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Lampiran 1 Informasi peneliti

Dengan hormat,

Saya, yang bertanda tangan di bawah ini:

Nama : Maryni Manga

Nim : P102222016

Adalah mahasiswa Program Studi Magister Kebidanan di Sekolah Pasca Sarjana Universitas Hasanuddin yang akan melakukan penelitian dengan judul "**Studi Follow Up Efektivitas Partner Delivered Massage Terhadap Kadar Kortisol Ibu Rumah Tangga yang Memiliki Balita**"

Tujuan Penelitian

Tujuan Umum

Menganalisis pengaruh *Partner Delivered Massage* terhadap kadar hormon kortisol pada ibu dan mengeksplorasi persepsi ibu terhadap *Partner Delivered Massage* sebagai upaya menurunkan stress.

Tujuan Khusus

1. Untuk mengeksplorasi *Partner-Delivered Massage* setelah intervensi
2. Untuk mengetahui pengaruh *Partner-Delivered Massage* terhadap kortisol pasca beberapa bulan setelah intervensi

Intervensi dan tindakan dalam penelitian

Wawancara mendalam akan dilakukan dengan durasi sekitar 30-45 menit sesuai dengan kesepakatan, baik dalam satu atau beberapa pertemuan. Wawancara akan direkam dan diputar ulang untuk memvalidasi hasil. Pengambilan darah akan dilakukan 1x oleh tenaga analis kesehatan/tenaga laboratorium tersertifikasi.

Kemungkinan bahaya bagi subjek

Tidak ada.

Kepesertaan dan pengunduran diri

Partisipasi subjek dalam penelitian ini bersifat sukarela. Jika dalam penelitian ini peserta merasa tidak nyaman maka peserta dapat mengundurkan diri.

Insentif

Subjek dalam penelitian ini berhak atas cenderamata.

Semua data yang dikumpulkan akan dirahasiakan. Jika Anda bersedia menjadi peserta, silakan tandatangi formulir persetujuan yang disediakan. Terima kasih atas perhatian dan partisipasi Anda.

Hormat saya,

Maryni Manga

Lampiran 2 Lembar persetujuan partisipan

LEMBAR PERSETUJUAN MENJADI PARTISIPAN

Saya yang bertanda tangan di bawah ini:

Nama (inisial) :
 Umur :
 Alamat :

Setelah membaca dan mendengarkan penjelasan penelitian ini (terlampir), maka saya memahami tujuan penelitian ini yang nantinya akan bermanfaat. Saya mengerti bahwa penelitian ini menjunjung tinggi hak-hak saya sebagai partisipan.

Saya sangat memahami bahwa keikutsertaan saya menjadi partisipan pada penelitian ini sangat besar manfaatnya bagi pemahaman dalam merancang teori persepsi terhadap sebuah terapi dalam menurunkan stress. Dengan menandatangani surat persetujuan ini, berarti saya telah menyatakan untuk berpartisipasi dalam penelitian ini tanpa paksaan dan bersifat sukarela.

Makasar, Mei 2024

Peneliti

Informan

Saksi,

Maryni Manga () ()

Lampiran 3 Kuesioner Percieved Stress Scale (PSS)



KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI

UNIVERSITAS HASANUDDIN

SEKOLAH PASCA SARJANA

JL. PERINTIS KEMERDEKAAN KM.10 MAKASAR 90245

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KUESIONER

PERCIEVED STRESS SCALE (PSS)

Petunjuk Pengisian

Kuesioner ini adalah menanyakan terkait perasaan dan pikiran ibu selama sebulan terakhir. Terdapat lima pilihan jawaban untuk setiap pertanyaan yaitu :

- 0 : Tidak pernah
- 1 : Hampir tidak pernah (1-2kali)
- 2 : Kadang-kadang (3-4 kali)
- 3 : Hampir Sering (5-6 kali)
- 4 : Sangat sering (lebih dari 6 kali)

Selanjutnya, Ibu diminta memilih jawaban dari pertanyaan dengan melingkari angka yang sesuai dengan perasaan dan pikiran ibu selama satu bulan terakhir

- | | |
|--|--|
| <p>1. Selama satu bulan terakhir seberapa sering anda marah karena sesuatu yang tidak terduga</p> <ul style="list-style-type: none"> 0. : Tidak pernah 1. : Hampir tidak pernah (1-2kali) 2. : Kadang-kadang (3-4 kali) 3. : Hampir Sering (5-6 kali) 4. : Sangat sering (lebih dari 6 kali) | <p>4. Selama satu bulan terakhir seberapa sering anda merasa yakin terhadap kemampuan diri untuk mengatasi masalah pribadi</p> <ul style="list-style-type: none"> 0. : Tidak pernah 1. : Hampir tidak pernah (1-2kali) 2. : Kadang-kadang (3-4 kali) 3. : Hampir Sering (5-6 kali) 4. : Sangat sering (lebih dari 6 kali) |
| <p>2. Selama satu bulan terakhir seberapa sering merasa tidak mampu mengontrol hal yang penting dalam kehidupan anda</p> <ul style="list-style-type: none"> 0. : Tidak pernah 1. : Hampir tidak pernah (1-2kali) 2. : Kadang-kadang (3-4 kali) 3. : Hampir Sering (5-6 kali) 4. : Sangat sering (lebih dari 6 kali) | <p>5. Selama satu bulan terakhir seberapa sering anda merasa segala sesuatu yang terjadi sesuai dengan harapan anda</p> <ul style="list-style-type: none"> 0. : Tidak pernah 1. : Hampir tidak pernah (1-2kali) 2. : Kadang-kadang (3-4 kali) 3. : Hampir Sering (5-6 kali) 4. : Sangat sering (lebih dari 6 kali) |
| <p>3. Selama satu bulan terakhir seberapa sering anda merasa gelisah</p> <ul style="list-style-type: none"> 0. : Tidak pernah 1. : Hampir tidak pernah (1-2kali) 2. : Kadang-kadang (3-4 kali) 3. : Hampir Sering (5-6 kali) 4. : Sangat sering (lebih dari 6 kali) | <p>6. Selama satu bulan terakhir seberapa sering anda merasa tidak mampu menyelesaikan hal yang harus dikerjakan</p> <ul style="list-style-type: none"> 0. : Tidak pernah 1. : Hampir tidak pernah (1-2kali) 2. : Kadang-kadang (3-4 kali) 3. : Hampir Sering (5-6 kali) 4. : Sangat sering (lebih dari 6 kali) |

7. Selama satu bulan terakhirseberapa sering anda mampu mengontrol rasa mudah tersinggung dalam kehidupan anda
0. : Tidak pernah
 1. : Hampir tidak pernah (1-2kali)
 2. : Kadang-kadang (3-4 kali)
 3. : Hampir Sering (5-6 kali)
 4. : Sangat sering (lebih dari 6 kali)
8. Selama satu bulan terakhir seberapa sering anda merasa lebih mampu mengatasi masalah jika dibandingkan dengan orang lain
0. : Tidak pernah
 1. : Hampir tidak pernah (1-2kali)
 2. : Kadang-kadang (3-4 kali)
 3. : Hampir Sering (5-6 kali)
 4. : Sangat sering (lebih dari 6 kali)
9. Selama satu bulan terakhirseberapa sering anda marah karena adanya masalah yang tidak dapat anda kendalikan
0. : Tidak pernah
 1. : Hampir tidak pernah (1-2kali)
 2. : Kadang-kadang (3-4 kali)
 3. : Hampir Sering (5-6 kali)
 4. : Sangat sering (lebih dari 6 kali)
10. Selama satu bulan terakhirseberapa sering anda merasakan kesulitan yang menumpuk sehingga anda tidak mampu untuk mengatasinya
0. : Tidak pernah
 1. : Hampir tidak pernah (1-2kali)
 2. : Kadang-kadang (3-4 kali)
 3. : Hampir Sering (5-6 kali)
 4. : Sangat sering (lebih dari 6 kali)

Total Skor



KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI
UNIVERSITAS HASANUDDIN

SEKOLAH PASCA SARJANA

JL. PERINTIS KEMERDEKAAN KM.10 MAKASAR 90245

KUESIONER

PERSEPSI DAN KEBIASAAN IBU TERHADAP PARTNER DELIVERED MESSAGE TERHADAP PENURUNAN STRES RINGAN

Petunjuk Pengisian Kuesioner :

Berilah tanda centang (v) sesuai dengan keadaan anda saat ini dengan sebenar-benarnya :

Nama : (isi dengan inisial)
 No. Responden : (diisi oleh peneliti) Tanggal/jam :
 Berat Badan/Tinggi Badan :
 Hari pertama Haid Terakhir :
 Durasi Jam Tidur :

Petunjuk Pengisian Kuesioner :

Pilihlah salah satu jawaban pertanyaan berikut sesuai keadaan anda saat ini dengan sebenar-benarnya :

- | | |
|---|---|
| <p>1. Umum</p> <p>a. Usia</p> <p><input type="checkbox"/> 18-39 tahun</p> <p><input type="checkbox"/> 40-64 tahun</p> <p><input type="checkbox"/> >64 tahun</p> <p>b. Pendidikan terakhir</p> <p><input type="checkbox"/> SD/MI</p> <p><input type="checkbox"/> SMP/MTS</p> <p><input type="checkbox"/> SMA/SMK/MA</p> <p><input type="checkbox"/> Perguruan Tinggi</p> <p><input type="checkbox"/> Lainnya.....</p> <p>c. Pekerjaan</p> <p><input type="checkbox"/> Ibu Rumah Tangga</p> <p><input type="checkbox"/> Swasta</p> <p><input type="checkbox"/> Wiraswasta</p> <p><input type="checkbox"/> PNS</p> <p><input type="checkbox"/> Lainnya.....</p> | <p>d. Jumlah anak</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> Lebih dari 2</p> <p>e. Usia anak terakhir</p> <p><input type="checkbox"/> 0- 1 tahun</p> <p><input type="checkbox"/> 2-3 tahun</p> <p><input type="checkbox"/> 4-5 tahun</p> <p><input type="checkbox"/> Lebih dari 5 tahun</p> <p>f. Riwayat Penyakit</p> <p><input type="checkbox"/> Cushing Sindrom</p> <p><input type="checkbox"/> Penyakit Addison</p> <p><input type="checkbox"/> Tumor</p> <p><input type="checkbox"/> Lainnya</p> |
|---|---|

Petunjuk Pengisian Kuesioner :

Jawablah pertanyaan berikut sesuai keadaan anda saat ini dengan sebenar-benarnya

2. Kuesioner Kualitatif

1) Bagaimana perasaan yang ibu rasakan setelah dipijat?

.....
.....
.....
.....
.....
.....

- Bagaimana dampak pijat pada kesehatan ibu? (apakah lelah, stress, dan ketenangan berkurang atau sebaliknya?)

.....
.....
.....
.....
.....
.....

- Bagaimana dengan kualitas tidur ibu setelah dipijat?

.....
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.....
.....
.....

- Bagaimana perubahan keromantisan yang ibu rasakan setelah dipijat? (Bagaimana dampaknya pada hubungan suami-istri?)

.....
.....
.....
.....
.....
.....

2) Setelah Intervensi terakhir apakah kebiasaan pijat masih berlanjut ?

Ya

a. Siapakah yang memberikan pijat?

.....
.....
.....
.....
.....
.....

b. Berapa lama durasi pijat yang diberikan?

.....
.....
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.....
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.....

c. Frekuensi pijat yang dilakukan?

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.....
.....
.....

d. Area yang diberikan pijat?

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e. Siapa yang memulai inisiatif memijat? Apakah suami atau permintaan istri?

.....
.....

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.....
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.....

f. Apakah ada hambatan pelaksanaan pijat?

.....
.....
.....
.....
.....

g. Dan lain-lain yang muncul saat wawancara?

.....
.....
.....
.....
.....

Tidak

a. Minta ibu menceritakan mengapa atau apa kendala yang dialami sehingga tidak melanjutkan pijat?

.....
.....
.....
.....
.....

Lampiran 5 Lembar catatan lapangan (field note)

LEMBAR CATATAN LAPANGAN (FIELD NOTE)

Tanggal :

Waktu (jam) :

Tempat :

Pewawancara :

Informan :

Respon yang diamati	Arti dari respon

Lampiran 6 Kuesioner Aktivitas Fisik **Short-International Physical Activity Questionnaire (IPAQ-SF)**

KUESIONER AKTIVITAS FISIK INTERNASIONAL

Nama :

Umur :

Berat Badan :

Pekerjaan :

1. Dalam waktu **7 hari terakhir**, berapa hari anda telah melakukan aktivitas fisik berat, contohnya mengangkat barang berat, mencangkul, senam, atau bersepeda cepat?

_____hari seminggu

Tidak ada aktivitas fisik berat Lanjut ke nomor 3

2. Berapa lama waktu yang anda gunakan untuk **melakukan aktivitas fisik berat** pada salah satu hari tersebut?

_____jam _____menit sehari

Tidak tahu / Tidak pasti

3. Dalam waktu **7 hari terakhir**, berapa hari anda telah **melakukan aktivitas fisik sedang**, contohnya mengangkat barang ringan, menyapu, bersepeda, santai? Ini tidak termasuk jalan kaki.

_____hari seminggu

Tidak ada aktivitas fisik sederhana Lanjut ke nomor 5

4. Berapa lama waktu yang anda gunakan untuk **melakukan aktivitas fisik sedang** pada salah satu hari tersebut?

_____jam _____menit sehari

Tidak tahu / Tidak pasti

5. Dalam waktu **7 hari terakhir**, berapa hari anda telah **berjalan kaki selama** minimal 10 menit.

_____ hari seminggu

Tidak berjalan kaki Lanjut ke nomor 7

6. Berapa lama waktu yang anda gunakan untuk **berjalan kaki** pada salah satu hari tersebut?

_____ jam _____ menit sehari

Tidak tahu / Tidak pasti

7. Dalam waktu **7 hari terakhir**, berapa lama waktu yang anda gunakan untuk **duduk pada saat hari kerja?**

_____ jam _____ menit sehari

Tidak tahu / Tidak pasti

Lampiran 7 Tabulasi Karakteristik Subjek

KARAKTERISTIK SUBJEK

NO	KODE SAMPLE	KARAKTERISTIK SUBJEK FOLLOW UP									
		TIDUR	UMUR	PEKERJAAN	PENDIDIKAN	JUMLAH ANAK	USIA ANAK TERAKHIR (Th)	PENYAKIT	IMT	AKTIFITAS FISIK	PSS
1	6	8	24	IRT	S1	1	1	TIDAK	NORMAL WEIGHT	TINGGI	SEDANG
2	9	8	29	IRT	S1	1	1	TIDAK	UNDERWEIGHT	SEDANG	SEDANG
3	15	5	24	IRT	SMA	1	1	TIDAK	NORMAL WEIGHT	RINGAN	RENDAH
4	16	8	25	IRT	S1	1	3	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
5	28	6	28	IRT	S1	2	3	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
6	30	7	26	IRT	SMA	1	1	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
7	34	8	31	IRT	SMA	2	5	TIDAK	OVERWEIGHT	TINGGI	SEDANG
8	35	6	24	IRT	SMA	2	1	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
9	37	8	31	IRT	D3	2	1	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
10	52	5	25	IRT	S1	1	1	TIDAK	OVERWEIGHT	RINGAN	SEDANG
11	56	8	26	IRT	D3	1	1	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
12	57	7	26	IRT	S1	2	2	TIDAK	NORMAL WEIGHT	RINGAN	SEDANG
13	58	8	26	IRT	SMA	1	1	TIDAK	NORMAL WEIGHT	TINGGI	SEDANG
14	61	7	32	IRT	S1	2	5	TIDAK	OVERWEIGHT	RINGAN	SEDANG
15	75	8	24	IRT	S1	1	1	TIDAK	OVERWEIGHT	TINGGI	SEDANG
16	93	7	27	IRT	S1	1	1	TIDAK	UNDERWEIGHT	SEDANG	RENDAH

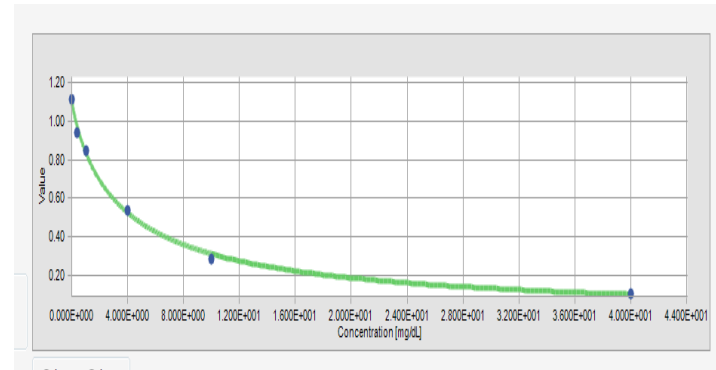
NO	NOMOR SAMPLE	KARAKTERISTIK SUBJEK CONTROL									
		TIDUR	UMUR	PEKERJAAN	PENDIDIKAN	JUMLAH ANAK	USIA ANAK TERAKHIR (Th)	PENYAKIT	IMT	AKTIF.FISIK	PSS
1	1C	7	32	IRT	S1	1	4	TIDAK	OVERWEIGHT	TINGGI	SEDANG
2	2c	6	23	IRT	D3	1	1	TIDAK	OVERWEIGHT	SEDANG	SEDANG
3	3C	8	29	IRT	SMA	>2	1	TIDAK	UNDERWEIGHT	RINGAN	SEDANG
4	4C	5	35	IRT	S1	>2	1	TIDAK	NORMAL WEIGHT	TINGGI	SEDANG
5	6C	6	25	IRT	S1	1	1	TIDAK	UNDERWEIGHT	TINGGI	SEDANG
6	7C	6	28	IRT	S1	2	2	TIDAK	OVERWEIGHT	TINGGI	SEDANG
7	8C	9	28	IRT	S1	1	1	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
8	10C	6	29	IRT	S1	1	1	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
9	11C	7	27	IRT	S1	1	1	TIDAK	NORMAL WEIGHT	RINGAN	SEDANG
10	12C	8	25	IRT	S1	1	3	TIDAK	OVERWEIGHT	SEDANG	RENDAH
11	13C	8	28	IRT	S1	1	1	TIDAK	NORMAL WEIGHT	RINGAN	SEDANG
12	14C	8	30	IRT	S1	2	1	TIDAK	OVERWEIGHT	SEDANG	SEDANG
13	15C	8	31	IRT	S1	2	3	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
14	16C	8	26	IRT	S1	1	1	TIDAK	OVERWEIGHT	TINGGI	SEDANG
15	17	8	24	IRT	S1	1	1	TIDAK	NORMAL WEIGHT	SEDANG	SEDANG
16	19C	5	29	IRT	S1	>2	1	TIDAK	NORMAL WEIGHT	TINGGI	SEDANG
17	20C	7	26	IRT	SMA	1	1	TIDAK	UNDERWEIGHT	RINGAN	SEDANG
18	26C	7	30	IRT	S1	1	3	TIDAK	NORMAL WEIGHT	TINGGI	SEDANG

19	38C	8	39	IRT	S1	>2	3	TIDAK	NORMAL WEIGHT	RINGAN	RENDAH
20	22C	5	29	IRT	SMA	>2	1	TIDAK	OBESITY	SEDANG	SEDANG

Lampiran 8 Tabulasi Kadar Kortisol Subjek

TABEL HASIL UJI ELISA KORTISOL SERUM DARAH

SUBJEK FOLLOW UP



NO	KODE	NILAI OD SEBELUM	NILAI KONSENTRASI SEBELUM	KATEGORI	NILAI OD SETELAH	NILAI KONSENTRASI SETELAH	KATEGORI	KODE	PERUBAHAN	KODE
1.	6	0,4196	6,17	NORMAL	0,349	8,3967	NORMAL	NAIK	2,2306 ▲	YA
2.	9	0,3657	7,79	NORMAL	0,3297	9,1794	NORMAL	NAIK	1,3914 ▲	YA
3.	15	0,3295	9,19	NORMAL	0,4082	6,4717	NORMAL	TURUN	-2,7163 ▼	YA
4.	16	0,4105	6,41	NORMAL	0,4138	6,3193	NORMAL	TURUN	-0,0893 ▼	YA
5.	28	0,3225	9,50	NORMAL	0,3665	7,7603	NORMAL	TURUN	-1,7358 ▼	YA
6.	30	0,3829	7,22	NORMAL	0,398	6,7609	NORMAL	TURUN	-0,4577 ▼	YA
7.	34	0,3194	9,64	NORMAL	0,3235	9,4512	NORMAL	TURUN	-0,1857 ▼	YA
8.	35	0,5413	3,75	RENDAH	0,2344	14,9661	NORMAL	NAIK	11,2187 ▲	TIDAK
9.	37	0,3968	6,80	NORMAL	0,4356	5,7654	RENDAH	TURUN	-1,0305 ▼	YA
10.	52	0,2819	11,59	NORMAL	0,3442	8,5829	NORMAL	TURUN	-3,0074 ▼	YA
11.	56	0,293	10,96	NORMAL	0,2904	11,1027	NORMAL	NAIK	0,1434 ▲	YA
12.	57	0,2677	12,47	NORMAL	0,2905	11,0972	NORMAL	TURUN	-1,3771 ▼	YA
13.	58	0,3903	6,99	NORMAL	0,3796	7,3237	NORMAL	NAIK	0,3340 ▲	YA
14.	61	0,3682	7,70	NORMAL	0,5533	3,5707	RENDAH	TURUN	-4,1311 ▼	YA
15.	75	0,3985	6,75	NORMAL	0,3915	6,9534	NORMAL	NAIK	0,2070 ▲	TIDAK
16.	93	0,3496	8,37	NORMAL	0,279	11,7635	NORMAL	NAIK	3,3897 ▲	YA

HASIL UJI ELISA SERUM KORTISOL SUBJEK CONTROL

NO	KODE	NILAI OD CONTROL	NILAI KONSENTRASI CONTROL	KATEGORI
1	1C	0,2244	15,85697041	NORMAL
2	2C	0,2451	14,09221855	NORMAL
3	3C	0,5116	4,223952329	RENDAH
4	4C	0,2676	12,48084206	NORMAL
5	6C	0,3457	8,524117017	NORMAL
6	7C	0,4076	6,488315497	NORMAL
7	8C	0,2539	13,42815707	NORMAL
8	10C	0,3315	9,102431352	NORMAL
9	11C	0,2505	13,67923745	NORMAL
10	12C	0,214	16,86986659	NORMAL
11	13C	0,2671	12,51370973	NORMAL
12	14C	0,308	10,17966275	NORMAL
13	15C	0,2575	13,16949389	NORMAL
14	16C	0,2722	12,18413125	NORMAL
15	17C	0,2961	10,79161535	NORMAL
16	19C	0,8427	0,973054147	RENDAH
17	20	0,3896	7,01090409	NORMAL
19	26C	0,3084	10,15992574	NORMAL
20	38C	0,2791	11,75745393	NORMAL
18	22C	0,2637	12,74051485	NORMAL

Lampiran 9 Hasil Uji Normalitas Data

UJI NORMALITAS KADAR KORTISOL

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
KORTISOLPRE	16	100.0%	0	0.0%	16	100.0%
KORTISOLPOST	16	100.0%	0	0.0%	16	100.0%

Descriptives

		Statistic	Std. Error	
KORTISOLPRE	Mean	8.2050512	.56358237	
	95% Confidence Interval for	Lower Bound	7.0038039	
		Upper Bound	9.4062986	
	5% Trimmed Mean	8.2155180		
	Median	7.7448907		
	Variance	5.082		
	Std. Deviation	2.25432950		
	Minimum	3.74742		
	Maximum	12.47428		
	Range	8.72687		
	Interquartile Range	2.84294		
	Skewness	.212	.564	
	Kurtosis	.007	1.091	
KORTISOLPOST	Mean	8.4665564	.69324095	
	95% Confidence Interval for	Lower Bound	6.9889483	
		Upper Bound	9.9441645	
	5% Trimmed Mean	8.3774647		
	Median	8.0784624		
	Variance	7.689		
	Std. Deviation	2.77296379		
	Minimum	3.57065		

Maximum	14.96611	
Range	11.39546	
Interquartile Range	4.14167	
Skewness	.654	.564
Kurtosis	.808	1.091

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
KORTISOLPRE	.136	16	.200*	.967	16	.792
KORTISOLPOST	.111	16	.200*	.963	16	.713

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

UJI NORMALITAS TINGKAT KORTISOL

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
TINGKATKORTISOL	16	100.0%	0	0.0%	16	100.0%

Descriptives

		Statistic	Std. Error	
TINGKATKORTISOL	Mean	1.88	.085	
	95% Confidence Interval for Mean	Lower Bound	1.69	
		Upper Bound	2.06	
	5% Trimmed Mean	1.92		
	Median	2.00		
	Variance	.117		
	Std. Deviation	.342		
	Minimum	1		
	Maximum	2		
	Range	1		
	Interquartile Range	0		
	Skewness	-2.509	.564	
	Kurtosis	4.898	1.091	

Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
TINGKATKORTISOL	.518	16	.000	.398	16	.000

a. Lilliefors Significance Correction

Lampiran 10 Hasil Uji SPSS

HASIL UJI SPSS EFEKTIVITAS PARTNER DELIVERED MESSAGE TERHADAP KADAR KORTISOL MENGGUNAKAN
UJI ONE WAY ANOVA

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
KORTISOLPOST	LANJUT	14	8.1103876	2.30434371	.61586176	6.7798991	9.4408760	3.57065	11.76349
	TIDAKLANJUT	2	10.9597379	5.66586521	4.00637171	-39.9460414	61.8655171	6.95337	14.96611
	Total	16	8.4665564	2.77296379	.69324095	6.9889483	9.9441645	3.57065	14.96611
KORTISOLPRE	LANJUT	14	8.6276478	1.99482861	.53314037	7.4758681	9.7794276	6.16602	12.47428
	TIDAKLANJUT	2	5.2468751	2.12055286	1.49945731	-13.8055364	24.2992867	3.74742	6.74633
	Total	16	8.2050512	2.25432950	.56358237	7.0038039	9.4062986	3.74742	12.47428

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
KORTISOLPOST	Between Groups	14.208	1	14.208	1.967	.183
	Within Groups	101.132	14	7.224		
	Total	115.340	15			
KORTISOLPRE	Between Groups	20.002	1	20.002	4.980	.042
	Within Groups	56.228	14	4.016		
	Total	76.230	15			

HASIL UJI SPSS EFEKTIVITAS PARTNER DELIVERED MASSAGE TERHADAP KADAR KORTISOL MENGGUNAKAN UJI PAIRED SAMPLE T-TEST

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	KORTISOLPRE	8.2050512	16	2.25432950	.56358237
	KORTISOLPOST	8.4665564	16	2.77296379	.69324095

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	KORTISOLPRE & KORTISOLPOST	16	.045	.867

Paired Samples Test

		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	KORTISOLPRE - KORTISOLPOST	-.26150513	3.49336625	.87334156	-2.12298861	1.59997835	-.299	15	.769

HASIL UJI SPSS PAIRED SAMPLE T-TEST SUBJEK LANJUT DAN TIDAK LANJUT PIJAT TERHADAP PERUBAHAN KADAR KORTISOL

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	KLP	1.13	16	.342	.085
	PERUBAHAN	.26151	16	3.493366	.873342

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	KLP & PERUBAHAN	16	.609	.012

Paired Samples Test

		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig.
					Lower	Upper			
Pair 1	KLP - PERUBAHAN	.863495	3.296449	.824112	-.893059	2.620049	1.048	15	

HASIL UJI PERBANDINGAN KELOMPOK KONTROL DAN KELOMPOK FOLLOW UP TERHADAP KADAR KORTISOL MENGGUNAKAN UJI PAIRED SAMPLE T-TEST

Group Statistics

	KLPFOLLOWCONTROL	N	Mean	Std. Deviation	Std. Error Mean
KORTISOLPOST	FOLLOWUP	16	8.4665564	2.77296379	.69324095
	CONTROL	20	10.8113287	3.89359364	.87063401

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
KORTISOLPOST	Equal variances assumed	1.503	.229	-2.030	34	.050	-2.34477233	1.15529973	-4.69262386	.00307921
	Equal variances not assumed			-2.107	33.615	.043	-2.34477233	1.11291805	-4.60744950	-.08209516

LAMPIRAN 8. HASIL UJI SPSS FREKUENSI PARTNER DELIVERED MESSAGE TERHADAP KADAR KORTISOL

Descriptives

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
KORTISOLPRE	SERING	10	8.1039636	1.91959936	.60703062	6.7307649	9.4771622	6.16602	12.47428
	JARANG	4	9.9368585	1.72907470	.86453735	7.1855148	12.6882022	7.70179	11.59030
	TIDAK	2	5.2468751	2.12055286	1.49945731	-13.8055364	24.2992867	3.74742	6.74633
	Total	16	8.2050512	2.25432950	.56358237	7.0038039	9.4062986	3.74742	12.47428
KORTISOLPOST	SERING	10	8.2528871	2.07946993	.65758613	6.7653239	9.7404502	5.76537	11.76349
	JARANG	4	7.7541389	3.13057657	1.56528829	2.7726930	12.7355848	3.57065	11.10274
	TIDAK	2	10.9597379	5.66586521	4.00637171	-39.9460414	61.8655171	6.95337	14.96611
	Total	16	8.4665564	2.77296379	.69324095	6.9889483	9.9441645	3.57065	14.96611

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
KORTISOLPRE	Between Groups	29.600	2	14.800	4.126	.041
	Within Groups	46.630	13	3.587		
	Total	76.230	15			
KORTISOLPOST	Between Groups	14.919	2	7.459	.966	.406
	Within Groups	100.421	13	7.725		
	Total	115.340	15			

UJI SPSS COUNFOUNDING VARIABEL TERHADAP FREKUENSI
PENERAPAN PARTNER DELIVERED MASSAGE MENGGUNAKAN UJI CHI
SQUARE

FREKUENSI * KLP

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	16.000 ^a	2	.000
Likelihood Ratio	12.057	2	.002
Linear-by-Linear Association	9.643	1	.002
N of Valid Cases	16		

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .25.

FREKUENSI * TINGKATKORTISOL

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	.914 ^a	2	.633
Likelihood Ratio	1.056	2	.590
Linear-by-Linear Association	.000	1	1.000
N of Valid Cases	16		

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .25.

FREKUENSI * PSS**Chi-Square Tests**

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	1.371 ^a	2	.504
Likelihood Ratio	2.049	2	.359
Linear-by-Linear Association	1.071	1	.301
N of Valid Cases	16		

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .25.

FREKUENSI * IMT**Chi-Square Tests**

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	3.840 ^a	4	.428
Likelihood Ratio	4.454	4	.348
Linear-by-Linear Association	2.935	1	.087
N of Valid Cases	16		

a. 8 cells (88.9%) have expected count less than 5. The minimum expected count is .25.

FREKUENSI * PENYAKIT**Chi-Square Tests**

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	16

a. No statistics are computed because PENYAKIT is a constant.

FREKUENSI * AKTFISIK**Chi-Square Tests**

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	3.200 ^a	4	.525
Likelihood Ratio	4.360	4	.359
Linear-by-Linear Association	.000	1	1.000
N of Valid Cases	16		

a. 8 cells (88.9%) have expected count less than 5. The minimum expected count is .50.

FREKUENSI * ISTIRAHAT**Chi-Square Tests**

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	3.200 ^a	2	.202
Likelihood Ratio	3.175	2	.204
Linear-by-Linear Association	2.500	1	.114
N of Valid Cases	16		

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .50.

FREKUENSI * USIA**Chi-Square Tests**

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	3.840 ^a	2	.147
Likelihood Ratio	4.454	2	.108
Linear-by-Linear Association	2.000	1	.157
N of Valid Cases	16		

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .75.

FREKUENSI * PENDIDIKAN

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	2.502 ^a	2	.286
Likelihood Ratio	3.642	2	.162
Linear-by-Linear Association	.136	1	.712
N of Valid Cases	16		

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .63.

FREKUENSI * J.ANAK

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	.640 ^a	2	.726
Likelihood Ratio	.635	2	.728
Linear-by-Linear Association	.500	1	.480
N of Valid Cases	16		

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .75.

FREKUENSI * USIAANAK

Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	.914 ^a	2	.633
Likelihood Ratio	1.056	2	.590
Linear-by-Linear Association	.000	1	1.000

N of Valid Cases	16	
------------------	----	--

a. 5 cells (83.3%) have expected count less than 5. The minimum expected count is .25.

UJI SPSS COUNFOUNDING VARIABEL TERHADAP TINGKAT KORTISOL MENGGUNAKAN UJI CORELATION SPEARMAN RANKS

			Correlations									
			TINGKATKORTISOL	KLPFOLLOWCONTROL	PSS	IMT	AKTFISIK	ISTIRAHAT	USIA	PENDIDIKAN	JANAK	USIAANAK
Spearman's rho	TINGKATKORTISOL	Correlation Coefficient	1.000	.040	-.125	.090	.141	.043	-.219	.024	-.470**	-.213
		Sig. (2-tailed)	.	.819	.468	.601	.410	.805	.199	.891	.004	.212
		N	36	36	36	36	36	36	36	36	36	36
	KLPFOLLOWCONTROL	Correlation Coefficient	.040	1.000	.040	.078	.069	.108	.194	.194	.118	-.135
		Sig. (2-tailed)	.819	.	.819	.651	.688	.531	.257	.256	.494	.433
		N	36	36	36	36	36	36	36	36	36	36
	PSS	Correlation Coefficient	-.125	.040	1.000	.090	.265	.043	.175	.024	.054	.107
		Sig. (2-tailed)	.468	.819	.	.601	.119	.805	.306	.891	.755	.536
		N	36	36	36	36	36	36	36	36	36	36
	IMT	Correlation Coefficient	.090	.078	.090	1.000	.207	.129	-.116	.097	.117	.388*
		Sig. (2-tailed)	.601	.651	.601	.	.225	.452	.499	.574	.497	.019
		N	36	36	36	36	36	36	36	36	36	36
	AKTFISIK	Correlation Coefficient	.141	.069	.265	.207	1.000	.112	-.035	.128	-.056	.119
		Sig. (2-tailed)	.410	.688	.119	.225	.	.515	.838	.458	.746	.488
		N	36	36	36	36	36	36	36	36	36	36
	ISTIRAHAT	Correlation Coefficient	.043	.108	.043	.129	.112	1.000	-.262	-.081	.247	-.200
		Sig. (2-tailed)	.805	.531	.805	.452	.515	.	.123	.640	.146	.242
		N	36	36	36	36	36	36	36	36	36	36
	USIA	Correlation Coefficient	-.219	.194	.175	-.116	-.035	-.262	1.000	-.033	.375*	.187
		Sig. (2-tailed)	.199	.257	.306	.499	.838	.123	.	.848	.024	.275
		N	36	36	36	36	36	36	36	36	36	36
	PENDIDIKAN	Correlation Coefficient	.024	.194	.024	.097	.128	-.081	-.033	1.000	-.148	-.081
		Sig. (2-tailed)	.891	.256	.891	.574	.458	.640	.848	.	.389	.640
		N	36	36	36	36	36	36	36	36	36	36
	JANAK	Correlation Coefficient	-.470**	.118	.054	.117	-.056	.247	.375*	-.148	1.000	.111
		Sig. (2-tailed)	.004	.494	.755	.497	.746	.146	.024	.389	.	.518
		N	36	36	36	36	36	36	36	36	36	36
	USIAANAK	Correlation Coefficient	-.213	-.135	.107	.388*	.119	-.200	.187	-.081	.111	1.000
		Sig. (2-tailed)	.212	.433	.536	.019	.488	.242	.275	.640	.518	.
		N	36	36	36	36	36	36	36	36	36	36

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Lampiran 11 Hasil Uji MAXQDA Pro 24.4

The screenshot displays the MAXQDA Analytics Pro (24.4.0) interface. The main window shows a document titled "INF 1 IBU ABDUL RAHMAN (373 Paragraphs)". The left sidebar contains a list of documents and codes. The main text area shows a transcript of a conversation with line numbers and speaker labels.

Documents List:

Document Name	Paragraph Count
INF 8 IBU KAMARUDDIN	3
INF 1 IBU ABDUL RAHMAN	43
INF 2 IBU ABDUH DINA	42
INF 3 IBU FANDY	32
INF 4 IBU BASRON	29
INF 5 IBU RUDIANTO	33
INF 6 NY.SAHARUDDIN	47
INF 7 IBU DANDI	25
INF 10 IBU RISAL	8
INF 15 IBU PREFDI	15

Codes List:

Code Name	Count
Implementation of Partner Delivered Message	0
> Become a New Habit	7
> Duration	14
> Message Applied to Family Members	17
> Message Frequency in one week	19
> Obstacles	47
> Preferred Area	22
> The Discomfort Experienced by Housewives (Str...	59
> The Benefits of Massage for Housewives	113
Sets	0

Transcript Text:

... belakang (perumahan belakang).
 254 Peneliti :
 255 Kalau di sini tidak kayak perumahan lain ya?
 256 Ny. Abdul Rahman :
 257 Kebanyakan di sini kerja, jadi nanti datang malam tidak sempat.
 258 [14:00 – 14:05]
 259 Peneliti :
 260 Yang buat stress tentang anak seperti apa?
 261 Ny. Abdul Rahman :
 262 Anak saya kan lebih sering gitu kayak tembok dia kulit dia punya udah kayak aduh dia makan jadi kayak saya awasi diluar pas saya malam sedikit ada di kamar, di kamar lagi dia kulit atau kah pasir di makan jadi kayak lebih stres mengawasi yang begitu begitu emang
 263 Peneliti :
 264 Oh iya mungkin karena rasa ingin tahu
 265 Ny. Abdul Rahman :
 266 Iya, biasa lagi aktif-aktifnya yang umur 2 tahun
 267 Peneliti :
 268 anaknya ada berapa Bu Balita?
 269 Ny. Abdul Rahman :
 270 2. Ini yang kakak. (menunjuk anak balitanya yang sejak tadi mencari-cari perhatian dan

MAXMaps - Creative Coding (8)

Start Insert

Copy Object Paste Object Remove from Map Bring Forward Send Backward Ungroup Objects Group Objects Code Frequencies Display Symbols List of Maps Layers Library Send to QTT Worksheet Copy Display Export Map

Maps

- New Map
- Partner Delivered Mass...
- Creative Coding (1)
- Creative Coding (2)
- Creative Coding (3)
- Creative Coding (4)
- Creative Coding (5)
- Creative Coding (6)
- Creative Coding (7)
- Creative Coding (8)

Implementation of Partner Delivered Message

```
graph TD; Root[Implementation of Partner Delivered Message] --> Duration; Root --> PreferredArea[Preferred Area]; Root --> BecomeNewHabit[Become a New Habit]; Root --> Obstacles; Root --> MessageApplied[Message Applied to Family Members]; Duration --> D1[3-15 minutes]; Duration --> D2[15 or 20 minutes]; Duration --> D3[20 minutes]; Duration --> D4[30 minutes]; PreferredArea --> P1[Waist]; PreferredArea --> P2[Head]; PreferredArea --> P3[Back]; PreferredArea --> P4[Shoulders]; BecomeNewHabit --> B1[New Habit]; BecomeNewHabit --> B2[Getting a message when sick]; MessageApplied --> M1[The Child Gets a Massage]; MessageApplied --> M2[Take Turns/Messaging My Husband]; MessageApplied --> M3[Husband Gets a Massage After Work]; Obstacles --> O1[Husband Tired]; Obstacles --> O2[Toddler]; Obstacles --> O3[Husband has a Phone Call (duty)]; Obstacles --> O4[Doesn't like/get used to being massaged]; Obstacles --> O5[Asking for Sexual Intercourse When the Child is not Sleeping yet]; Obstacles --> O6[When the Child is not Sleeping yet]; Obstacles --> O7[Husband's Way of Massaging is not Proper]; Obstacles --> O8[Husband is Busy at Work]; Obstacles --> O9[Husband is Busy playing Games]; Obstacles --> O10[Husband does not want to Massage his Wife]; Obstacles --> O11[Husband does not Take The Initiative to Massage];
```

70%

Type here to search

USD/IDR +0,28%

10:11 22/07/2024

Hambatan

Cara memijat suami yang kurang baik

Menjadi Kebiasaan baru
Frekuensi Pijat dalam satu minggu
Area yang suka dipijat
Manfaat Pijat bagi anggota keluarga

Pemicu stres

Durasi

Anak menangis
Kesibukan suami
Anak dipijat

Suami Capek

Anak

Manfaat Pijat

Diterapkan ke anggota keluarga

Lampiran 12. Hasil Wawancara Deskriptif

WAWANCARA DESKRIPTIF

- Partisipan : Ny. AR / Informan 01
- Tanggal : 19 Mei 2024
- Tempat : Tiba di rumah partisipasn, Asrama Raider 700WYC, Makassar, Sulawesi Selatan. Pukul 16.20 WITA dan berakhir pukul 17.25; meninggalkan rumah partisipan pukul 17.35.
- Informasi yang relevan : Perempuan, usia 28 tahun, Agama Islam, Pendidikan Perguruan Tinggi, melanjutkan pijat.
- Suasana : Saat Wawancara dirumah informan ada kehadiran suami, adik, anak balita usia 4 dan 2 tahun, tetapi suami tidak terlibat dalam pembicaraan. Dalam proses wawancara informan sekitar pukul 17.30 anak balita informan bermain dan mencari-cari perhatian informan dengan menyela pembicaraan, merajuk dan meminta minuman di meja. Tetapi informan membatasi dengan cara meminta untuk tidak bersuara dan tidak terlibat untuk menjawab selain informan.
- Jenis Pertanyaan : Deskriptif

WAKTU (Menit)	Teks Wawancara
00.00	<p>Peneliti : Kita akan mengukur nanti kalau ada pengambilan darah Nah ibu yang atas nama? Rika Wati Karena sudah bersedia Jadi nanti akan kami ambil darahnya Tapi besok ya bu? Bukan Bukan hari ini Sekitar jam 11 Sesuai dengan jadwal kemarin terakhir pengambilan darah itu jam 11.04 jadi kami akan ambil di jam yang sama sekitar jam 11 nah hasilnya itu berupa kadar kortisol sama sistem imun jadi kita akan lihat bagaimana kadar kortisol dan sistem imunnya ibu kalau kadar kortisol itu untuk mengetahui apakah ibu punya masalah kayak penyakit-penyakit kronis itu mempengaruhi kadar kortisolnya Kita mulai saja ya bu? Nah kemarin sudah dipijat ya Bu?</p> <p>Ny. A.R : Sudah. Sudah.</p> <p>Peneliti : Nah dari yang dipijat kemarin berapa lama?</p>

WAKTU (Menit)	Teks Wawancara
	<p>Ny. A.R : Kurang lebih 30 menit kalau tidak salah.</p> <p>Peneliti : 30 menit. Terus Setelah diberikan pijat dari Ibu Zilhana, apakah masih dilanjutkan?</p> <p>Ny. A.R : Iya, lanjut sama suami. Lanjut sama suami, masih?</p> <p>Peneliti : Oke. Bagaimana perasaannya Ibu setelah dipijat?</p> <p>Ny. A.R : Lebih <i>relax</i>(tenang) sih</p> <p>Peneliti : Terus apalagi yang Ibu rasakan?</p> <p>Ny. A.R : Kayak setelah dipijat itu kualitas tidur lebih bagus</p> <p>Peneliti : kualitas tidur lebih bagus kemudian ada lagi?</p> <p>Ny. A.R : <i>Mood</i> (perasaan) juga lebih bagus</p> <p>Peneliti : Moodnya lebih bagus setelah dipijat?</p> <p>Ny. A.R : Iya</p>
01.44	<p>Peneliti : Kemudian sebelumnya dampak pijatannya ini apakah berdampak pada kesehatannya ibu? Misalnya sebelumnya ibu sering demam, terus setelah dipijat, ibu lihat apakah ada perubahan?</p> <p>Ny. A.R : Kalau sebelum pijat sih, Kak, mungkin kayak lebih sering capek.</p> <p>Peneliti : Lebih sering capek? Iya. Iya.</p> <p>Ny. A.R : Pas setelah pijat kan mungkin sudah mau capek ini. Terus Terus dipijat sudah langsung hilang capeknya. Jadi kayak lebih bagus, lebih fresh badannya aku rasa.</p>

WAKTU (Menit)	Teks Wawancara
	<p>Peneliti : Lebih fresh?</p> <p>Ny. A.R : Iya, Iya, dari yang sebelum-sebelumnya. Mungkin karena jarang dipijat.</p> <p>Peneliti : Oh, iya. Terus kalau misalnya dari kenyamanan atau mood-nya ibu setelah dipijat itu bagaimana?</p> <p>Ny. A.R : Iya, Lebih bagus setelah dipijat.</p> <p>Peneliti : Kualitas tidur?</p> <p>Ny. A.R : Lebih bagus setelah dipijat, lebih nyenyak</p> <p>Peneliti : Lebih nyenyak? Sebelumnya bagaimana? Sebelumnya itu Berapa jam? Tidurnya?</p> <p>Ny. A.R : Tidurnya, tidurnya kadang-kadang kayak ya tidur kaget-kaget begitu. Sedikit-sedikit bangun. Apalagi karena mungkin masih ada anak kecil.</p>
02.54	<p>Peneliti : Kemudian, kalau hubungan dengan suami. Nah, ini kita mau tanyakan apakah berdampak juga pijatannya dengan hubungan dengan suami? Seperti apa dampaknya?</p> <p>Ny. A.R : Hubungan dalam artian apa dulu?</p> <p>Peneliti : Keromantisan atau lain-lain?</p> <p>Ny. A.R : Iya, lebih terjalin ke istrinya lagi sama suami.</p> <p>Peneliti : Oh iya, terus eee, ini mungkin agak sensitif pertanyaannya, tapi berhubung kami juga sudah berkeluarga (Tertawa) Jadi tidak apa-apa kami tanyakan ya</p>

WAKTU (Menit)	Teks Wawancara
	<p>Ibu? kalau misalnya kan ada dua kasus ya, dari yang dipijat kemarin, ternyata hamil.</p> <p>Ny. A.R : Iya</p> <p>Peneliti : Nah, kami mau tanyakan juga bagaimana dengan ee, ibu sama suami, apakah setelah dipijat, apakah ada eeee aktivitas setelah itu?</p> <p>Ny. A.R : Iya, kadang-kadang sih, <i>nda tau</i>, mungkin efek pijat atau... Bagaimana ya? Kayak Maksudnya lebih, kayak lebih bergairah lagi begitu.</p> <p>Peneliti : Setelah dipijat ya?</p> <p>Ny. A.R : Iya, ujungnya pijat, ujungnya Ada tambahannya lagi (Tertawa)</p> <p>Peneliti : Ada aktivitas lainnya (Tertawa)</p> <p>Ny. A.R : Iya ada aktivitas lainnya (Tertawa)</p> <p>Peneliti : Ada aktivitas tambahannya ya? Itu selalu setiap setelah dipijat?</p> <p>Ny. A.R : <i>Nda, nda</i> setiap setiap</p> <p>Peneliti : Tapi biasanya ibu kalau misalnya setelah dipijat Terus suami misalnya menginginkan ada aktivitas lain itu apakah ibu kadang menolak atau tetap mengikuti?</p> <p>Ny. A.R : Tetap mengikuti.</p>
04:27	<p>Peneliti : Ini yang memberikan pijat ini selalunya suami ya?</p> <p>Ny. A.R : Suami, kadang sama adik yang tadi. Tapi dia cuma bagian betis sama lengan hanya sebatas itu. Kalau suami lagi enggak ini (tidak di rumah/tidak sempat)</p> <p>Peneliti : Oh iya Terus berapa lama biasa dipijat?</p>

WAKTU (Menit)	Teks Wawancara
	<p>Ny. A.R : Kalau suami kan biasa 15 atau 20 menit</p> <p>Peneliti : 15 atau 20 menit ya? 15 atau 20 menit itu dalam satu minggu berapa kali?</p> <p>Ny. A.R : Satu minggu, paling satu atau dua kali.</p> <p>Peneliti : Satu atau dua kali, ya?</p> <p>Ny. A.R : Daerah mana yang biasa Ibu inginkan untuk dipijat?</p> <p>Ny. A.R : Kalo yang ini daerah belakang, punggung.</p> <p>Peneliti : Punggung ya? <i>Ehmm</i>, Kalo untuk pijatan ini apakah memang...</p> <p>Anak Ny. A.R : Aku Pulang....</p>
05:15	<p>Peneliti : Apakah inisiatif dari suami atau ibu yang minta?</p> <p>Ny. A.R : Kadang saya yang minta, tapi terkadang mungkin kalau suami juga yang melihat kayak saya kelelahan atau bagaimana dia inisiatif</p> <p>Peneliti : Tapi frekuensi yang paling banyak itu atas permintaan ibu atau?</p> <p>Ny. A.R : Saya (Tertawa)</p> <p>Peneliti : Oh atas permintaan ibu ya paling sering (Tertawa)</p> <p>Anak Ny. A.R Sebentar ya, makanya jajannya</p>
05:44	<p>Peneliti : Kemudian dalam pijatan ini apakah ada tambahan, apa hambatan-hambatan seperti itu?</p> <p>Ny. A.R : Kalau hambatan sih paling dari anak ya,</p>

WAKTU (Menit)	Teks Wawancara
	<p>Peneliti : Oh dari anak</p> <p>Ny. A.R : Kadang-kadang sementara pijat tiba-tiba nangis. Atau, kalau dia lihat, biasanya kan begitu kalau anak dia lihat orang tuanya berdua toh,</p> <p>Peneliti : Oh, ndak mau.</p> <p>Ny. A.R : Iya ndak mau (tertawa)</p> <p>Peneliti : Oh, hambatannya hanya itu saja ya? Selain itu ada lagi mungkin?</p> <p>Ny. A.R : Enggak sih, paling kayak kesibukan suami. Tapi kan kayak maksudnya kita mengikuti kalau misalkan suami lagi sift ya, nggak disuruh pijat juga kan.</p> <p>Peneliti : Oh iya, saling memahami</p> <p>Ny. A.R : iya</p>
06:18	<p>Peneliti : Tapi kalau sebelumnya memang, apakah ada mungkin konflik-konflik dalam rumah tangga sebelum dipijat, kemudian setelah dipijat mungkin konfliknya itu makin berkurang atau seperti apa?</p> <p>Ny. A.R : <i>Ndak</i> sih sebenarnya kalau sebelum dipijat itu paling lebih banyak ke masalah ini, masalah kayak mengatur emosi ya? mungkin karena anak-anak. (Berbicara dengan balita saat balitanya mau ambil minuman di atas meja) Mau. No, punya tante. Iya. Tapi setelah pijat, Ya mungkin ada saat tertentu lagi naik emosinya. Soal <i>iye</i>, lebih itu sih lebih bisa mengatur (mengatur emosi) sekarang. Paling kentara dari itu, dari berat badan</p> <p>Peneliti : Oh kenapa?</p> <p>Ny. A.R : Dulu kurus sekali. Mungkin karena terlalu banyak dipusing ini itu,</p> <p>Peneliti : Oh stress, banyak yang dipikirkan akhirnya berat badannya</p>

WAKTU (Menit)	Teks Wawancara
	<p>Ny. A.R : Turun</p> <p>Peneliti : Setelah dipijat?</p> <p>Ny. A.R : Sekarang makanya kemarin Bu bidan bilang <i>chabby-chabby</i> sekarang habis dipijat</p> <p>Peneliti : Memang kemarin ada penambahan berat badan?</p> <p>Ny. A.R : Iya, drastis sekali</p> <p>Ny. A.R : Sekarang sudah terakhir kemarin, kemarin kan 59 Sebelumnya itu paling 51, 52. 52 itu sudah naik sekali</p> <p>Peneliti : Oh iya,</p> <p>Ny. A.R : mungkin penuh stres hari ini</p> <p>Peneliti : Oh iya. Kemudian kendalanya (kendala saat dipijat suami) tadi yang hanya itu saja ya? Yang kalau misalnya anaknya lihat mama bapaknya lagi ini berdua, Dia suka ganggu ya?</p> <p>Ny. A.R : iya suka mengganggu.</p> <p>Peneliti : Mungkin ada lagi, Bu, yang mau diceritakan mengenai pijatan ini. Apakah mau dilanjutkan dengan terapis yang lain atau tetap suami yang mau lanjutkan?</p> <p>Ny. A.R : Lebih ini sih, mungkin sama suami saja. Karena sebelum ini kan memang sering sama suami saja, nggak pernah sama ini terapis.</p>
08:16	<p>Peneliti : Tapi memang kalau suami sudah diajarkan kemarin, dibanding terapis yang kemarin, suami bisa menguasai yang diajarkankah?</p> <p>Ny. A.R :</p>

WAKTU (Menit)	Teks Wawancara
	<p>Bisa, karena pas pertama pijat, yang pijat itu bu bidannya Langsung dia komen sendiri. "Ini ibu, kayaknya bapaknya (Suami) pintar pijat karena aliran darahnya Lancar" katanya. Beda sama yang lain, biasa kayak tersendat-sendat caranya pijat begitu, makanya ditanya Ibu, Bu bapak sering pijat? Iye sering, mungkin karena bapak-bapak sering bapak-bapak baku pijat jadi mengerti.</p> <p>Peneliti : Oh? Memang begitu kah ibu?</p> <p>Ny. A.R : Kalau misalkan Lagi capek, anu minta tolong sama temannya yang lain. Mungkin seperti itu Jadi sudah terbiasa...</p> <p>Peneliti : Oh iya, saya juga baru tahu. Saya pikir kalau tentara kan lebih ke ini, jarang mungkin yang pijat-pijat seperti itu.</p> <p>Ny. A.R : Ada sih beberapa kalau lagi kayak memang lagi kurang enak badan, berat badannya dia rasa tuh, lagi demam lagi apa, gak mau diinfus, lebih mau pijat. Kalau suami sih lebih suka begitu. Kalau sudah dipijat, baru masih ini. Baru (minum obat)</p> <p>Peneliti : Durasinya tadi berapa?</p> <p>Ny. A.R : 15-20 menit.</p> <p>Peneliti : Tapi memang selama 3 bulan yang kemarin setelah berhenti dipijat sama Ibu Sil, memang tetap lanjut sampai sekarang?</p> <p>Ny. A.R : Iya, Iya, tetap lanjut ibu.</p> <p>Peneliti : Ibu Zil (Peneliti terdahulu) kemarin Pijatnya berapa kali dalam seminggu?</p> <p>Ny. A.R : Tiap 3-4, yang jelas 4 kali pijat kayaknya deh Selama... 4</p> <p>Peneliti : 4 kali dalam 1 minggu?</p> <p>Ny. A.R : Nggak, Nggak, bukan 1 minggu Selama pertemuan itu dia 4 kali pijat Paling selang 3 hari 3 hari setelah ini</p>

WAKTU (Menit)	Teks Wawancara
	<p>Peneliti : Oh berarti 2 kali juga ya?</p> <p>Ny. A.R : Iya, Iya, 2 kali.</p>
10:21	<p>Peneliti : Berarti tidak berubah begitu banyak juga dari frekuensi yang diberikan sama Ibu Zil ya dengan yang Ibu lakukan sendiri. Memang ini pijatan Ibu rasa punya manfaat positif atau bisa jadi kebiasaannya Ibu?</p> <p>Ny. A.R : Kayaknya sudah jadi kebiasaan.</p> <p>Peneliti : Oh, bisa jadi kebiasaan?</p> <p>Ny. A.R : Iya, karena kayak maksudnya lagi tidak enak ke badan sedikit, habis pijat-pijat langsung enak lagi. Makanya kayak suami juga lihat mengeluh sakit sedikit, paling dipijat.</p> <p>Peneliti : Kalau konsumsi obat?</p> <p>Ny. A.R : Jarang, paling itu kalau misalkan sudah <i>ini mi</i> sakit sekali.</p> <p>Peneliti : Misalnya pijat sudah tidak mampan,</p> <p>Ny. A.R : Iya, habis pijat masih mengeluh, baru minum obat</p> <p>Peneliti L : Oh iya, berarti ini pijat jadi kayak jawaban kalau misalnya lagi sakit?</p> <p>Ny. A.R : Iya, kayak solusi</p> <p>Peneliti : Kalau sakit apapun, pijat dulu</p> <p>Ny. A.R : Oh, ya</p> <p>Ny. A.R :</p>

WAKTU (Menit)	Teks Wawancara
	Mau stres, mau sakit kepala, sakit perut, pijat dulu
11:22	<p>Peneliti : Oh, bagus bagus Bagaimana kalau dari teman-teman misalnya di sekitar sini, apakah ada sering <i>sharing-sharing</i> mengenai pijat-pijat dari suaminya atau bagaimana?</p> <p>Ny. A.R : Jarang ini kalau di sini kan jarang orang kumpul-kumpul, kecuali mungkin yang bagian belakang (perumahan belakang).</p> <p>Peneliti : Kalau di sini tidak kayak perumahan lain ya?</p> <p>Ny. A.R : Kebanyakan di sini kerja, jadi nanti datang malam tidak sempat.</p>
14.00	<p>Peneliti : Yang buat stress tentang anak seperti apa?</p> <p>Ny. A.R : Anak saya kan lebih sering gitu kayak tembok dia kulit dia punya udah kayak aduh dia makan jadi kayak saya awasi diluar pas saya malam sedikit ada di kamar, di kamar lagi dia kuliti atau kah pasir di makan jadi kayak lebih stres mengawasi yang begitu begitu emang</p> <p>Peneliti : Oh iya mungkin karena rasa ingin tahu</p> <p>Ny. A.R : Iya, biasa lagi aktif-aktifnya yang umur 2 tahun</p> <p>Peneliti : anaknya ada berapa Bu Balita?</p> <p>Ny. A.R : 2. Ini yang kakak. (menunjuk anak balitanya yang sejak tadi mencari-cari perhatian dan memotong pembicaraan)</p> <p>Peneliti: Umur berapa yang kakak?</p> <p>Ny. A.R : 4 tahun.</p> <p>Peneliti Oh jadi dua-duanya balita ya</p> <p>Ny. A.R :</p>

WAKTU (Menit)	Teks Wawancara
	<p>Makanya lebih.... (Tertawa)</p> <p>Peneliti : Iya balita yang punya anak satu pasti lebih stress yang dua kan dibanding. Tapi kalau misalnya tinggal di dalam sini memang tingkat stress nya ibu ibu agak tinggi ya. Itu yang paling buat stres dari tinggal di dalam itu selain balita apa lagi?</p> <p>Ny. A.R : Paling mungkin kaya kalau perbandingannya dan mungkin yang diluar (perumahan), kalau di luar kan bebas. Mau kemana-mana bisa. Kalau disini kan kaya terbatas.</p> <p>Peneliti : Iya apalagi melapor ya di dalam.</p> <p>Ny. A.R : Keluar bermalam kan paling harus laporan dulu baru malam.</p> <p>Peneliti : Terus kalau misalnya ini di sini ada kalau di asrama Putri misalnya ada jam malam pulang nya maksimal jam berapa?</p> <p>Ny. A.R : Sebenarnya kalau di jam 10 itu kan portal depan sudah tertutup. Tapi masih bisa sih, masih bisa kalau memang ada keperluan. <i>Ndak papa</i></p> <p>Peneliti : Oke Biasanya memang semuanya serba ada aturan ya bu?</p> <p>Ny. A.R : Iya aturan.</p> <p>Peneliti : Untuk Untuk hal-hal misalnya keseharian apakah memang kita tidak diatur?</p> <p>Ny. A.R : Kalau keseharian itu yakin lebih kaya etika berpakaian nya kita. Iya etika nya dengan disini kan ada Senior Junior. Lebih ke etikanya itu.</p> <p>(Suami datang membonceng anak kedua Ny. A.R)</p>
16:25	<p>Peneliti : Aduh tidak apa-apa itu dibonceng di belakang?</p> <p>Ny. A.R : Jalan-jalan sore.</p> <p>Peneliti :</p>

WAKTU (Menit)	Teks Wawancara
	<p>Oh memang setiap hari selalu suami yang ajak jalan-jalan sore anaknya?</p> <p>Ny. A.R Iya</p> <p>Peneliti : Suami saling bantu dalam hal pekerjaan. Jadi pengertian ya?</p> <p>Ny. A.R : Iya</p> <p>Peneliti : dari satu sampai sepuluh pengertiannya suami berapa?</p> <p>Ny. A.R : Delapan.</p> <p>Peneliti : Jadi memang mengerti betul ibunya, istrinya sedang stress atau sedang capek, suami yang ambil alih?</p> <p>Ny. A.R : Iya.</p> <p>Peneliti : Walaupun sedang kerja atau pulang kerja?</p> <p>Ny. A.R : Kadang piket di poli, malaman di bawa (bawa anak) nanti pas mau tidur baru dibawa pulang. Apalagi kan saya lagi sakit tuh. Suruh pakaikan dua-duanya. Dibawa mi dua-duanya jalan,</p> <p>Peneliti : Pengertian ya.</p> <p>Ny. A.R : Ini saya tadi saya di sebelah pas pulang cari, tidak ada (anak bungsu) hilang. Saya tinggal tidur pas hilang. Ternyata Ternyata ada dia (suami) yang bawa pergi.</p> <p>Peneliti : Mengerti kalau misalnya istrinya juga butuh istirahat. Tapi sebelum di pijat memang akan sama terus perilakunya suami atau kakek. Atau semakin pengertian setelah di pijat?</p> <p>Ny. A.R : Mungkin ada lah peningkatan sedikit.</p> <p>Peneliti :</p>

WAKTU (Menit)	Teks Wawancara
	<p>Ada peningkatan sedikit. Berapa persen peningkatan?</p> <p>Ny. A.R : Sedikit sekali. Sebelumnya jauh begitu. Cuma saling ngerti, dia juga banyak pekerjaan. Jadi kita saling ngerti saja.</p> <p>Peneliti : Jadi ibu benar-benar murni ibu rumah tangga atau ada kerja lain?</p> <p>(mengangguk)</p> <p>Peneliti : Benar-benar mengurus anak ya, Bu.</p> <p>Ny. A.R : Yang paling stres nya di uji apalagi suami lagi kerja.</p> <p>Peneliti : Kalau suami lagi pendidikan bagaimana?</p> <p>Ny. A.R : Ya. Mau tidak mau.</p> <p>Peneliti : Kalau lagi pendidikan istri tetap disini?</p> <p>Ny. A.R : Justru tidak ada suami, lebih ketat perijinannya untuk mencegah hal-hal yang tidak diinginkan.</p> <p>Peneliti : Oh saya pikir kalau suami pendidikan, istrinya bisa ke mertua atau keluarga</p> <p>Ny. A.R : Kaya diatas (rumah di depan) itu suami pendidikan makanya dia ditulis disitu supaya ketahuan orang lagi nyari suaminya.</p> <p>Peneliti : Oh ada tulisan.</p> <p>Ny. A.R : Jadi, kaya laki-laki tidak bebas, tidak bisa masuk ke rumahnya tanpa suami. Ya untuk mencegah.....</p> <p>Peneliti : Oh semua sama aturan ya juga sih. Ya. Tapi dibanding aturannya itu yang mungkin buat kadang-kadang stress nih kena terbiasa yang diluar apa hal positifnya dari tinggal di dalam</p>

WAKTU (Menit)	Teks Wawancara
	<p>Ny. A.R : kaya lebih tenang perasaan kalau misalkan dalam asrama kan lebih aman dulu oh</p> <p>Peneliti : oh aman jadi keamanan lebih bagus</p> <p>Ny. A.R : Iya begitu kriminalnya minim sekali dibanding di luar</p> <p>Peneliti : Iya mungkin kalo di luar, ditinggalkan rumahnya waswas.</p> <p>Ny. A.R : Kayak kalau misalkan di rumah sudah kucingnya itu gak gulung. Kayak Kayak pikirannya seperti itu. Kalau Kalau disini kan, motor kucingmu tidak ya. Oh iya iya.</p> <p>Peneliti : Siapa yang berani masuk?</p> <p>Ny. A.R : Orang paling kutukketuk bulu, siapa itu</p> <p>Peneliti : tingkat kriminalitas memang disini hampir nol. Gak pernah memang ketahuan ada pencurian atau apa?</p> <p>Ny. A.R : Alhamdulillah Termasuk amannya jadi ya tingkat keamanan disini bagus cuma memang serba aturan.</p>

Lampiran 12. Rekomendasi Persetujuan Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN
RISET, DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN

FAKULTAS KESEHATAN MASYARAKAT

Jln. Perintis Kemerdekaan Km.10 Makassar 90245, Telp.(0411) 585658,

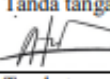
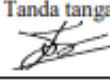
E-mail : fk.m.unhas@gmail.com, website: <https://fk.m.unhas.ac.id/>

REKOMENDASI PERSETUJUAN ETIK

Nomor : 1139/UN4.14.1/TP.01.02/2024

Tanggal: 06 Mei 2024

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No. Protokol	29424092135	No. Sponsor Protokol	
Peneliti Utama	Maryni Manga	Sponsor	Pribadi
Judul Peneliti	Studi Follow Up Efektivitas Partner Delivered Massage Terhadap Kadar Kortisol Ibu Rumah Tangga yang Memiliki Balita		
No.Versi Protokol	1	Tanggal Versi	29 April 2024
No.Versi PSP	1	Tanggal Versi	29 April 2024
Tempat Penelitian	Asrama Batalyon Raider 700 WYC Kota Makassar, Sulawesi Selatan		
Judul Review	<input type="checkbox"/> Exempted <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 06 Mei 2024 Sampai 06 Mei 2025	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian	Nama : Prof.dr.Veni Hadju,M.Sc,Ph.D	Tanda tangan	 06 Mei 2024
Sekretaris komisi Etik Penelitian	Nama : Dr. Wahiduddin, SKM.,M.Kes	Tanda tangan	 06 Mei 2024

Kewajiban Peneliti Utama :

1. Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
2. Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
3. Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
4. Menyerahkan laporan akhir setelah Penelitian berakhir
5. Melaporkan penyimpangan dari protocol yang disetujui (protocol deviation/violation)
6. Mematuhi semua peraturan yang ditentukan

Lampiran 13. Permohonan izin penelitian



KEMENTERIAN PENDIDIKAN KEBUDAYAAN,
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SEKOLAH PASCASARJANA
JL. PERINTIS KEMERDEKAAN KM. 10, MAKASSAR 90245
TELEPON (0411) 586200, (6 SALURAN), 584200, FAX (0411) 585188
Laman: www.unhas.ac.id

Nomor : 03257/UN4.20.1/PT.01.04/2024
Hal : Permohonan Izin Penelitian

26 April 2024

Yth. Kepala Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu
Cq. Bidang Penyelenggaraan Pelayanan Perizinan
Makassar

Dengan hormat disampaikan bahwa mahasiswa Sekolah Pascasarjana Universitas Hasanuddin yang tersebut dibawah ini :

Nama : Maryni Manga
Nomor Pokok : P102222016
Program Pendidikan : Magister (S2)
Program Studi : Ilmu Kebidanan

Bermaksud melakukan penelitian dalam rangka persiapan penulisan tesis terkait dengan judul "Studi Follow Up Efektivitas Partner Delivered Massage Terhadap Kadar Kortisol pada Ibu Rumah Tangga yang Memiliki Balita".

Sehubungan dengan hal tersebut, mohon kiranya yang bersangkutan diberikan izin untuk melakukan penelitian di Asrama Batalyon Raider 700 WYC Kota Makassar.

Atas perkenan dan kerjasamanya disampaikan terima kasih.

an. Dekan,
Wakil Dekan Bidang Akademik dan
Kemahasiswaan



Prof. Baharuddin Hamzah, ST., M.Arch., Ph.D.
NIP. 196903081995121001

Lampiran 14 Surat Izin Penelitian



PEMERINTAH PROVINSI SULAWESI SELATAN
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU
 Jl. Bougainville No.5 Telp. (0411) 441077 Fax. (0411) 448936
 Website : <http://aimap-new.sulselprov.go.id> Email : ptsp@sulselprov.go.id
 Makassar 90231

Nomor	: 10010/S.01/PTSP/2024	Kepada Yth.
Lampiran	: -	Walikota Makassar
Perihal	: <u>Izin penelitian</u>	

di-
Tempat

Berdasarkan surat Direktur PPs UNHAS Makassar Nomor : 03257/UN4.20.1/PT.01.04/2024 tanggal 26 April 2024 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a	: MARYNI MANGA
Nomor Pokok	: P102222016
Program Studi	: Kebidanan
Pekerjaan/Lembaga	: Mahasiswa (S2)
Alamat	: Jl. P. Kemerdekaan Km., 10 Makassar



PROVINSI SULAWESI SELATAN

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka menyusun Tesis, dengan judul :

" STUDI FOLLOW UP EFEKTIVITAS PARTNER-DELIVERED MESSAGE TERHADAP KADAR KORTISOL IBU RUMAH TANGGA YANG MEMILIKI BALITA "

Yang akan dilaksanakan dari : Tgl. **01 Mei s/d 01 Juni 2024**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami *menyetujui* kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Demikian Surat Keterangan ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
Pada Tanggal 29 April 2024

**KEPALA DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU
SATU PINTU PROVINSI SULAWESI SELATAN**



ASRUL SANI, S.H., M.Si.
 Pangkat : PEMBINA TINGKAT I
 Nip : 19750321 200312 1 008

Tembusan Yth

1. Direktur PPs UNHAS Makassar di Makassar;
2. Peninggal.

Lampiran 15. Surat Keterangan Penelitian



PEMERINTAH KOTA MAKASSAR
DINAS PENANAMAN MODAL DAN PELAYANAN TERPADU SATU PINTU
Jl. Jendral Ahmad Yani No. 2 Makassar 90171
Website: dpmpstp.makassarkota.go.id



SURAT KETERANGAN PENELITIAN

Nomor: 070/2060/SKP/SB/DPMPTSP/4/2024

DASAR:

- Peraturan Menteri Dalam Negeri Republik Indonesia Nomor 3 Tahun 2018 tentang Penerbitan Keterangan Penelitian.
- Peraturan Daerah Nomor 8 Tahun 2016 tentang Pembentukan Organisasi Perangkat Daerah
- Peraturan Walikota Nomor 4 Tahun 2023 tentang Penyelenggaraan Perizinan Berbasis Resiko, Perizinan Non Berusaha dan Non Perizinan
- Keputusan Walikota Makassar Nomor 954/503 Tahun 2023 Tentang Pendelegasian Kewenangan Perizinan Berusaha Berbasis Resiko, Perizinan Non Berusaha dan Non Perizinan yang Menjadi Kewenangan Pemerintah Daerah Kepada Kepala Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu Kota Makassar Tahun 2023
- Surat Kepala Dinas Penanaman Modal Dan Pelayanan Terpadu Satu Pintu Provinsi Sulawesi Selatan nomor 10010/S.01/PTSP/2024, Tanggal 29 April 2024
- Rekomendasi Teknis Badan Kesatuan Bangsa dan Politik Kota Makassar nomor 2062/SKP/SB/BKBP/4/2024

Dengan Ini Menerangkan Bahwa :

Nama	:	MARYNI MANGA
NIM / Jurusan	:	P102222016 / Kebidanan
Pekerjaan	:	Mahasiswa (S2) / Universitas Hasanuddin Makassar
Alamat	:	Jl. P. Kemerdekaan Km. 10, Makassar
Lokasi Penelitian	:	Terlampir,-
Waktu Penelitian	:	01 Mei 2024 - 01 Juni 2024
Tujuan	:	Tesis
Judul Penelitian	:	STUDI FOLLOW UP EFEKTIVITAS PARTNER DELIVERED MESSAGE TERHADAP KADAR KORTISOL PADA IBU RUMAH TANGGA YANG MEMILIKI BALITA

Dalam melakukan kegiatan agar yang bersangkutan memenuhi ketentuan sebagai berikut:

- Surat Keterangan Penelitian ini diterbitkan untuk kepentingan penelitian yang bersangkutan selama waktu yang sudah ditentukan dalam surat keterangan ini.
- Tidak dibenarkan melakukan penelitian yang tidak sesuai / tidak ada kaitannya dengan judul dan tujuan kegiatan penelitian.
- Melaporkan hasil penelitian kepada Kepala Badan Kesatuan Bangsa dan Politik Kota Makassar melalui email bidangekososbudkesbangpolmks@gmail.com.
- Surat Keterangan Penelitian ini dicabut kembali apabila pemegangnya tidak menaati ketentuan tersebut diatas.



Ditetapkan di Makassar

Pada tanggal: 2024-04-30 13:56:27

Ditandatangani secara elektronik oleh
**KEPALA DINAS PENANAMAN MODAL
DAN PELAYANAN TERPADU SATU PINTU
KOTA MAKASSAR**

HELMY BUDDIMAN, S.STP., M.M.

Tembusan Kepada Yth:

- Pimpinan Lembaga/Instansi/Perusahaan Lokasi Penelitian;
- Pertinggal,-

Lampiran 16. Surat izin Penelitian di Raider 700 WYC Makassar



KEMENTERIAN PENDIDIKAN KEBUDAYAAN,
RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
SEKOLAH PASCASARJANA
JL. PERINTIS KEMERDEKAAN KM. 10, MAKASSAR 90245
TELEPON (0411) 586200, (6 SALURAN), 584200, FAX (0411) 585188
Laman: www.unhas.ac.id

Nomor : 03458/UN4.20.1/PT.01.04/2024
Hal : Permohonan Izin Penelitian

6 Mei 2024

Yth. Ketua Persit Kartika Chandra Kirana Cabang LI Yonif 700
Makassar

Dengan hormat disampaikan bahwa mahasiswa Sekolah Pascasarjana Universitas Hasanuddin yang tersebut dibawah ini :

Nama : Maryni Manga
Nomor Pokok : P102222016
Program Pendidikan : Magister (S2)
Program Studi : Ilmu Kebidanan

Bermaksud melakukan penelitian dalam rangka persiapan penulisan tesis terkait dengan judul "Studi Follow Up Efektivitas Partner Delivered Massage Terhadap Kadar Kortisol Pada Ibu Rumah Tangga yang Memiliki Balita".

Sehubungan dengan hal tersebut, mohon kiranya yang bersangkutan diberikan izin untuk melakukan penelitian di instansi yang Bapak/Ibu Pimpin.

Atas perkenan dan kerjasamanya disampaikan terima kasih.

an. Dekan,
Wakil Dekan Bidang Akademik dan
Kemahasiswaan



Prof. Baharuddin Hamzah, ST., M.Arch., Ph.D.
NIP. 196903081995121001

Tembusan:

1. Dekan SPs. Unhas "sebagai laporan";
2. Mahasiswa yang bersangkutan;
3. Pertinggal.

Lampiran 18. Surat Keterangan Telah Melakukan Penelitian di Raider 700 WYC
Makassar



**PERSIT KARTIKA CHANDRA KIRANA
CABANG LI YONIF 700
PENGURUS DAERAH XIV/HASANUDDIN**

SURAT KETERANGAN PENELITIAN

Yang bertanda tangan dibawah ini Ketua Persit Kartika Chandra Kirana Cabang LI Yonif 700 menerangkan bahwa :

Nama : Maryni Manga

NIM : P102222016

Prodi : S2 Kebidanan Sekolah Pasca Sarjana Universitas Hasanuddin

Judul : "Study Follow Up Efektivitas Partner Delivered Massage terhadap Kadar Kortisol pada Ibu Rumah Tangga yang Memiliki Balita."

Telah melaksanakan penelitian pada tanggal 17 Mei 2024 – 1 Juni 2024 di Batalyon Yonif 700 untuk keperluan tugas akhir tesis.

Demikian surat Keterangan ini dibuat untuk keperluan sebagaimana semestinya.

Makassar, 13 Juni 2024

Ketua Persit Cabang LI Yonif 700



Lampiran 19 Surat Pengantar Penelitian di Laboratorium HUM-RC RSUP Unhas

	ADMINISTRASI	FORMULIR 1
	Nomor : 159/05/FR1/2024	Tanggal : 8 Mei 2024
SURAT PENGANTAR PENELITIAN		

Kepada Yth.
Pembimbing/pendamping,
Bapak Muhammad Yusuf Usman,

Dengan ini menerangkan bahwa peneliti/mahasiswa berikut ini :

Nama : Maryni Manga
NIM : P102222016
Institusi : Prodi S2 Ilmu Kebidanan Sekolah Pascasarjana UNHAS

Akan melakukan pengambilan data/ analisa bahan hayati :

Pada tanggal : 17 Mei 2024 s/d Selesai
Jumlah subjek : ± 28 Sampel
Jenis data : Data Primer

Untuk penelitian dengan judul :

“Study Follow Up Efektivitas Partner Delivered Massage terhadap Kadar Kortisol Ibu Rumah Tangga yang Memiliki Balita”

Harap dilakukan pembimbingan dan pendampingan seperlunya. Terima Kasih.

Staf Administrasi,



Andi Fidyah Septiani

Catatan : Proses pengerjaan dilakukan oleh peneliti, Pendamping hanya mendampingi.

Jika pengambilan data telah selesai, **diwajibkan bagi pendamping/pembimbing;**

1. Membubuhi **paraf dan tanggal selesai** pengambilan data di formulir ini,
2. Mengisi **jumlah alat dan bahan habis pakai** yang digunakan peneliti pada form tarif penggunaan alat dan bahan,
3. **Mengembalikan formulir** yang sudah lengkap ke staf administrasi.



Lampiran 20 Surat Keterangan Telah Melakukan Penelitian di HUM-RC RSUP Unhas

	ADMINISTRASI	FORMULIR 2
	Nomor : 225/06/FR2/2023	Tanggal : 10 Juni 2024
SURAT KETERANGAN SELESAI PENGAMBILAN DATA/ ANALISA BAHAN HAYATI		

Dengan hormat,

Dengan ini menerangkan bahwa peneliti/mahasiswa berikut ini :

Nama : Maryni Manga
 NIM : P102222016
 Institusi : Prodi S2 Ilmu Kebidanan Sekolah Pascasarjana UNHAS
 Judul Penelitian : **Study Follow Up Efektivitas Partner Delivered Massage terhadap Kadar Kortisol Ibu Rumah Tangga yang Memiliki Balita.**

Telah selesai melakukan pengambilan data/ analisa bahan hayati :

Pada tanggal : 3 Juni 2024
 Jumlah subjek : ± 28 sampel
 Jenis data : Data Primer

Dengan staf pendamping/pembimbing :

Nama : Marina Binti Ali, S.Si.
 Konsultan : -

Surat keterangan ini juga merupakan penjelasan bahwa peneliti/mahasiswa diatas tidak mempunyai sangkutan lagi pada unit/laboratorium kami.

Demikian surat ini dibuat untuk dipergunakan sebagaimana mestinya.

Pendamping/Pembimbing


Marina Binti Ali, S.Si.
 NIP

Mengetahui,
 Kepala Laboratorium,

dr. Rusdina Bte Ladju, Ph.D
 NIP 198108302012122002



Lampiran 21 Dokumentasi Penelitian

DOKUMENTASI PENELITIAN



(Wawancara Mendalam dengan Informan)



(Proses Pengambilan Darah)



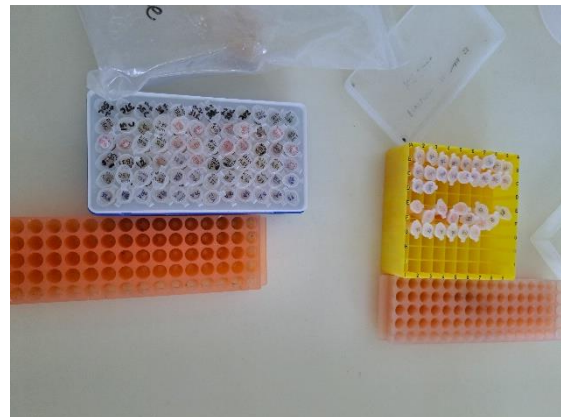
(Pengambilan darah pada subjek kontrol)



(Proses Pemeriksaan kesehatan Subjek Kontrol)



(ELISA kortisol serum merek Diagnostic Biochem Canada (DBC) REF CAN-C-270)



(Proses memilah serum subjek penelitian)



(Persiapan Alat pemeriksaan ELISA)



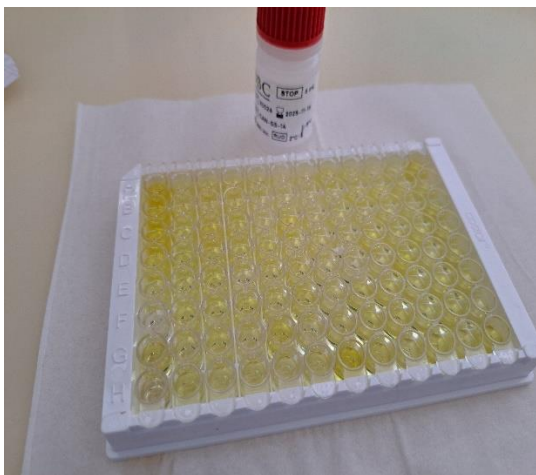
(Proses menghangatkan serum darah subjek)



(Ekstraksi serum ke dalam wadah)



(Pemberian Wash Buffer)



(Proses pemberian cairan stopping solution)



(Pemeriksaan menggunakan mesin ELISA)

RELATED FACTORS MENTAL HEALTH OF HOUSEWIVES; AN INSIGHT FOR PREVENTION

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Abstract

Background: Mental health disorders are a significant concern, with 44% of respondents citing it as a cause for concern. Mothers of toddlers tend to have lower psychological well-being, which affects parenting patterns. This scoping review aims to identify factors influencing mental health in housewives to inform care and prevention strategies. **Methodology:** A scoping review of international articles from PubMed and ScienceDirect, limited to 2020-2024, yielded 14 journals that examine factors affecting mental health in housewives. **Results:** 14 factors affect mental health in housewives, namely Emotional Well-being, Physical Health, Family History of Mental Illness, Resting Patterns, Economic Problems, Relationship with Husband/Family, Child Behavior, Social Interaction, Marital Status, Parity, Maternal Education/Knowledge, Maternal Occupation, Self-Concept, Unpleasant Experiences. **Conclusion:** The research underscores the importance of addressing these factors to develop effective mental health care for housewives in Southeast Asia, which is underutilized.

Keywords: Housewives, Mental Health, Stress Factors of Housewives, Depression Mother, First-Time Mother.

INTRODUCTION

Mental health is a global concern, highlighted by an Ipsos survey in 31 countries, including Indonesia, where 44% of 23,274 respondents identified it as the key health issue needing attention in 2023 (Ipsos, 2023). Suicide is a significant consequence, with over 700,000 annual deaths worldwide (WHO, 2023), including 971 in Indonesia, mostly occurring in residential areas (Pusiknas Polri, 2023).

Women are at a higher risk of suicide and develop depression or anxiety when experiencing multiple stressful events. Research shows that mothers of toddlers have lower psychological well-being, impacting parenting habits and potentially perpetuating mental health issues across generations (Chang, 2021; Mensah et al., 2024; Permanasari, 2023). Focusing on housewives, the need for understanding factors affecting their mental health is crucial, especially post-COVID-19. This review seeks to identify these factors and common mental health issues.

METHODS

A PubMed and ScienceDirect search used keywords related to housewives and maternal mental health. Inclusion criteria focused on English-language journals, full-text publications from 2020 to 2024, quantitative research, and international journals. Based on JBI methodology, the strategy involved three stages: an initial search on a single database, a comprehensive search across databases, and a reference list search. Of the 806 articles identified, 14 met all criteria and were included in the study. Exclusion followed PRISMA guidelines.

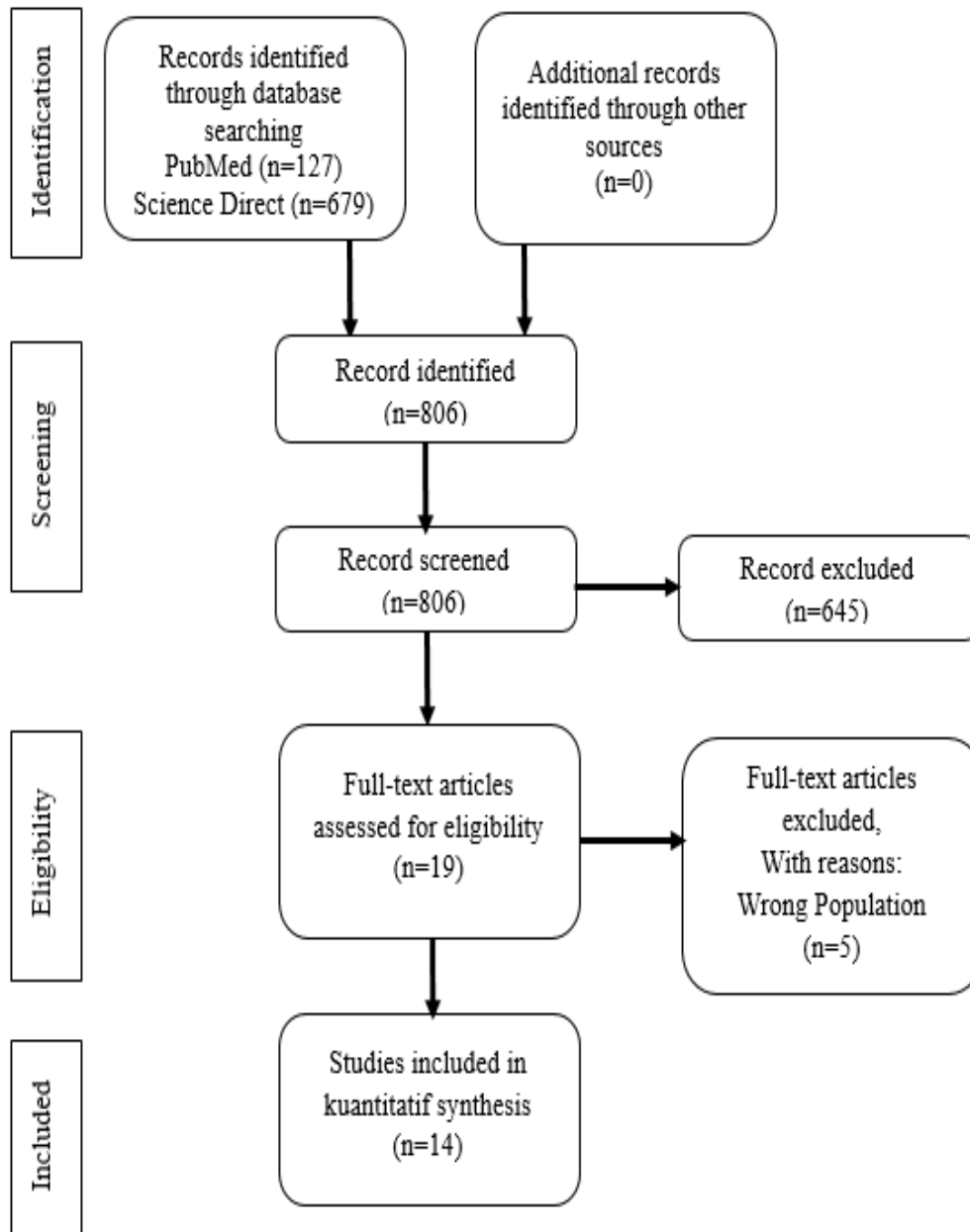


Figure 1: PRISMA Flow Diagram

RESULTS

This literature review was conducted from January to March 2024. The authors analyzed 806 journals, filtering out 19, excluding incomplete journals and the wrong population/sample. The final 14 eligible journals were used in the review, as shown in Table 1.

Table 1: Article Analysis of Housewives' Mental Health

No	Author/Year	Title	Country	Objective	Sample	Method	Result	Source
1	Andrei et al., 2023 Journal of Midwifery 124.	Health anxiety, death anxiety and corona phobia: Predictors of postpartum depression symptomatology during the COVID-19 pandemic	Rome, Italy.	Assess postpartum depression and related anxieties' predictors.	1,024 women (mothers over 18 years old and had babies between 4 weeks to 12 months old).	A web-based survey using EPDS for postpartum depression.	Predictors of depression: Breastfeeding, depression history, income, children, health, death, coronavirus anxieties.	https://doi.org/10.1016/j.midw.2023.103747
2	Peng et al., 2021. Journal of Affective Disorders 282: 1096–1100	Prevalence and risk factors of postpartum depression in China: A hospital-based cross-sectional study	China	Determine the prevalence and factors of postpartum depression in China.	4,813 Postpartum mothers	Cross Sectional. The Edinburgh postpartum depression scale (EPDS) Chinese version was used to screen for PPD. A score of ≥10 was used as the threshold for postpartum depression.	Factors causing Post-Partum Depression: Family history, in-laws, anxiety, pregnancy depression, stress.	https://doi.org/10.1016/j.jad.2021.01.012
3	Ahmed et al., 2021. Journal of Affective Disorders 290: 211–218	Prevalence and predictors of postpartum depression in Upper Egypt: A multicenter primary health care study	Egypt	Determining PPD prevalence and evaluating risk factors in Assiut's infant vaccination centers.	257 mothers seeking treatment at three health centers infant immunization centers. Systematic Random Sampling.	Cohort Study (Jan 2019-Jan 2020): Evaluated sociodemographic s, FAS, EPDS, and risks.	The seven predictors of PPD symptoms in mothers are: Socioeconomic Scale, Number of children, History of stressful conditions, Family support, Unintended pregnancy and Gender Discrimination	https://doi.org/10.1016/j.jad.2021.04.046

4	Wu et al., 2022. Journal of Affective Disorders 307: 264–270	Additional evidence on prevalence and predictors of postpartum depression in China: A study of 300,000 puerperal women covered by a community-based routine screening program	China	Assess the prevalence and factors associated with Post Partum Depression (PPD) at the community level.	300,000 postpartum women delivered at Zhenzen Hospital between August 2015 and April 2017.	The cross-sectional study utilized EPDS with ten cut-offs; Chi-square and regression analyzed PPD predictors.	Prenatal anxiety and depression significantly increase PPD risk. Stressful life events, mental illness history, poor economic status, and certain infant factors also elevate risk, while higher gestational age and prenatal education lower it.	https://doi.org/10.1016/j.jad.2022.04.011
5	Barandon et al., 2023. Journal of Affective Disorders 321: 16–27	Women's quality of life and mental health in the first year after birth: Associated factors and effects of antenatal preventive measures among mothers in the ELFE cohort	France	To explore the relationship between postpartum quality of life in women and factors like social support, demographics, health, and antenatal measures.	The study sample was limited to 11,514 mothers with a single child.	The study analyzed data from new mothers in the ELFE cohort, assessing quality of life with SF12 subscales.	Factors for low maternal quality of life and mental problems one year postpartum include high maternal age, psychological difficulties, partner quarrels, sleep < 6 hours, and being a housewife or student.	https://doi.org/10.1016/j.jad.2022.10.012
6	Al-Aithan et al., 2021. Journal of Taibah University Medical Sciences 16(6), 826-834	Anxiety among multiparous women in the Al-Qatif sector of KSA: A mixed-method study	Al-Katif, Saudi Arabia	To assess the association of generalized anxiety disorder (GAD) in multiparity.	A study was conducted with 513 participants from 16 PHC centers in KSA.	A mixed-method study using GAD-7 for quantitative data and FGDs for qualitative insights on multiparity impacts.	Nearly 75% considered themselves anxious. Key variables associated with anxiety included marital status, education level, marital conflict, stressful life events,	https://doi.org/10.1016/j.jtumed.2021.05.011

							family help, and health problems.	
7	Ando et al., 2021. Archives of Psychiatric Nursing 35: 341–346.	Association between postpartum depression and social support satisfaction levels at four months after childbirth.	Takayama, Japan	To examine the relationship between postpartum depression (PPD) and satisfaction with social support after childbirth.	427 mothers had 4-month child checks.	Cross-sectional in the form of an anonymous survey via electronic mail. The questionnaire used the Edinburgh Postnatal Depression Scale (EPDS).	Maternal PPD significantly correlates with satisfaction in formal instrumental support, informal instrumental support, and informal psychological support.	https://doi.org/10.1016/j.apnu.2021.03.010
8	Çankaya & Ataş, 2022. Archives of Psychiatric Nursing 41 : 74–80	Factors affecting postpartum depression in Turkish women	Turkey	To assess the influence of cognitive emotion regulation, emotional intelligence status and related factors on postpartum depression (PPD) in postpartum women.	268 mothers with infants aged 1-12 months.	In a descriptive study, data was collected via sociodemographic forms, EPDS, CERQ, and TEIQue-SF.	This study found a 26.5% prevalence of PPD among mothers 1-12 months postpartum, exceptionally high in those with emotional abuse, low emotion regulation, and missed antenatal check-ups.	https://doi.org/10.1016/j.apnu.2022.07.024
9	Zengin Akkus & Bahtiyar-Saygan, 2022. Sleep Medicine 90: 109-116	Do preterm babies sleep differently than their peers? Sleep characteristics and their associations with maternal depression and parenting stress	Turki	Examine sleep patterns and impacts on maternal stress in infants.	84 mothers of infants between 6 and 17 months of age.	Children's sleep, maternal depressive symptoms, and parenting stress were evaluated with respective questionnaires/scales.	Maternal mental health is linked to self-perception and infants' sleep issues, with poorer sleep quality associated with higher stress and younger infants.	https://doi.org/10.1016/j.sleep.2022.01.012
10	Van den Branden et al.,	On cloud nine? Maternal emotional	Belgia	To increase knowledge	385 mothers living in the	Data were collected online	63.9% of participants	

	2023. Sexual & Reproductive Healthcare 36	well-being six weeks up to one year postpartum – A cross-sectional study		and understanding of maternal emotional well-being and the factors that influence it.	Flemish region of Belgium who had given birth in the past year.	using various health and psychological assessment questionnaires.	reported reduced emotional well-being (REW). Mothers with REW had more psychological problems. Emotional well-being correlated negatively with satisfaction and understanding and positively with bonding, managing, problem-solving, and avoidance (explained variance: 55.5%).	https://doi.org/10.1016/j.srhc.2023.100856
11	Abenova et al., 2022. Clinical Epidemiology and Global Health 16	Prevalence of postpartum depression and its associated factors within a year after birth in Semey, Kazakhstan: A cross-sectional study	Semey, Kazakhstan	To determine the prevalence of postpartum depression within one year after childbirth among mothers in Semey (Kazakhstan) and identify factors associated with it.	251 women within one year of giving birth were conducted at five health centers in Semey.	The Edinburgh Postnatal Depression Scale assessed PPD, with significant associations analyzed via chi-square and logistic regression.	Postnatal depressive disorder (PPD) within one year of childbirth affects 59.4%. Key factors include living conditions, mother-in-law relationship, support services interest, and husband's employment.	https://doi.org/10.1016/j.cegh.2022.101103
12	Sultana et al., 2021. Heliyon 7	Prevalence and factors associated with depression among the mothers of school-going children in	Bangladesh	To determine the prevalence and factors associated with	Systematic random sampling: 324 mothers of	Cross Sectional. The level of depressive symptoms was measured with	Children's behavioral and lifestyle factors, such as feeling unhappy, nervous,	https://doi.org/10.1016/j.heliyon.2021.e07493

		Dhaka city, Bangladesh: A multi stage sampling-based study		depression among mothers of school-going children in Dhaka city, Bangladesh.	grades 5-8 students.	the validated Zung Self-Rating Depression Scale (SDS).	lying, fearfulness, excessive TV watching, and internet use, were significantly associated with maternal depression, according to adjusted analyses.	
13	Mulugeta et al., 2023. Heliyon 9	Postpartum depression and associated factors in Afar Region, northeast Ethiopia	Ethiopia	To determine the prevalence and factors associated with PPD among postnatal women in the Afar Region, North East Ethiopia.	Postpartum women (302) were randomly selected at an Afar Region clinic via systematic random sampling.	A cross-sectional study in Awsi Rasu Zone, Afar State, June-July 2021, used EPDS to examine PPD factors.	PPD prevalence was 37.4%—lower odds in secondary-educated women and higher with family mental illness, breastfeeding difficulty, and partner violence.	https://doi.org/10.1016/j.heliyon.2023.e19914
14	Tesfaye et al., 2023. Heliyon 9	Postpartum depression and associated factor among mothers attending public health centers of Yeka sub city, addis ababa, Ethiopia	Ethiopia	Postpartum depression magnitude and factors in Yeka, Addis Ababa.	454 postpartum mothers through multi-stage sampling.	A cross-sectional study from December 2021 to January 2022 used the EPDS to assess postpartum depression, with data analyzed via SPSS using logistic regression.	Postpartum depression prevalence was 23.8%. Risk factors: single motherhood, pregnancy complications, bottle-feeding, low psycho-social support.	https://doi.org/10.1016/j.heliyon.2023.e20952

Instrument and Sample Characteristics

The studies assessed housewives' mental health using standardized questionnaires like the Edinburgh Postpartum Depression Scale (EPDS), SF12, GAD-7, SDS, CERQ, and TEIQue-SF. Fourteen studies from 11 countries, including Italy, China, and Egypt, involved mothers aged 18 and above with infants and children up to eighth grade.

Determine Factors Related to Housewives' Mental Health

Based on a review of current journals, several factors were found to be associated with the mental health of housewives. These factors are grouped in Table 2 to provide a comprehensive overview of the evidence to minimize bias in the literature search.

Table 2: Mental Health Factors Synthesis of Housewives

Factors Synthesis	Source
Stress/Emotional Wellbeing Issues	Health anxiety, death anxiety, and coronavirus anxiety. (Andrei et al., 2023)
	Stress/daily routine. (Peng et al., 2021)
	It is characterized by low cognitive emotion regulation and emotional intelligence. (Çankaya & Ataş, 2022)
	Decreased emotional well-being (Van den Branden et al., 2023)
Relationship with Husband and Family	Living with In-laws. (Peng et al., 2021)
	Family Support. (Ahmed et al., 2021)
	Living with parents. (Wu et al., 2022)
	Arguments with insults to the spouse. (Barandon et al., 2023)
	Marital conflict, help from family members. (Al-Aithan et al., 2021).
	Child care assistance, breastfeeding guidance, child skin care. (Ando et al., 2021)
	Relationship with mother-in-law. (Abenova et al., 2022)
Economic Issues	Family Income. (Andrei et al., 2023)
	Socio-Economic Scale. (Ahmed et al., 2021)
	Poor Economic Status. (Wu et al., 2022)
	Type of accommodation, satisfaction with living conditions, and husband's employment status. (Abenova et al., 2022)
Maternal and Child Health Issues	Breastfeeding. (Andrei et al., 2023)
	Maternal and child health issues. (Al-Aithan et al., 2021)
	Post-term pregnancy, low Apgar score, infant defects, bottle, and formula feeding. (Wu et al., 2022)
	High maternal age. (Barandon et al., 2023)
	Mothers who do not receive regular antenatal check-ups and have psychological problems during pregnancy and puerperium. (Çankaya & Ataş, 2022)
	Infant sleep problems. (Zengin Akkus & Bahtiyar-Saygan, 2022)
	Having difficulty breastfeeding the baby. (Mulugeta et al., 2023)
Bottle feeding immediately after birth. (Tesfaye et al., 2023)	
Family History of Depression/Mental Illness	History of Depression. (Andrei et al., 2023)
	Mental illness in the family, Anxiety since pregnancy, Depression during pregnancy. (Peng et al., 2021)
	History of stressful conditions. (Ahmed et al., 2021)
	Family history of mental illness, Prenatal anxiety, and depression. (Wu et al., 2022)
	Psychological difficulties during pregnancy. (Barandon et al., 2023)
	Family history of mental illness. (Mulugeta et al., 2023)
	Postnatal features such as experiencing PNDS. (Barandon et al., 2023)
Having complications during pregnancy. (Tesfaye et al., 2023)	
Social interaction	

	Informal instrumental support (Introduction to pediatricians and parents' circles, etc.), Informal psychological support (Talking about a problem, Providing positive encouragement/feedback). (Ando et al., 2021)
	Interest in support services for a woman's psychological condition after childbirth. (Abenova et al., 2022)
Resting Pattern	Poor maternal sleep quality. (Zengin Akkus & Bahtiyar-Saygan, 2022) Postpartum period and sleep time <6 hours per night. (Barandon et al., 2023)
Parity	Number of children. (Ahmed et al., 2021; Andrei et al., 2023)
Maternal Knowledge and Education	Prenatal education/Class of pregnant mother. (Wu et al., 2022) Education level. (Al-Aithan et al., 2021) Mothers with no formal education. (Mulugeta et al., 2023)
Parenting Pattern	Child's behavior and lifestyle. (Sultana et al., 2021)
Mother's Occupation	Being a housewife or student at one year postpartum. (Barandon et al., 2023)
Self-concept	Mum's perception of herself. (Zengin Akkus & Bahtiyar-Saygan, 2022) Being a single mother, Perceived low psycho-social support. (Mulugeta et al., 2023)
Unpleasant experience	Experiencing partner violence. (Mulugeta et al., 2023) Mothers who experienced emotional abuse. (Çankaya & Ataş, 2022) Stressful life events. (Al-Aithan et al., 2021; Wu et al., 2022) Gender discrimination, unwanted pregnancy. (Ahmed et al., 2021)
Marital Status	Marital status. (Al-Aithan et al., 2021)

DISCUSSION



Figure 2: Factors Affecting Housewives' Mental Health

Source: Authors'(MM) own work

In the last four years, the trend of mental health among housewives has varied, not only centered on biological, sociocultural, and self-acceptance issues (see Figure 2). Mental health factors are complex; the three main factors evolve with the times. There are changes in financial, social interaction, and socio-culture after the pandemic that have an impact on the mental health of housewives.

A literature review identifies 14 factors impacting housewives' mental health. The primary factor is Stress/Emotional Well-being, where stress significantly influences mental health (Sebastião & Neto, 2024). Maternal health problems and rest patterns are critical, linking physical health and rest to mental issues (Huynh et al., 2023). A family history of mental health problems increases anxiety and depression levels (Brummelhuis et al., 2024).

As seen in the UAE, economic problems contribute significantly, with financial strain correlating to higher mental illness rates (Setyorini et al., 2024; Yang & Kim, 2024). Social interaction within neighborhoods also affects mental well-being (Subiza-Pérez et al., 2021). Relationships with partners and families are crucial; those facing intimate partner violence have severe depressive symptoms (Fogarty & Chalmers, 2021). Child behavior problems amplify parental anxiety (Prokosch et al., 2022). Marital status affects mental health, with higher suicide risks among the unmarried and divorced (Chen et al., 2024). Parity shows nulliparous women reporting fewer depressive symptoms than multiparous mothers (Rodríguez-Muñoz et al., 2024). Education level correlates with better mental health (Li & Sunder, 2024). Housewives experience higher mental stress than working women (Panwar & Srivastava, 2019). Self-concept and adverse experiences strongly correlate with mental health; poor self-perception and adverse experiences increase risks of physical and psychological issues and severe anxiety symptoms (Kaplan, 2023; Zhang et al., 2024).

CONCLUSION AND RECOMMENDATION

This study underscores the need for holistic mental health strategies, highlighting mothers' emotional well-being, rest patterns, relationships with husbands and family, and unpleasant experiences as key biological and socio-cultural factors affecting housewives' mental health. It offers practical insights for intervention.

Reference

- 1) Abenova, M., Myssayev, A., Kanya, L., Turliuc, M. N., & Jamedinova, U. (2022). Prevalence of postpartum depression and its associated factors within a year after birth in Semey, Kazakhstan: A cross sectional study. *Clinical Epidemiology and Global Health*, 16. <https://doi.org/10.1016/j.cegh.2022.101103>
- 2) Ahmed, G. K., Elbeh, K., Shams, R. M., Malek, M. A. A., & Ibrahim, A. K. (2021). Prevalence and predictors of postpartum depression in Upper Egypt: A multicenter primary health care study. *Journal of Affective Disorders*, 290, 211–218. <https://doi.org/10.1016/j.jad.2021.04.046>
- 3) Al-Aithan, S. M., Al-Ghafli, L. A., Al-Shehri, S. Z., & Al-Umran, A. K. (2021). Anxiety among multiparous women in the Al-Qatif sector of KSA: A mixed-method study. *Journal of Taibah University Medical Sciences*, 16(6), 826–834. <https://doi.org/10.1016/j.jtumed.2021.05.011>
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Effectiveness of Partner Massage on Cortisol Levels in Housewives; A Follow-Up Study

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Abstract

Background: Housewives, particularly, are susceptible to stress. Support from husbands is crucial. A study on partner-delivered massages found to reduce maternal cortisol levels. Follow-up study examines habit continuation and cortisol levels after two months.

Methods: This study is a sequential mixed method exploratory. We employed advanced tools such as MAXQDA Pro 24.4 for qualitative analysis and Diagnostic Biochem Canada (DBC) REF CAN-C-270 ELISA biomarkers for measuring cortisol levels. Our methods included examining stress levels and cortisol levels post-intervention and two months later, followed by qualitative analysis and quantitative analysis using statistical tests such as the Paired Sample T-test, One-way ANOVA, and Spearman Ranks tests.

Research results: Paired Sample T-Test results showed that there was no significant change in cortisol levels two months after the intervention ($p=0.867$), there was a difference in cortisol levels between massaged and non-massaged samples ($p=0.012$), there was an inverse relationship between the number of children and cortisol levels ($p=0.004$).

Conclusion: The potential of partner-delivered massage, with the husband as the primary masseur, to enhance the harmony of husband and wife relationships and thus improve the well-being of housewives is a significant finding. This study serves as a reference point for community health services and health promotion and inspires further research and action in this field. The husband's involvement in the massage process provides physical benefits. It strengthens the bond between the couple, which can positively impact the family dynamics, offering hope and optimism for potential positive change.

Keywords: Cortisol Levels, Massage Therapy, Housewives' Welfare.

INTRODUCTION

A poll conducted by Ipsos in 2023 revealed that 44% of the 23,274 participants from 31 different nations agreed that mental health required specific focus and consideration (1). The annual loss of 700,000 lives is a direct result of the increasing suicide rates that are influenced by mental health (2). Indonesia experienced a total of 971 suicides in the same year. Most instances were documented in housing or residential settings (3). The prevalence of suicides worldwide highlights the overlooked significance of mental health. Cortisol, a hormone released in response to stress, affects anxiety levels and is connected to the perception of stress through the HPA axis (4). Toxic stress, a chronic or repetitive unresolved stress, disrupts cortisol, resulting in sleep, mood, metabolic, and immune disorders (5–10). Women are more susceptible to stress than males as a result of distinct stressors, sex hormones, HPA axis activity, and emotional responses. Stress levels are influenced by age, gender, education, income, and marital status. The risk of depression and anxiety in women is elevated by the presence of multiple social health issues (11). Housewives are particularly susceptible to stress due to demanding domestic responsibilities, limited social engagement, role shifts following motherhood, and financial demands. Stress management and social and family support are crucial (12–14).

The function of a mother may be suboptimal due to the absence of support from her husband. Wives who are fatigued and have limited time to unwind are susceptible to tension and offense, which can disrupt the harmonious environment of the household (15). Chronic stress in housewives can result in immune system disorders by causing chronic inflammation, disrupting the gut microbiome, increasing stress hormones, and through intricate nervous-immune system interactions (16)

Efforts to reduce stress should include affordable therapies. Research shows that massage therapy reduces pain, anxiety, and stress and improves mood, sleep, and relaxation (17–19). Other research has also shown that affective touch has the potential to be one of the effective methods in helping to regulate cortisol levels and reduce the impact of stress in children experiencing parental abandonment (5).

It is essential to incorporate evidence-based supplementary policies and therapies into midwifery care for housewivess who are experiencing mental health problems. Nevertheless, studies about the maintenance of cortisol levels and stress alleviation through these methods are scarce.

One joint study has been conducted on partner-delivered massage by providing acupressure massage interventions performed by husbands to examine maternal cortisol levels. This study felt it was essential to conduct a follow-up study to determine whether the subjects continued the new habit (partner-delivered massage) and to assess cortisol levels two months after intervention and other factors affecting cortisol levels.

RESEARCH METHODS

Sequential mixed methods exploratory research combines quantitative and qualitative data collection to enhance research quality, minimize bias, and ensure comprehensive and reliable results (20–23).

Cortisol screening using blood is considered a more appropriate choice than saliva, considering its higher accuracy, better sensitivity and specificity, defined measurement standards, and reliability of results. Thus, based on the above reasons, cortisol screening using blood is considered a more appropriate choice in some cases (24). In the previous study (unpublished), blood collection was done on the subject after the intervention. Then, a mixed-method exploratory study was conducted two months later on the same subjects who met the

inclusion and exclusion criteria. Primary data for this study were obtained from serum cortisol ELISA tests, questionnaires, and respondent characteristic sheets. The research was conducted from 17 May 2024 to 1 June 2024, with 16 housewives from the Infantry Battalion (Danyonif) Raider 700/Wira Yudha Cakti Makassar as respondents. Inclusion criteria included mothers who had received massage interventions in a previous study, had toddlers, lived with their spouses, and could communicate in Indonesian. Exclusion criteria were pregnant mothers, those with chronic illnesses or taking corticosteroids, a history of severe stress, and unwilling participants. The instruments utilized for the study included in-depth interviews, observation sheets, voice recorders, serum cortisol tests, and stress questionnaires. A control group was also included in the study. The data collected was analyzed using various tools such as MAXQDA Pro. 24.4, ELISA Diagnostic Biochem Canada (DBC) REF CAN-C-270, Perceived Stress Scale (PSS), and International Physical Activity Questionnaire (IPAQ).

Data Analysis: In this section, the researcher provides a solution to the research problem through the data analysis design. The flow of research and data analysis will be described in Figure 2 below.

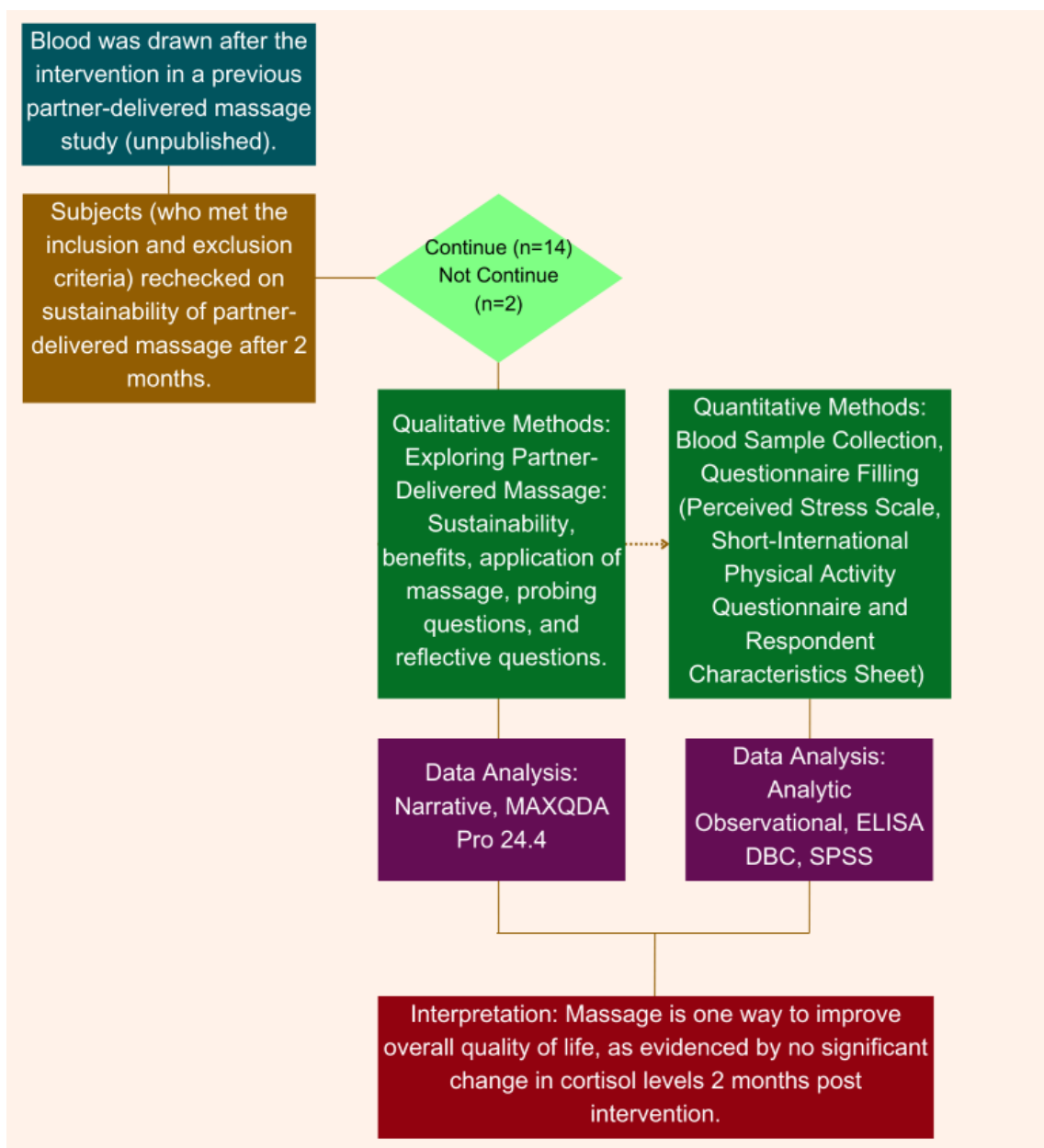


Figure 2. Sequential *mixed method exploratory* design flowchart.

Rigor: The qualitative research method triangulation includes various research methods, such as observation sheets, interviews, and document analysis. Source triangulation uses multiple data sources, such as interviews, observations, and questionnaire analysis. Theory triangulation uses a modified Saif Humaria Model theoretical framework to gain a deeper understanding. Researcher triangulation involved coding the data with different researchers (AN) to reduce individual bias and gain a broader perspective.

The quantitative research measured plasma cortisol levels using an ELISA test. Blood collection in this study used the same blood collection time at the time after the intervention and two months post-intervention; this was done to reduce the effect of possible bias. The ELISA test was then conducted by the researcher (MM) and certified laboratory staff from the Hasanuddin University Medical Research Centre (HUM-RC). The results of the examination of cortisol levels, stress measurements, and physical activity measurements were then consulted with a psychiatric expert (SS), physiology expert (AA), midwifery expert (MA), and public health expert (SH). Quantitative data analysis using SPSS was also consulted with an expert in statistics. The mixed-method analyses in this study were presented transparently, and pseudonyms were used to ensure the confidentiality of the respondents.

RESULTS

The results of this study can be summarized into qualitative and quantitative results.

Qualitative Result Analysis:

Sixteen participants (aged 25 to 35) were interviewed, comprising 14 who continue to massage and two who do not. Among them, 5 had a primary school education, while 11 were high school graduates or had attained a higher level of education. Three main themes were identified in the respondents' stories: (a) Implementation of Partner Delivered Massage, (b) Benefits of Partner Delivered Massage, and (c) Things that trigger stress for housewives. These themes are contained in Figure 2-4.

Theme 1: Implementation of *Partner Delivered Massage*

A study found that most respondents received weekly massages lasting 3-30 minutes, primarily on the back, head, and waist. Massage is commonly used to relieve illness or dizziness and is extended to family members. Obstacles to Partner Delivered Massage include pressure to satisfy husbands, children's disruption, busy schedules, and some disliking massages due to

discomfort. Participant 15 said the frequency, duration, and location of massage were based on the pain felt, "...For me, during birth control, my head keeps hurting. So, if it's like a headache, I massage my head for 10 or 20 minutes..." Participant 2 expressed the perceived obstacles in the process of applying massage: "...Too hard his (husband's) hands, and if it's me, I just asked for a massage, then immediately asked for it (sexual intercourse). If my child is not asleep, I ask for that. I feel sorry for my child."

Implementation of Partner Delivered Massage



Figure 2. Implementation of *Partner Delivered Massage*

Theme 2: Benefits of Partner-Delivered Massage

Massage enhances harmony in relationships, improves sleep quality, and reduces stress. It alleviates fatigue, promotes intimacy, and deepens emotional connections. Additionally, it improves mood, regulates emotions, and induces a sense of calm. In this case, participant 1 stated the benefits, such as a fitter body and a romantic husband, “...fresher body... gone tired....” Participant 5 said, “...I don't have anyone... After being massaged by my husband, he asked for (sexual intercourse)....” Participant 3 also said, “..... Romantic, if I tell him to take this, take that, he does it.”

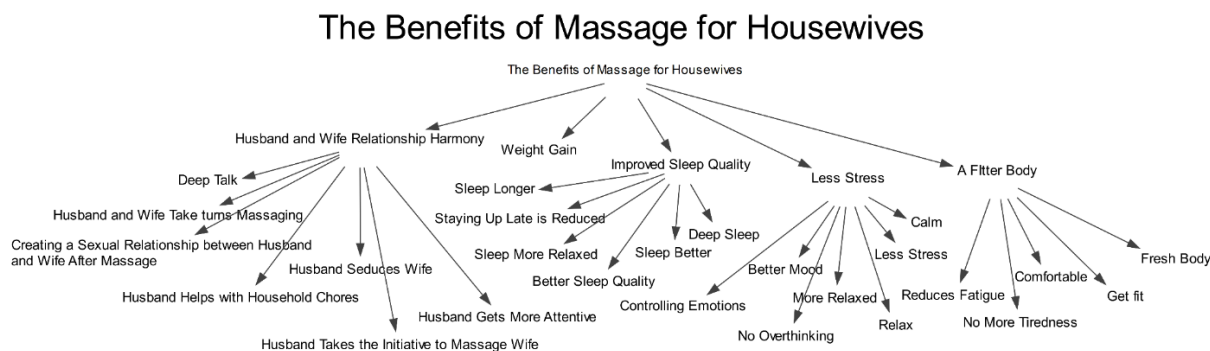


Figure 3. Benefits of Partner-Delivered Massage

Theme 3: Discomfort Experienced by Housewives (Stress Triggers)

This study identifies several stress triggers for housewives: difficulties managing the household without the husband's help, fussy or sick children, and repetitive, monotonous activities. Additional stress factors include the busyness of household chores, lack of quality time with their husbands and children, and insufficient opportunities for rest and recreation. These challenges contribute significantly to their stress levels. Participant 15 stated that children's health and their health are factors that burden the mind, which also triggers stress, "...The child is diagnosed with Speech delay. So, if it's like a headache, I get my head massaged again. " Participant 6 also revealed that monotonous activities at home, rarely traveling, and a busy working husband makes her irritable and bored, "There is no activity to eat, sleep, eat, sleep. That continues. Yes, cramped!..... ...If it's been two weeks without traveling...(laughs) My headache...how can I not get angry if I'm stressed? My husband is rarely at home...."

The Discomfort Experienced by Housewives (Stress Triggers)

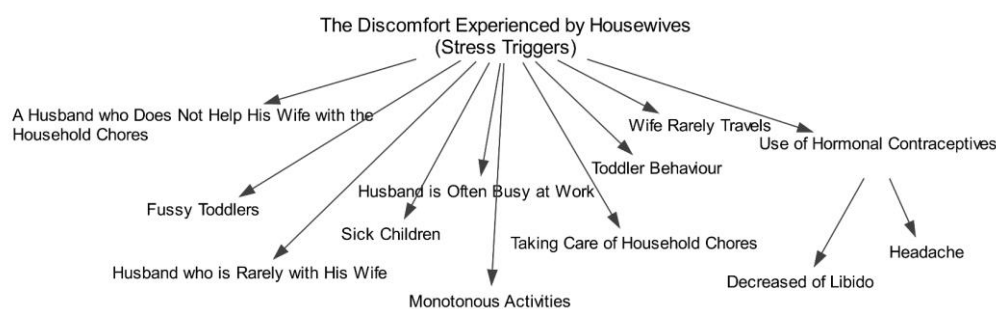


Figure 4. Stress triggers in Housewives

Quantitative Analysis Results: The participants comprised 16 housewives with children under five. Their age range was between 25 and 35+ years; most were between 26 and 35 years old (50%). The majority were highly educated (68.75%), had moderate PSS scores (87.5%), normal cortisol levels (87.5%), average Body Mass Index (62.5%), moderate physical activity (50%), adequate rest patterns (75%), first-time mothers (62.5%), had toddlers aged 2-3 years (87.5%). 14 out of 16 respondents continued partner-delivered massage.

The findings in this study include: First, there is a relationship between cortisol levels and the continuation of massage; respondents who continue massage have decreased/stable cortisol levels, while respondents who do not continue massage have increased cortisol levels although still within normal limits with a p-value of 0.012, as shown in Table 1.

Table 1. Implementation of *Partner Delivered Massage*

Characteristics of Continuity of Partner Delivered Massage	N	Percentage (%)	Cortisol Levels Mean \pm SD	Cortisol Levels Different Mean \pm SD
Continue Massage	14	87.5	8.110 \pm 2.304	-0.517 \pm 0.310
No Further	2	12.5	10.959 \pm 5.665	5.533 \pm 3.545
<i>P</i> value			*0.183	**0.012

*One Way-ANOVA **Paired Sample T-Test

Based on Figure 5, the subjects whose husbands did not massage increased cortisol levels to 11.218 mcg/dL to cortisol levels within normal limits after two months.

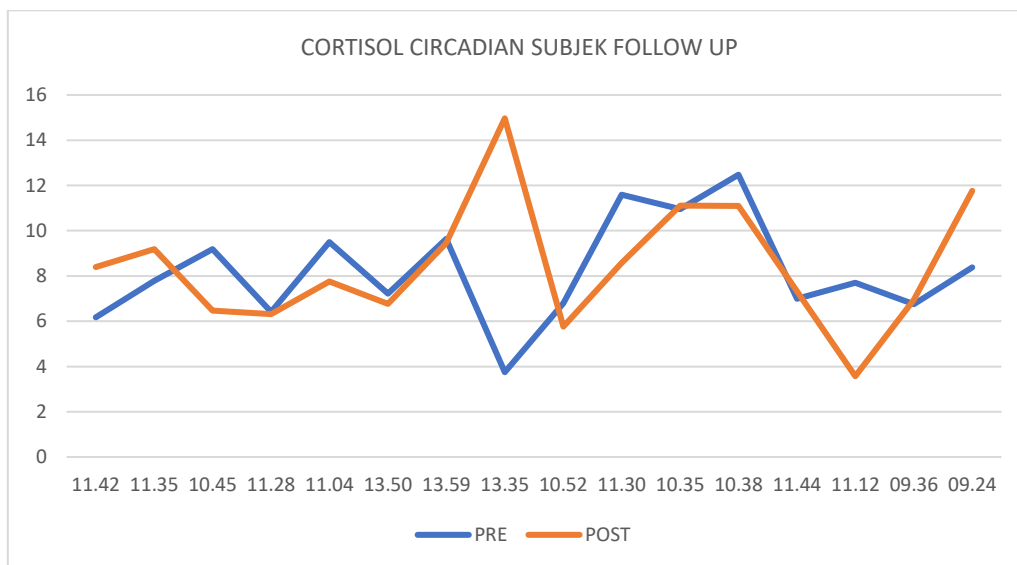


Figure 5. Circadian Cortisol of Partner Delivered Massage Subjects

Secondly, overall, in the subjects studied, there was no significant change in cortisol levels two months post-intervention, with a p-value of 0,867, as shown in Table 2.

Table 2. Cortisol levels based on *Partner Delivered* Massage Implementation

Characteristics of <i>Follow-Up Partner Delivered Massage</i> Subjects	Cortisol Levels Mean ± SD
Before two months	8.205 ± 2.254
After two months	8.466 ± 2.772
*p-value	0.867

*Paired *Sample T-Test*

Third, in the overall follow-up and negative control subjects, there is an inverse relationship between cortisol levels and the number of toddlers, where the fewer toddlers they have, the higher the cortisol levels, with a p-value of 0.004, as shown in Table 3.

Table 3. Number of Children of Follow-Up and Control Subjects on Cortisol Levels

Variables	Cortisol Levels			<i>*P value (Correlation)</i>
	Low	Normal	High	
	n(%)	n(%)	n(%)	
Number of Children				0.004 (-0.470)
1		22 (61.11%)		
2	2 (5.56%)	7 (19.44%)		
>2	2 (5.56%)	3 (8.33%)		

**Spearman Ranks*

DISCUSSION

Applying the Partner Delivered Massage habit provides benefits that can reduce matters related to the discomfort/stress felt by housewives and improve life well-being. This aligns with habit research (17,18), which states that good actions or activities, such as implementing effective habits, can positively impact individuals, personality development, and effectiveness in various activities. Through in-depth interviews and confirmed by the serum cortisol ELISA test results, there was no significant increase in cortisol levels two months after the intervention in respondents with paired sample T-Test results $0.867 > 0.05$. This shows that partner-delivered massage influences stabilizing cortisol levels, as evidenced also by the results of respondents' cortisol levels two months after the intervention, 87.5% within normal limits.

Most respondents had one toddler aged 2-3 years, were highly educated, well-rested, moderately active, and continued the massage performed by their husbands. Based on qualitative analysis, a partner-delivered massage provides benefits such as reducing the discomfort and stress of housewives and improving well-being. No significant increase in cortisol levels was found 2 months after the intervention, suggesting that partner-delivered massage can be a way to stabilize cortisol levels.

A total of 14 subjects continued the massage with different frequencies for two months after the intervention. In respondents who often and rarely do massage, the results of cortisol levels

are within normal limits. In respondents who did not continue the massage, one subject experienced a reasonably drastic increase from low to normal cortisol levels. This increased by 11.21 mg/dL from before. In addition, it was also found that respondents who were often massaged often experienced headaches and had low cortisol levels. The headaches were recognized since using the 3-month Hormonal Birth Control Injection. Continuous pain also indicates chronic stress and reduces the ability of the pituitary gland to produce the hormone cortisol, causing low cortisol levels (7,25,26).

The study found that the more children a mother has, the lower her cortisol levels tend to be, indicating a negative feedback loop in the body. Low cortisol levels may indicate chronic stress in the mother, which may also be affected by the husband's support level in caring for the children and household. A couples massage program can improve well-being and reduce maternal stress. Despite barriers such as lack of time and massage skills, communication and intimacy between husband and wife make the massage program worthwhile. This aligns with research conducted by (27), which showed that good communication can form closeness, openness, and satisfaction among family members and create a warm and harmonious atmosphere. Broadly based on the results of this study, the habit of partner-delivered massage provides benefits in stabilizing cortisol levels and improving life well-being.

LIMITATIONS OF THE STUDY

This follow-up study lacked intervention in patients with high cortisol and stress levels and didn't explore the effects of hormonal contraceptives on these levels. The qualitative narrative method may introduce subjective statements; these issues should be addressed in future research.

CONCLUSIONS AND RECOMMENDATIONS FOR MIDWIFERY PRACTICE

For housewives with toddlers, consistent partner massage can enhance marital well-being and maternal health and establish positive family habits. It is beneficial for managing stress in

comprehensive midwifery care, as it promotes stress reduction and normal cortisol levels in mothers.

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CONFLICT OF INTEREST

The authors declare that they have no competing interests.

What is current knowledge?

The maternal under-five population is a neglected population compared to pregnant and postpartum women. Meanwhile, the incidence of stress among mothers of children under five is high.

What is new here?

Implementing partner-delivered massage as one of the prevention strategies and holistic management of mental health problems in housewives.

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SERTIFIKAT PELATIHAN

Certificate of Training

Nomor : 0150/B-2/ERKU11/EBS/VI/2024

Diberikan Kepada:

Maryni Manga

Sebagai peserta dalam kegiatan Bimtek Penelitian Kualitatif dengan Aplikasi Nvivo dan Tools AI yang diselenggarakan oleh PT Ebiz Prima Nusa.

Dilaksanakan pada:

Online Zoom Meeting - 11 s/d 12 Juni 2024

Durasi:

32 Jam Pelatihan (32 JP)



Dra. Rina Nopiana
Director PT. Ebiz Prima Nusa



0152/B-2/ERKU11/EBS/VI/2024

Materi Pelatihan:

No	Kompetensi	Waktu
1	Memahami Gambaran Umum Software Nvivo dan analisis data kualitatif	5 Jam
2	Memahami konsep terkait data kualitatif, jenis, keunggulan dan kelemahan	5 Jam
3	Praktik singkat menggunakan Software NVivo untuk analisis serta komparasi data penelitian	4 Jam
4	Memahami intregasi analisis kualitatif dan kuantitatif menggunakan Software NVivo	5 Jam
5	Memahami Gambaran Umum Chat GPT 4.0 untuk olah data kualitatif	5 Jam
6	Praktik analisis dan interpretasi data kualitatif menggunakan Chat GPT	4 Jam
7	Melakukan coding data kualitatif menggunakan Chat GPT	4 Jam
Total		32 Jam

Bandung, 12 Juni 2024



Drs. Deddy Saefuloh M.B.A., Ph.D
Head Trainer PT. Ebiz Prima Nusa

