



#### Research Article

# The Correlation Between Husbands' Social Support and Anxiety in Mothers Who Have Experienced Mom-Shaming in Malang City

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**Abstract.** This research aimed to describe husbands' social support and anxiety in mothers who have experienced mom-shaming in Malang city. A quantitative and descriptive correlational approach was used. The study aimed to determine whether there was a relationship between these two variables. Data were collected using The Husband's Social Support Scale and The Mother's Anxiety Scale. 118 women participated with the following characteristics: (a) mothers who have experienced mom-shaming; (2) mothers who have double roles such as a role as a wife and mother; and (3) residence in Malang. The research findings produced a Pearson correlation of -0.349 with a p-value < 0.05. Based on this result, it can be concluded that there is a negative correlation between husbands' social support and mothers' anxiety.

Keywords: husbands' social support, anxiety, mom-shaming

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## 1. Introduction

When the women carry out the mothers' role as caregivers, they are often attached to issues and demands to be "the good mother" in order to provide good care. This phenomenon is pervasive in the culture. Thus, it is considered a 'natural' component of motherhood [1]. The existence of standardization of an ideal mother in society makes people compete and behave 'disciplined' to achieve ideal values. With the standardization, it might make mothers vulnerable to get mom-shaming from the environment if they are deemed inappropriate. Moreover, mom-shaming can be defined as a behaviour that pretends to give criticism, but actually aims to embarrass the mothers' role. It is related to mothers' parenting styles that are considered not ideal. For instance, mom-shaming can be in the form of words and actions, which are mostly experienced by first-time mothers or young mothers who just experienced a role transition [2].

However, mom-shaming often comes from mothers' environment, such as the spouse's/husband's family, other mothers, her own parents and even through social media[3]. Then, Sutherland [1] stated that the feeling of shame and guilt in parenting,

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as in American culture, specifically the ideological honour of being a 'good mother' causes women to believe and set unrealistic standards. Furthermore, Guilt is associated with negative self-evaluation, feelings of fear of punishment for violating group norms. Whereas shame involves a negative self-evaluation, a more core reaction to public disapproval, with a focus on the whole self. Therefore, the phenomenon that being a mother is a feeling of guilt and shame that is taken for granted, is actually a serious social and mental health problem.

Moreover, anxiety due to mom-shaming is crucial because it can have a lasting impact on the mother-child relationship. Based on research from C.S Mott Children's Hospital [3] in Michigan, there are 42% of mothers who are criticized for making them feel unsure of parenting choices and anxiety. It means that the anxiety makes the mother become unsure of her care and doubt which can affect the care received and the child development stage.

The proximity of mothers to the potential for mom-shaming from an environment can give a negative impact. Therefore, the husbands who act as partners as well as fathers are so important in providing social support. For instance, the social support that can be given to mothers such as physical and psychological comfort, sharing information or verbal advice, or real help [4]. Then, by getting good social support, individuals will feel comfortable, loved, valuable, and part of the group [5] and tend to avoid symptoms of anxiety [6]. Moreover, Kavanaugh (in Silalahi[6]) in his research showed that social support from the family, especially the husband, has a big influence on the health of the wife who has had a miscarriage. It means that the husband's social support has a big benefit for his wife in married life.

Furthermore, the preliminary studies of the research on mothers in Malang showed that support from their husbands plays a very important role in the anxiety experienced by mom-shaming. It is also found that mom-shaming received is related to the process of giving birth and parenting patterns. The examples of criticized parenting are giving children gadgets, giving formula/breast milk, children's fat levels, speech delays, how to dress children, and comparing children. Then, the sources of mom-shaming showed that mostly come from extended family, husband's family and neighbours, friends, and biological parents.

A numerous previous researchers conducted research about mom-shaming. Firstly, the study on mom-shaming in Indonesia has been conducted by Savira [7] on celebrities on Instagram social media. Mom-shaming experienced by celebrities was almost all their parenting methods that are applied. Secondly, Sawitri [8] conducted research about the

difference in anxiety in young mothers between those who have and never got momshaming, it showed that the average result of anxiety for young mothers who have experienced mom-shaming is 92.23 higher than the average anxiety in young mothers who have never had mom-shaming are 68.71. Thirdly, Adiyanto and Afiati [2] in their research about the mechanism of power in the phenomenon of mom-shaming on the role of women as mothers showed the standardization in society related to health, psychology and culture that creates normalization of child growth and development, parenting, and the role of women as mothers. This normalization triggers a panopticon effect or the individual feels constantly observed and will behave to remain in the area that is considered normal. Supervision also comes from other people who also supervise themselves, and that's where the discourse returns to the dominant value of supervising each other, which leads to mom-shaming.

Moreover, parenting as a topic of criticism of mom-shaming in the research conducted by Crockenberg's [9], which is about safe mother-child attachment, showed that social support has a relationship with maternal care for infant irritability and makes mothers more responsive. Then, Chavis [10] in his research found that anxiety about parenting when being a first-time mother is also related to social support and a sense of competence possessed by the mother. This showed that the factor for parenting anxiety did not only come from internal or the mother's self, but also from external factors such as the involvement of social support from the closest people.

Based on the explanation above, the research on the correlation between husband's social support and anxiety in mothers who have experienced mom-shaming needs to be done as a quantitative development research on the phenomenon of mom-shaming in Indonesia. This research was conducted in Malang City which has three research objectives, such as (1) how is the description of husband's social support for mothers who get mom-shaming in Malang City, (2) how is the description of anxiety in mothers who have experienced mom-shaming in Malang City and (3) how is the relationship between husband's social support and anxiety in mothers who have experienced mom-shaming in Malang City.

### 2. Literature Review

### 2.1. Husbands' Social Support

According to Pierce et al. [11], social support can be viewed broadly in two sides; (1) a situation-specific view in which social support is related to coping with certain stressors

and (2) a developmental approach in which social support is seen as a contributor to development personality and social. Social support was oriented earlier by being identified more with social traditions, while the more recent approach was more focused on the area of family relations.

Then, Sarafino and Smith [5] defined social support as a form of comfort, care, appreciation or assistance given by other people such as spouse or lover, family, friends, professionals, or community organizations. Moreover, Sarafino and Smith [5] pointed out that social support has four aspects, such as (1) emotional support or self-esteem, (2) tangible or instrumental support, (3) informational support, and (4) companionship support. It means that social support refers to the individual's perception of the support he receives, which refers to the perception or feeling of comfort, attention and assistance. Thus, people who get social support will believe that they are loved, valued and part of a social network. By receiving and feeling good social support, it can also have a good effect on health.

The husband's social support is structurally included in informal support, such as support that comes from the family. Then, the husband is a family or partner who has an important role as the wife's closest social network. This is in line with Shumaker and Brownell [12], that the structural elements of social support can be referred to as social networks which are divided into two, namely formal and informal. Formal support is support obtained from a professional, whereas informal support is support obtained from family.

Furthermore, husband's social support is part of the marital relationship that plays a role in maintaining the quality of the relationship, welfare, and restraining negative behavior (in spouse/wife). Therefore, support from their partners provides all types of support and plays a role in providing emotional support. This is because support from other sources does not fully compensate [13].

### 2.2. Anxiety

Spielberger [14] defined anxiety as an unpleasant emotional condition or situation characterized by subjective feelings of tension, fear and worry, and by activation or arousal of the autonomic nervous system. Wolman [15] stated that anxiety is a person's feeling of weakness and inability to cope with real or imagined threats. In addition, anxiety is also defined as a normal reaction resulting from psychological and physiological processes in the human body to situations that are very stressful or that may cause disasters in individual lives [16].

According to Keedwell and Snaith [17], anxiety refers to an individual's subjective experience of a situation which includes a certain mood equivalent to fear, insecurity and anticipation of worry, content of thoughts dominated by disaster or personal inadequacy, increased arousal or alertness, a sense of respiratory constriction leading to hyperventilation and its consequences, muscle tension causing pain, tremor and restlessness, and various somatic discomforts based on overactivity of the autonomic nervous system. Furthermore, they provided the aspects measured on the anxiety scale, such as (1) mood, (2) cognition, (3) behavior, (4) overarousal, (5) somatic, and (6) others or depersonalization, poor concentration and forgetfulness, and items that refer to a state of general malaise, not necessarily due to anxiety (others).

Warren[18] stated that when a woman becomes a mother, she can feel anxiety. It can be caused by a change in the role of being a parent and the responsibility that was originally for oneself increases with the presence of a husband and baby. A fear but also a need that arises from this changing role is for the satisfaction of personal experiences during pregnancy and birth, the subsequent mother-infant relationship, and being an integrated mother with a lifestyle. Common fears range from baby's health and well-being to baby care tasks, such as feeding, sleeping and changing diapers.

Lastly, mothers' anxiety is associated with the concept of the ideal standard of being a mother which is called intensive mothering (IM) or the concept of intensive motherhood. This concept was presented by Hays [19] about the modern motherhood paradigm which requires expert knowledge in raising children, striving for perfection, and being a mother who is fully dedicated to the child. However, the existence of the ideal IM concept actually has unhealthy implications for the welfare of mothers because mothers continue to strive to achieve their hopes of becoming an ideal mother [20].

### 2.3. Mom-shaming

There are various definitions of mom-shaming by experts. Braithwaite and Braithwaite [21] stated that there are two forms of shaming. Those are reintegrative and stigmatizing. Shaming reintegrative involves giving shame as a form of respectful disapproval of a bad action by someone who is accompanied by constructive action. Meanwhile, stigmatized shaming refers to humiliating oppression which can provoke a challenging reaction so that it can potentially lead to criminal behavior.

Moreover, mom-shaming is a condition of criticizing or humiliating a mother with her parenting style by making the mother feel guilty, embarrassed, or causing bad feelings about parenting [22]. Thus, the act of mom-shaming is said to be part of a form of bullying



or bullying [2]. A research conducted by C.S Mott Children's Hospital [3] showed that 61% of mothers had experienced mom-shaming and 42% of mothers who had received mom-shaming made them unsure about parenting choices and anxiety. According to the online article Medical Xpress [22], the result of mom-shaming on social media is high anxiety and depression in mothers. Furthermore, mom-shaming can also lead to hormonal changes, lack of sleep, worsen the mother's self-esteem, and worsen the mother's confidence to become a parent.

### 3. Methods

This research used a quantitative approach with a descriptive correlation, consisting of two research variables, such as the husband's social support variable (X) and the mother's anxiety variable (Y). Then, the research subjects were 118 subjects, with a non-probability sampling technique, the purposive sampling is used in this research. It is a sampling technique with certain considerations [23]. There are 3 characteristics of the subjects in this study; (1) mothers who have experienced mom-shaming, (2) mothers who have a double role, such as the role of being a wife and mother, and (3) domiciled or resides in the city of Malang.

Then, there are two research instruments used in this research. Those were the Likert scale with The Husband's Social Support variable and The Mother's Anxiety variable based on theory. The Husband's Social Support Scale is based on the aspects of social support proposed by Sarafino and Smith [5]. And then The Mother's Anxiety Scale is based on the aspects of anxiety proposed by Keedwell & Snaith [17].

Furthermore, the instrument validity tests used in this research were content validity tests and item discrimination power. It means that the researcher tested the content of the test with professional judgment analysis [24] or calculated the validity of the content using the Aiken's V formula. The Husband's Social Support Scale consists of 48 items with all declared valid and The Mother's Anxiety Scale consists of 54 items with 53 valid items. Then the power of item discrimination is carried out with Pearson's Product Moment using a statistical software application. With a total of 39 test subjects, it is known that the value of r table is 0.316, which is declared invalid if r count < r table (0.316). On The Husband's Social Support Scale, out of 48 items there are 41 valid items and 7 fall items, and it is known that the valid items are in the range of values of 0.328-0.886. On The Mother's Anxiety Scale, from 53 items there are 36 valid items and 17 fall items, and it is known that the valid items are in the range of 0.33-0.712.



Moreover, the reliability test used is *Cronbach's Alpha* with the help of statistical software applications. For The Husband's Social Support Scale, the result is 0.964 and The Mother's Anxiety Scale is 0.918, which indicates that the two scales as a measuring instrument can be said to be reliable.

For the first data analysis is that there is descriptive analysis. Descriptive analysis is intended to describe or provide an overview of the object under study through sample or population data without analyzing and making conclusions that apply to the public [23] The assumption test consists of two tests, such as the normality test and the linearity test. The normality test in this research used *Kolmogorov Smirnov* which were purposed to determine whether the data is normally distributed or not. The linearity test in this study used the *Test for Linearity* which were purposed to determine whether is a linear relationship in variables.

Furthermore, the hypothesis test used *Pearson's Product Moment* to determine the hypothesis whether there is a relationship between two variables. This correlation is included in this bivariate correlation and purpose to find the direction of the relationship. The correlation score is a significant of 0.05. If the result were the positive correlation, showed that the relationship of two variables is unidirectional. Then if the result is the negative correlation, showed that the relationship of two variables is opposite.

### 4. Result and Discussion

### 4.1. Results

Based on the results of the obtained data, the subjects were 118 people who were on age of 23 to 69 years old and marriage age on 1 to 46 years. The majority of subjects were live in Lowokwaru Sub-district (26.3%), high school education (54.2%), and work as housewife (65.3%).

The results of data analysis assisted by statistical software showed the scores on the variables of husband's social support and mother's anxiety. Then, the researcher categorized the scores. For the husband's social support variable, scores ranged from 41 to 164 (M = 102, SD = 34.17) with the categories in the following table.

The Table 2 above showed that the majority of subjects have a high level of husband's social support (57.6%). A total of 68 maternal subjects in the city of Malang with a high category which is known are aged 24 to 69 years old who have a marriage age range of 1 to 45 years, and it is known that the most have high school education level (55.9%) and work as housewives (66.2%).

TABLE 1: Socio-demographic characteristics of the subjects (n=118).

| Variables              | n (%) |  |  |
|------------------------|-------|--|--|
| Sub-district Residence |       |  |  |
| Lowokwaru              | 26.3% |  |  |
| Klojen                 | 16.9% |  |  |
| Kedungkandang          | 16.1% |  |  |
| Sukun                  | 24.6% |  |  |
| Blimbing               | 16.1% |  |  |
| Education              |       |  |  |
| Junior High School     | 5.1%  |  |  |
| High School            | 54.2% |  |  |
| College                | 40.7% |  |  |
| Occupation             | on    |  |  |
| Lecturer               | 1.7%  |  |  |
| Teacher                | 5.9%  |  |  |
| Housewife              | 65.3% |  |  |
| Employee               | 6.8%  |  |  |
| Merchant               | 1.7%  |  |  |
| Retired Civil Servant  | 0.8%  |  |  |
| Civil servant (PNS)    | 9.3%  |  |  |
| Entrepreneur           | 8.4%  |  |  |

TABLE 2: The categorization of husbands' social support.

| Category | Norm         | Number | Percentage |
|----------|--------------|--------|------------|
| Low      | X < 68       | 0      | 0%         |
| Moderate | 68 < X < 136 | 50     | 42.4%      |
| High     | X > 136      | 68     | 57.6%      |

On mothers' anxiety scores ranged from 36 to 144 (M = 90, SD = 30) with the most categories being moderate (94.1%) and only 7 subjects (5.9%).

Based on the presented Table 3, it can be concluded that the majority of mothers who get mom-shaming in Malang City have moderate to low anxiety. Thus, mom-shaming is enough to cause mothers' anxiety. The seven subjects of the low-level anxiety category in this extreme score are mothers who are in the age range of 28 to 53 years old with marriage age in the range of 3 to 33 years. The types of occupation of the seven

TABLE 3: The categorization of mothers' anxiety.

| Category | Norm         | Number | Percentage |
|----------|--------------|--------|------------|
| Low      | X < 60       | 7      | 5.9%       |
| Moderate | 60 < X < 120 | 111    | 94.1%      |
| High     | X > 120      | 0      | 0%         |

TABLE 4: The normality test result.

| Variables   | p<br>Value | Additional<br>Information | Conclusion |
|---|------------|---------------------------|------------|
| Husband's social support (X) and mother's anxiety (Y) | 0.064      | p > 0.05                  | Normal     |

TABLE 5: The linearity test result.

| Variables   | SignificanceAdditional |             | Conclusion             |
|---|------------------------|-------------|------------------------|
|   |                        | Information |                        |
| Husband's social support (X) and mother's anxiety (Y) | 0,268                  | > 0.05      | Linear<br>relationship |

mothers were 6 subjects as housewives and 1 as civil servant. Based on the level of education, there were 3 subjects with college level, 3 high school subjects and 1 junior high school subject.

The next is about the assumption test such as the normality test and the linearity test. The normality test used *Kolmogorov Smirnov* which were purposed to determine whether the data is normally distributed or not. The result is a significance score of  $0.064 > (\alpha) 0.05$ . It means that the data from both variables are normally distributed.

The next assumption test is the linearity test. The test purpose to determine whether is a linear relationship in variables. The result by used *Test for Linearity* is a significance score of  $0.268 > (\alpha) 0.05$ . It means that there is a linear relationship between husbands' social support (X) and mothers' anxiety (Y).

The hypothesis test used *Pearson's Product Moment* to determine the hypothesis whether there is a relationship between two variables or not. According to Table 6 below, the correlation score is -0.349 or negatively correlated which is classified as low with a significant at the 0.01. Negatively correlated were explained opposite relationship in two variables. When husbands' social support (X) increases then mothers' anxiety (Y) decreases, or otherwise.

### 5. Discussion

The majority of husbands' high social support for mothers in Malang City illustrates the tendency to have a healthier mentality, especially in maternal welfare and adaptability.

TABLE 6: The hypothesis test result.

| Variables   | Correlation<br>Coefficient | Sig. (2-<br>tailed) |      | Conclusion          |
|---|----------------------------|---------------------|------|---------------------|
| Husband's social support (X) and mother's anxiety (Y) | -0.349                     | 0.000               | 0.05 | Hypothesis accepted |



It means that mothers in Malang City have good stress regulation when they are in an unsafe or threatening environment, especially when mothers accept mom-shaming from people around them. This is in line with Myers [25], that social support is one of the coping strategies for emotional, cognitive, and behavioral stress. In addition, the superior high category can also describe that the majority of mothers in Malang City can function well in carrying out their roles, both as wives and mothers. The husband's good social support received by the mother is obviously related to maintaining the quality of marriage. According to of Dehle, Larson and Landers [26], when the individuals feel sufficient in receiving social support from their partners, it is related to the individual functions possessed in a marriage, including those related to the quality of marriage. The representation of the couple's support in this marriage can be seen from two sides, from husband and wife.

Then, there are several factors related to the level of social support. According to Sarason, Pierce and Sarason [11] social support factors consist of (a) intimacy, (b) providing a feeling of availability of social support or a sense of acceptance, and (c) gender roles. In the other words, mothers in Malang City with high social support from their husbands can be caused by the closeness or good relationship between mothers and their husbands to the feeling of availability of husband's social support. In contrast, Johnson and Johnson [27] argued that the social skills possessed by individuals affect the feeling of getting social support. Then, Dunkel-Schetter, Folkman and Lazarus [28] stated that self-esteem and trust are factors of social support. It means that the feeling of getting a high husband's social support is related to the mother's individual/personality, such as the ability to social and communicate skills. Moreover, when the mother feels threatened by her self-esteem, she will need social support, and vice versa. In other words, trust or the individual who is full of trust, will make the individual feel a lot of social support.

The above statement is also supported by Goldstein, Diener, and Mangelsdorf [29], that maternal sensitivity and expressiveness are related to social support, mood, and personality during the transition to motherhood. In addition, husband's social support includes primary or primary support when adapting to changing roles as a mother, where it is known that husband's support is an important support in addition to support from mothers (parents).

Then, mothers' mom-shaming anxiety in Malang City which is related to a sense of ability in parenting showed that mothers are in fairly good welfare and are more mentally healthy. Thus, mothers who constantly feel anxious due to mom-shaming are very vulnerable to depression due to the fear of being seen as a bad mother. Feelings



of shame due to mom-shaming involve a sense of social evaluation and hope or fear that he will be judged or socially sanctioned by other people/environments [30]

In addition, the low anxiety level of mothers can describe the low tendency to depression due to anxiety. According to Dunford and Granger's research findings [31], the impact of depression caused by mothers' anxiety can be affected on child development, parental trauma, maternal mental health, to early mother-child relationships and attachments. However, mothers who get mom-shaming in Malang City can carry out the role of parenting well for optimal social and emotional development of children.

Furthermore, Stuart [32] stated that self-concept is one of the reasons for anxiety levels. Thus, mothers who get mom-shaming in Malang have a more positive self-concept which can influence low levels of anxiety. Liss, Schriffin, and Rizzo[30] stated that high or low levels of anxiety will be related to a sense of ability in parenting or meeting the ideal standard of mother (intensive mothering). It means that subjects of this research with a low mom-shaming anxiety category had low feelings of incompetence in parenting as well.

The researcher did hypothesis testing to find out whether or not there is a relationship between husband's social support and mother's anxiety about mom-shaming in Malang City. The result showed that the proposed hypothesis is accepted. In the other words, there is a negative correlation (-0.349) between husband's social support and mother's anxiety who get mom-shaming in Malang City. Thus, if the husband's social support provided is higher than the mother's anxiety towards mom-shaming will be lower, and conversely if the husband's social support provided is lower than the mother's anxiety towards mom-shaming can be higher.

Then, the results showed that husband's social support plays a role in mom-shaming conflicts experienced by mothers in Malang City who have double roles, such as being a mother and being a wife. This is in line with Julianty and Prasetya[33]. They found that there is a negative relationship between husband's social support and women's dual role conflict, namely women who play a role as mothers, wives and workers.

The previous supporting research conducted by Dehle, Larsen, and Landers [26] on social support in marriage stated that there is a more positive domain of marital function, namely the social support of partners. The adequacy of the feeling of acceptance of social support from partners is related to the size of the relationship and individual function, where there is a significant relationship between the social support of the spouses on various aspects of marital quality assessment. It should be done by both husband and wife. The husband as the closest person to the wife being something influential and has a very important role in accepting mom-shaming.



Ghufron and Risnawita [34] provided the factors of anxiety, such as internal factors and external factors. Then, internal factors come from within and external factors come from outside or a stimulus from outside. Internal factors consist of low levels of religiosity, pessimistic feelings, fear of failure, negative experiences in the past, and irrational thoughts. Meanwhile, the external factor is the lack of social support. This statement is supported by the results of existing research indeed. That is husbands' social support including to factors of mothers' anxiety in mom-shaming.

Moreover, we also can know that the role of mothers as wives who not get enough or low of sufficient social support from their husbands of course cannot carry out individual duties and functions in child care, including vulnerability to mom-shaming acceptance from the environment. It is supported by Silalahi [[6], that if individuals have good social support tend to avoid symptoms of anxiety and with the availability of social support, mothers will be able to reduce psychological pressure, especially the emergence of anxiety to depression [35]. Mercer (in Nursalam,[36]) suggests that the husband's support as a father and an intimate partner contributes to the process of achieving the mother's role whose implementation cannot be replaced by anyone. Good interactions with husbands also help reduce stress and facilitate the achievement of motherhood. This support is certainly very important, as psychologically mom-shaming can foster mental health problems and negative feelings in mothers, such as anxiety, guilt, poor self-assessment, decreased self-esteem, and lack of confidence in parenting [30].

The anxiety level in mothers can be caused by an environment, mood, certain physical changes that are being experienced, to heredity/family history. The environment is related to social conditions, where mothers get to experience a sense of security in their environment, both with family, co-workers, and neighbors. This environment can also be interpreted as an environment that provides support or not, especially lack of social support included to the factors of increasing anxiety. This is supported by Ramaiah [16] as in his book there are four main factors that influence the development of the basic pattern that shows an anxious reaction, including the environment, suppressed emotions, physical causes, and heredity.

Economic support as the part of tangible or instrumental support is can be influential to psychological stress until maternal depression in parenting. If the economic support were fulfilment that can improve physical health, encourage individuals to make better adjustments and reduce psychological stress, such as anxiety, stress, and depression. The functionality in the household to carry out obligations and duties as a mother and wife will be much better, and vice versa. This is in line with Gjesfjeld et al. [37] found that social support, especially in terms of economics, has a positive relationship between



economic stress and symptoms of maternal depression in parenting. In addition, Gjesfjeld et al. [37] stated that the low level of social support mediates the emergence of chronic stress and other psychological pressures.

Furthermore, husband's social support did not only play a role in mom-shaming anxiety, but also in other phenomena regarding the anxiety experienced by wives/mothers in married life in Indonesia. In the phenomenon of wife anxiety during the perimenopausal period, it is shown that there is a relationship between husband's support and premenopausal women's anxiety [38]. In addition, the husband's social support is the best external factor in helping the wife to go through anxiety in the premenopausal period. Masrurah [39] conducted research about the perceptions of husband's social support with anxiety in facing childbirth. He found a correlation coefficient value of r = -0.356 which indicates a negative relationship between the perception of husband's social support and anxiety before childbirth. Furthermore, Andayani and Hargono [40] in their research on the involvement of husbands in accompanying their wives in cesarean section in the initiation of breastfeeding. Their research findings showed that the husband's role in providing support and interacting was very good to reduce the anxiety of mothers who gave birth by caesarean section. However, there was no relationship between anxiety and maternal initiation of breastfeeding.

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### References

- [1] Sutherland JA. Mothering, guilt and shame. Sociology Compass. 2010;4(5);310-321. doi: https://doi.org/10.1111/j.1751-9020.2010.00283.
- [2] Adiyanto W, Afiati Al. Mekanisme kuasa dalam fenomena mom shaming pada peran perempuan sebagai ibu. Lontar: Jurnal Ilmu Komunikasi. 2020;8(1):1–15.
- [3] C.S. Mott Children's Hospital. Mott poll report: Mom shaming or constructive criticism? Perspectives of Mothers. 2017;29(3):1-2. **Available** https://mottpoll.org/reports-surveys/mom-shaming-or-constructive-criticismperspectives-mothers
- [4] Sopiyani L. Hubungan antara dukungan sosial (suami) dengan motivasi memberikan asi eksklusif pada ibu-ibu di kabupaten klaten. Surakarta: Muhammadiyah University of Surakarta; 2014. https://doi.org/10/10.\_lampiran.pdf
- [5] Sarafino EP, Smith TW. (2011). Health psychology: Biopsychosocial interactions. 7<sup>th</sup> ed. New York: John Wiley & Sons. Inc; 2011.
- [6] Silalahi UA. Hubungan antara dukungan sosial suami dengan tingkat kecemasan wanita menopause kota tasikmalaya tahun 2015. Jurnal Bidan. 2016;2(1):6.
- [7] Savira A. Praktik mom shaming oleh netizen indonesia terhadap selebritis yang melakukan sharenting di media sosial. Medkom: Jurnal Media dan Komunikasi. 2020;1(1):40–54.
- [8] Sawitri N. Perbedaan kecemasan pada ibu muda antara yang pernah dan tidak pernah mendapatkan mom shaming. Yogyakarta:Technolocy University of Yogyakarta; 2020.
- [9] Crockenberg SB. Infant irritability, mother responsiveness, and social support influences on the security of infant-mother attachment. Child Development. 1981;52(3):857–865.
- [10] Chavis L. Mothering and anxiety: Social support and competence as mitigating factors for first-time mothers. Social Work in Health Care. 2016;55(6):461–480. https://doi.org/10.1080/00981389.2016.1170749
- [11] Pierce GR, Sarason BR, Sarason IG. Handbook of social support and the family. Berlin: Springer Science & Business Media; 1996. 33333
- [12] Shumaker SA, Brownell A. Toward a theory of social support: Closing conceptual gaps. Journal of Social Issues. 1984;40(4):11–36. https://doi.org/10.1111/j.1540-4560.1984.tb01105.



- [13] DeLongis A, Capreol M, Holtzman S, O'Brien T, Campbell J. Social support and social strain among husbands and wives: A multilevel analysis. Journal of Family Psychology. 2004;18(3):470–479. https://doi.org/10.1037/0893-3200.18.3.470
- [14] Speilberger CD. Conceptual and methodological issues in anxiety research. Academic Press. 1972;14: 481-493. https://doi.org/10.1016/B978-0-12-657402-9.50013-2
- [15] Wolman BB. Dictionary of behavioral science.  $2^{nd}$  ed. San Diego: Academic Press; 1989.
- [16] Ramaiah S. Kecemasan, bagaimana mengatasi penyebabnya. Jakarta: Yayasan Obor Indonesia; 2003.
- [17] Keedwell P, Snaith RP. What do anxiety scales measure? Acta Psychiatrica Scandinavica. 1996;93(3):177–180. https://doi.org/10.1111/j.1600-0447.1996.tb10627.
- [18] Warren PL. First-time mothers: Social support and confidence in infant care. Journal of Advanced Nursing. 2005;50(5):479–488. https://doi.org/10.1111/j.1365-2648.2005.03425.
- [19] Hays S. The cultural contradictions of motherhood. CT: Yale University Press; 1996.
- [20] Liss M, Schiffrin HH, Rizzo KM. Maternal guilt and shame: The role of self-discrepancy and fear of negative evaluation. Journal of Child and Family Studies. 2013;22(8):1112– 1119. https://doi.org/10.1007/s10826-012-9673-2
- [21] Braithwaite J, Braithwaite PF. Crime, shame and reintegration. Cambridge: Cambridge University Press; 1989.
- [22] Medical Xpress. How to deal with online mom-shaming. 2018;1–2. Available from: https://medicalxpress.com/news/2018-07-online-mom-shaming.html
- [23] Sugiyono. Statistika untuk penelitian. Bandung: Alfabeta; 2016.
- [24] Azwar S. Reliabilitas dan validitas. Yogyakarta: Pustaka Pelajar; 2001.
- [25] Myers DG. Psychology. 9<sup>th</sup> ed. New York: Worth Publishers; 2010.
- [26] Dehle C, Larsen D, Landers JE. Social support in marriage. The American Journal of Family Therapy. 2001;29(4):307–324. https://doi.org/10.1080/01926180126500
- [27] Johnson DW, Johnson FP. Joining together: Group theory and group skills. 4th ed. New Jersey: Prentice-Hall, Inc; 1991.
- [28] Dunkel-Schetter C, Folkman S, Lazarus RS. Correlates of social support receipt. Journal of Personality and Social Psychology. 1987;53(1):71–80.
- [29] Goldstein LH, Diener ML, Mangelsdorf SC. Maternal characteristics and social support across the transition to motherhood: Associations with maternal behavior. Journal of Family Psychology. 1996;10(1):60–71. https://doi.org/10.1037/0893-3200.10.1.60



- [30] Liss M, Schriffin HH, Rizzo K. Maternal guilt and shame: the role of self-discrepancy and fear of negative evaluation. Journal of Child and Family Studies. 2013 Nov;22(8):1112-1119. doi: http://dx.doi.org/10.1007/s10826-012-9673-2
- [31] Dunford E, Granger C. Maternal guilt and shame: Relationship to postnatal depression and attitudes towards help-seeking. Journal of Child and Family Studies. 2017;26(6):1692–1701. https://doi.org/10.1007/s10826-017-0690-z
- [32] Stuart GW. Buku saku: Keperawatan jiwa. Jakarta: EGC; 2006.
- [33] Julianty E, Prasetya BEA. Hubungan antara dukungan sosial suami dengan konflik peran ganda pada guru wanita di kabupaten halmahera barat. Jurnal Psikologi Perseptual. 2016;1(1):27–39. https://doi.org/10.24176/perseptual.v1i1.1077
- [34] Ghufron MN, Risnawita R. Teori-teori psikologi. Yogyakarta: Ar-Ruzz Media; 2012.
- [35] Baron RA, Branscombe NR. Social psychology. 13<sup>th</sup> ed. Harlow, Essex: Pearson; 2014.
- [36] Nursalam. Metodologi penelitian ilmu keperawatan: Pendekatan praktis. Jakarta: Salemba Medika; 2014.
- [37] Gjesfjeld CD, Greeno CG, Kim KH, Anderson CM. Economic stress, social support, and maternal depression: Is social support deterioration occurring? Social Work Research. 2010;34(3):135–143. https://doi.org/10.1093/swr/34.3.135
- [38] Putri F, Asih SW, Hidayat D. (2017). Hubungan dukungan suami dengan tingkat kecemasan wanita pramonepause di desa bangalsari kecamatan bangalsari jember. 2017;13(2):126–138.
- [39] Masrurah N. Hubungan persepsi terhadap dukungan sosial suami dengan kecemasan istri dalam menghadapi persalinan. Malang: Universitas Muhammadiyah Malang. Insight Jurnal Pemikiran dan Penelitan Psikologi; 2017;3(2):126-138.
- [40] Andayani SRD, Hargono R. Husband involvement to accompanying his wife in cesarean section delivery in reducing anxiety for successful implementation early