly articulated this need in the following statements.

> *I did not know how to prepare for feeding breast milk with a bottle. I did not know that it was really hard. The doctor, nurse, and midwife in the hospital did not inform me about this. Yes, the doctors gave me some information about how to breastfeed and change the nappy, but it was not enough. The nurse seems only to care about the baby's health. (Participant 7)*

Discussion
The Needs for Social Support of Indonesian First-Time Mothers
Becoming mother is both a stressful and joyful experience. Some participants are diagnosed with PPD, while others only experience common baby blues as reflected in the statements. However, all mothers face similar challenges as the have to adapt to the babies, manage domestic responsibilities, maintain relationships with partners, and recover from labor simultaneously. Social support facilitates the transition to motherhood and serves as a preventive factor for PPD (Kazmi et al., 2013).

Facilitating Factors of Indonesian First-Time Mothers' Social Support
Results from this study outlined the varied needs for social support from two main sources namely significant others and social circles, particularly other mothers with babies (similar others). Regarding significant others, the study shows that the most meaningful social support comes primarily from partners and, secondarily, from the participants' mothers. This correlate with Chong & Mickelson

(2016) who emphasize that partners are crucial providers of support enhancing relationship quality, maternal moods, and overall achievements.

Furthermore, the study shows that when significant others validate the participants' feelings, mothers successfully manage negative emotions. Validation enables participants to understand the purpose of motherhood and reinforces the belief that being a good mother matters in social support mechanism (Thoits, 2011a). Validation helps participants accept responsibilities and accept the new roles as mothers, a concept referred to as "mattering" (Budds, 2021). Additionally, being validated as a good mother also increases self-esteem (Neff & Broady, 2011). In this study, validating mothers' feelings positively influences the sense of purpose, mattering, and self-esteem.

Child-rearing responsibilities are more frequently delegated to mothers. This is consistent with previous studies result that unequal division of responsibilities often leads to couple conflict (Carlson & VanOrman, 2017). The results show that mothers need the partners to share responsibilities for childcare and household chores. Previous studies also outline the importance of receiving help with domestic tasks and baby care (Feinberg, 2002. However, the study shows that when support becomes overwhelming, mothers feel incapable and confused suggesting excessive support is less effective (Thoits, 2011a). Some participants report that the families gave little opportunity to care for the babies, as family members constantly offered advice. In these instances, the advice was no longer perceived as support. In contrast, when families provided practical assistance, such as cooking, cleaning, or nursing the baby when mothers were unavailable, support was perceived as helpful. The results imply that effective social support should consider the specific needs and circumstances of mothers.

Due to limited government support and services for new mothers in Indonesia, many private-sector entities have established mothers' communities, both for-profit and non-profit. Non-profit communities primarily offer support through social media and informal discussions, while for-profit communities provide more comprehensive services, starting from one week postpartum. These services include assistance with breastfeeding, baby health, and related issues. However, for-profit communities are generally urban-based, limiting access for mothers in rural areas. Non-profit communities continue to offer reliable knowledge and emotional support. Participants in this study report that non-profit communities provide mothers with adequate knowledge, useful information, and emotional support.

Another key finding outlines the importance of exchanging feelings and stories with other mothers. According to Thoits (2011a, 2011b), sharing experiences with mothers who have similar challenges validates the emotions of first-time mothers. Sharing is not always perceived as supportive. For instance, Dennis (2010) asserted that members of mothers' social support communities often lacked the skills to effectively support first-time mothers. This underscores the importance of training and educating members of support groups to better assist new mothers.

The study also identifies that mothers' friends who are also mothers serving as valuable supporters. By conversing with these friends, mothers can relieve stress and gain practical knowledge based on shared experiences. This exchange fosters a sense of companionship and belonging, as described by Thoits (2011a), which is positively associated with overall wellbeing.

Hindering Factors of Indonesian First-Time Mothers' Social Support

Being first-time mother is both challenging and worrisome. First-time mothers experience happiness and distress simultaneously. Approximately 12% of women in this transitional period are diagnosed with PPD (Kazmi et al., 2013; Shorey et al., 2018). During this time, social support is crucial in helping the mothers manage stressors, including balancing the roles as mothers and wives, breastfeeding, and recovering from labor (Honjo et al., 2018; Racine et al., 2019; Ross et al., 2019). However, the results suggest that partners often exhibit unsupportive behaviors. When partners behave indifferently toward first-time mothers, mothers feel upset and angry. Interestingly, the results also show that partners sometimes express a willingness to help but fail to follow through with the intentions.

The results further show that the relationships between mothers and partners are often strained as both parties become overly focused on the baby. The husband-and-wife dynamic as a couple appears diminished (Carlson & VanOrman, 2017). Studies outline the importance of rebuilding romantic relationships to enhance relationship quality and maternal satisfaction (McLeod et al., 2021).

Participants in this study come from various regions in Indonesia. Some mothers who live in rural areas are frequently accompanied by the relatives. Based on the interviews, some participants report being pressured to follow irrelevant traditional beliefs. This is often due to relatives' lack of education and limited access to reliable sources of knowledge. Mothers in rural areas are more inclined to adhere to the beliefs than those in urban areas. Educating

mothers in rural areas should be a priority to discourage the mothers from following unrealistic guidance. However, educating mothers alone is insufficient where a community-wide method is needed to promote scientific knowledge and provide accurate support to mothers.

Being part of support group or engaging with other mothers is not a positive experience. The results show that some participants face harsh criticism and irrational comparisons from other mothers, which undermines the sense of mastery. Studies further show that a sense of mastery is a critical mechanism for building confidence, essential for addressing challenges such as baby care and breastfeeding (Reid & Taylor, 2015). Therefore, participants report avoiding interactions with other mothers when conversations are negative. It appears that only beneficial social support fosters a sense of being supported. Conversely, negative or unhelpful support exacerbates the challenges faced by mothers.

The study also shows that even beneficial support can lose the positive impact when it becomes excessive. A recent publication shows that overburdening support negatively affects mental health (Maier et al., 2015). Therefore, providing an appropriate amount of support is essential to ensure that it is perceived positively.

Cultural differences between collectivist and individualistic societies play a significant role in shaping social support dynamics. Indonesia, a collectivist culture, often views seeking help as uncomfortable. Publications suggest that individuals from collectivist cultures are generally reluctant to seek assistance (Lansford et al., 2021). This correlates with the results of the study as some participants express a hesitation to ask the families for help. However, the families often offer support without being asked. In this context, participants feel supported despite the reluctance to seek help. It is important to consider other mothers who are not part of this study may struggle when believe that asking for help places a burden on others.

Several limitations to this study should be asserted. First, the results are based on interviews with only thirteen participants, most of whom are educated and hold bachelor's degrees which limits the generalizability of the study. Second, nine of the interviews are conducted via online video calls, which may result in the loss of non-verbal cues. Third, there is a lack of previous studies specifically focused on Indonesian first-time mothers or parents. Consequently, several supporting literature is based on studies conducted in Western countries.

Conclusion

In conclusion, this study contributed to the literature on Indonesian mothers by presenting a comprehensive overview of social support for Indonesian first-time mothers. The results showed both facilitating and hindering factors in supporting first-time mothers. These factors originated from networks that included partners, family, and social circles (friends), as well as from external networks such as community and government services. Both sources of social support either facilitated or hindered social support provision. The study outlined universal needs for social support such as the need for validation and practical assistance with tasks related to the baby. However, it also identified a unique factor specific to Indonesian mothers which was the persistence of traditional beliefs. The results underscored the limited availability of services for mothers where various intervention strategies were considered necessary to provide first-time mothers with adequate support and to prevent the development of PPD.

The study recommended that future publications explore a broader group of Indonesian mothers and compare the results with data from mothers in other countries. Although the needs of first-time mothers appeared to be universal, cultural differences influenced unique needs. Further publication was also suggested to examine the role of the government and families from the perspectives to better understand social support for both providers and recipients. Investigating the spread of cultural myths about mothering in Indonesia, particularly in rural areas was considered important to reduce the influence of myths through training and education for prospective mothers. Conducting larger studies with more extensive sample sizes was suggested to provide a more accurate representation of social support for Indonesian first-time mothers. Additionally, using quantitative methods could help identify correlations among the conditions of first-time mothers, social support, and symptoms of depression.

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