

Analysis of Postpartum Blues In Postpartum Mothers In West Kedaung Health Center Working Area, Tangerang District in 2023

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Abstract

Postpartum Blues is influenced by age, education, parity, type of delivery, physical fatigue, husband's support, and family support. This research aims to determine the factors associated with the incidence of postpartum blues in west Kedaung Health Center Working Area, Tangerang Regency in 2023. This research design uses a cross-sectional quantitative descriptive approach. Research respondents The population in this study was parturient mothers in West Kedaung Health Center Working Area, Tangerang Regency, in October-December 2023, totaling 183 people. The sampling technique used is proportional sampling. The results of the research showed that the frequency distribution of postpartum blues was 20%, the age of postpartum mothers who were not at risk was 20-35 years, 65.7%, mothers with low education were 77.1%, multiparous mothers were 57.1%, and the type of birth was normal. 82.9%, 61.4% of postpartum mothers experienced physical fatigue, 57.1% of mothers did not receive husband support, and 58.6% of mothers did not receive family support. Postpartum mothers need to know information about postpartum blues so that mothers can prevent or overcome the occurrence of postpartum blues.

Keywords: Education, Family Support, Husband's Support, Parity, Physical Fatigue, Postpartum Blues, Type of Childbirth

Introduction

Postpartum begins when the baby is born and the placenta comes out of the uterus, until the next six weeks, accompanied by the recovery of organs related to the womb, which experience changes such as injuries and so on related to childbirth.¹

Postpartum mothers will experience physiological, psychological, and social adaptations. However, not all postpartum mothers can go through the postpartum

adaptation smoothly. Postpartum mothers may experience psychological disorders during the postpartum period, one of which is anxiety and anxiety can result in postpartum blues.² Often mothers who experience postpartum blues develop longer and are more severe in intensity. Mothers experience deep sadness and feel worthless, so they feel disturbed in carrying out daily activities. Around 15% of postpartum mothers experience Postpartum Depression (postpartum depression) which is a continuation of untreated postpartum blues. The impact of postpartum depression is that the mother will experience prolonged and increasingly severe depression to the point of wanting to hurt the baby or herself.¹

Women with postpartum blues will show symptoms such as crying frequently, feeling anxious easily, being irritable, sensitive, lacking concentration, easily stressed, feeling fragile and helpless, restless, and experiencing sleep disorders.³ Changes in mood such as frequent crying, irritability, and often being sad or quickly changing to happy, feeling worried about the condition of her future pregnancy, starting from fear of miscarriage, fear of giving birth, worry about the future of her child in the future, and many other things. Of every 1000 pregnant women, about 17% of women will visit a psychiatric unit. Five percent will experience mild depressive mood disorders in the first week after giving birth, namely postpartum blues and 2% will develop psychosis during the postpartum period. Between 10 and 15% will develop depression after giving birth. Postpartum blues occurs in around 50% of women within 4-5 days after giving birth.¹

Factors that cause postpartum blues include family support, knowledge, pregnancy status, type of delivery, and hormonal factors (in the form of changes in estrogen, progesterone, prolactin, and estriol levels that are too low. Estrogen levels drop significantly after giving birth, apparently, estrogen has an effect suppression of the activity of non-adrenaline and serotonin enzymes which play a role in mood and depression), demographic factors (parity and age), occupation, postpartum mother's background, physical factors, inability to adapt, experience in the process of pregnancy and childbirth.⁴

Research conducted by Dina R.S (2020) on factors related to the incidence of postpartum blues in the 2020 Youth Health Center area of East Kalimantan, the results of the research showed that statistical tests concluded that there was a relationship between maternal age and postpartum blues carried out using the chi-square test with a

level significant alpha 5%. The statistical test results obtained a value of $X^2 = 14.387$ with $P\text{-value} = 0.000 < 0.05$.

Method

This research aims to determine the factors associated with postpartum blues in West Kedaung PUSKESMAS Working Area, Tangerang Regency in 2023. This research design uses a cross-sectional, quantitative descriptive approach. Research respondents the population in this study was parturient mothers in In West Kedaung PUSKESMAS Working Area, Tangerang Regency, in October - December 2023, totaling 183 people. The sampling technique used is proportional sampling. The sample in this study was 70 respondents. Based on recapitulation data in the work area of the West Kedaung Community Health Center with an age range of 15-44 years, an average of 70 respondents were obtained in 3 months. The sampling technique used is proportional sampling.

Results

Table 1. Frequency Distribution of Postpartum Blues for Postpartum Mother's in West Kedaung Health Center Working Area, Tangerang Regency in 2023

Postpartum Blues	Frekuensi (f)	Persentase (%)
Yes	14	20,0
No	56	80,0
Sum	70	100

Based on Table 1 above, it can be seen that of the 70 respondents who did not experience postpartum blues, there were 56 respondents (80%) while those who experienced postpartum blues were 14 respondents (20.0%)

Table 2. Frequency Distribution of Factors that Influence the Occurrence of PostPartum Blues in Postpartum Mother's in West Kedaung Health Center Working Area, Tangerang Regency in 2023

Factors Affecting PostPartum Blues	Frequency	Percentage (%)
Age		
Risk	24	34,7
No Risk	46	65,3
Education		
Tall	16	22,9
Low	54	77,1
Parity		
Primipara	30	42,9
Multipara	40	57,1
Types of Childbirth		
Normal	58	82,9
Section	12	17,1
Physical Fatigue		
Yes	27	38,6
No	43	61,4
Husband Support		
No	40	57,1
Yes	30	42,9
Family support		
No	29	41,4
Yes	41	58,6

Table 2 shows the frequency distribution of factors that influence PostPartum Blues in postpartum mothers. For the age factor, of the 70 respondents, 46 respondents (65.3%) were not at risk, while 24 respondents (34.7%) were at risk. After that, of the 70 postpartum mothers who had low education, there were 54 respondents (77.1%) while those with higher education were 22.9% or 16 respondents. Furthermore, regarding the parity factor, of the 70 respondents, 40 respondents were multiparous (57.1%) and 30 respondents were primipara (42.9%). Apart from that, there were 70 respondents regarding the type of delivery, 58 respondents (82.9%) were normal birth types, while 12 respondents (17.1%) were cesareans. After that, in the physical fatigue category of the 70 respondents, there were 43 respondents (61.4%) who experienced fatigue while 27 respondents (38.6%) did not experience fatigue. Regarding husband's support, of the 70 postpartum mothers who did not have husband's support, there were 40 respondents (57.1%) while those who had husband's support were 30 respondents (42.9%). Finally, for family support, of the 70 respondents, 41 respondents (58.6%) had family support, while 29 respondents (41.4%) had no family support.

Discussion

Age

Based on the research results, it is known that there is a relationship between age and postpartum blues in postpartum mothers in the work area of the West Kedaung Community Health Center, Tangerang Regency in 2023 as evidenced by the value $p (0.003) < \alpha (0.05)$. Statistical test results also obtained an OR value of $5.714 \approx 5.7$, meaning that respondents who were at risk age had a 5.7 chance of experiencing postpartum blues. With a 95% confidence level, it is believed that the CI value is (1.925 – 16.965).

Age is a unit of time that measures the time a living creature has existed. The older you get, the more mature a person's level of maturity and strength will be in thinking and working. A woman's age during pregnancy and childbirth is often associated with the woman's mental readiness to become a mother. Most people believe that the right time for a woman to give birth is between 20-35 years of age, and this is optimal for a mother to care for the baby.⁴

The mother's emotional emotions are in line with research conducted by Dina (2020) regarding factors related to the incidence of postpartum blues in the 2020 Youth Health Center area of East Kalimantan. The results of the research showed that statistical tests concluded that there was a relationship between maternal age and postpartum blues carried out using the chi-test square with an alpha significance level of 5%. The statistical test results obtained a value of $X^2 = 14.387$ with a P-value = $0.000 < 0.05$.

The author's analysis in this research shows that every pregnant woman can adapt to face changes in her life. Some can adjust and some are unable to adjust, then feelings of sadness, worry, and other stress occur which are called postpartum blues. The mother's age at birth is divided into ages at risk and not at risk. The mother's age influences the incidence of postpartum blues because of the mother's physical and mental preparation process for new changes, namely the presence of a baby in her life.

Education

This is in line with Kurniasari's research which shows that there is a significant relationship between education and the incidence of postpartum blues with p-value = 0.00, OR = 2.625, where respondents with low education have a 2.625 times greater

chance of experiencing postpartum blues. The same research was also made by Irawati and Yuliani which stated that those in education below high school experienced the most postpartum blues compared to those in higher education. Mothers who have low education tend to have many children and lack techniques for caring for babies. This is also supported by Manuring's research which states that mothers with elementary/middle school education are four times more likely to experience postpartum blues than mothers with high school or Diploma I education.⁶

Based on the research results, it is known that there is a relationship between education and postpartum blues in postpartum mothers in the work area of the Kedaung Barat Health Center, Tangerang Regency in 2023, as evidenced by the value $p (0.015) < \alpha (0.05)$. Statistical test results also obtained an OR value of $3.864 \approx 3.9$, meaning that respondents who had low education had a 3.9 chance of experiencing postpartum blues. With a 95% confidence level, it is believed that the CI value is (1.405 – 10.625).

According to Green (2018), the level of education is a predisposing factor for a person to behave so educational background is a very basic factor in motivating a person towards healthy behavior and a reference for one's learning. The mother's education level greatly influences the incidence of postpartum blues. The more the mother understands the importance of knowledge about postpartum blues, the higher the mother's awareness of dealing with postpartum blues. Educational status also showed a significant relationship between respondents who had secondary school education and the incidence of postpartum blues compared to women who had elementary school education.⁵

In line with research conducted by Wulan, Mawati, and Sutandi (2023) regarding the relationship between maternal age and education and the incidence of postpartum blues in Mijen Village, Kaliwungu District, Kudus Regency in 2019, the results of the research showed that the results of statistical tests showed that there was a relationship between maternal education and incidence of postpartum blues with p value $0.008 (> 0.05)$

The author's analysis in this study is that these results mean that highly educated people can overcome postpartum blues. Likewise, postpartum mothers with low education tend to have a low level of rationality so they are unable to get through the postpartum period well.

Parity

Based on the research results, it is known that there is a relationship between parity and postpartum blues in postpartum mothers in the work area of the Kedaung Barat Health Center, Tangerang Regency in 2023 as evidenced by the value $\rho (0.017) < \alpha (0.05)$. Statistical test results also obtained an OR value of $4.071 \approx 4.1$, meaning that respondents who have primiparous parity have a 4.1 chance of experiencing postpartum blues. With a 95% confidence level, it is believed that the CI value is (1.392 – 11.904).

This is in line with research conducted by Devi (2018), namely that the incidence of postpartum blues mostly occurred in primiparous obstetric status, namely 6 respondents (20%) with a $p\text{-value} = 0.011 (<0.05)$. Meanwhile, there were 3 respondents (10%) who were multiparous, meaning there was a relationship between obstetric status and the incidence of postpartum blues. Other researchers also said that postpartum mothers with primiparous status who experienced baby blues syndrome had a greater frequency (70%) compared to postpartum mothers with primiparous status who did not experience baby blues syndrome (55%).

Postpartum disorders related to parity status are the patient's obstetric history which includes the history of pregnancy and delivery as well as whether there were complications from previous pregnancies and childbirth and occur more often in primiparous women. It is more common for primiparous women to suffer from postpartum blues because after giving birth, primiparous women are in an adaptation process, previously only thinking about themselves once the baby was born, if the mother did not understand her role, she would become confused while the baby had to be cared for.⁶

According to researchers, parity does not affect postpartum blues, which can be seen again from the mother's pre- and postpartum emotional and mental readiness. Apart from that, support from the surrounding environment can also influence the mother's mental development, and other factors can influence the occurrence of postpartum blues, such as a continuity of care program carried out by student midwives or independent practice midwives for the mother from the time of pregnancy until the mother decides she wants to use the device. contraception so that during the monitoring period the pregnant mother's condition has received counseling in dealing with pregnancy by determining family planning.

Types of Childbirth

Based on the research results, it is known that there is a relationship between the type of delivery and postpartum blues in postpartum mothers in the work area of the West Kedaung Health Center, Tangerang Regency in 2023, as evidenced by the value $p (0.023) < \alpha (0.05)$. Statistical test results also obtained an OR value of $11,600 \approx 11.6$, meaning that respondents who had a normal type of delivery had an 11.6 chance of experiencing postpartum blues. With a 95% confidence level, it is believed that the CI value is (1.659– 81.102).

Based on Henshaw's theory, labor complications are related to the occurrence of postpartum blues. A long labor will make the mother have an unsatisfactory birth experience, so that the mother shows a negative self-image and can continue to become angry which can complicate the mother's adaptation process to her new role and function. A stressful labor process will make it more difficult for the mother to control herself, making the mother more irritable and can reduce the mother's effective coping abilities.⁷

The results of this research are in line with research conducted by H.A.P. Desthalia (2014) shows that the value is 0.036 (p value < 0.05) and the odds ratio is 4.89 (OR = 4.89). So it can be interpreted that there is a relationship between the type of delivery and the incidence of postpartum blues. This research concludes that there is a relationship between the type of delivery and the incidence of postpartum blues in postpartum mothers at the Balung Regional Hospital, Jember Regency.

The author's analysis in this study is that the type of delivery can influence the incidence of postpartum blues because a person has had a bad experience that causes psychological trauma which can reduce the mother's ability to care for herself and the baby. Nurses can carry out the role of nurses in providing education and carrying out routine antenatal care during the mother's pregnancy so that the mother can know the condition of the fetus she is carrying and can prepare for the birth that will take place, provide education to the mother and family about the impact of this type of delivery, carry out further studies or providing information and counseling to postpartum blues mothers.

Physical Fatigue

Physical fatigue can trigger postpartum blues. The addition of new roles and

responsibilities for mothers in caring for babies, long labor processes that have never been experienced before, and lack of rest and sleep can cause physical fatigue in mothers.⁸

Based on the research results, it is known that there is a relationship between physical fatigue and postpartum blues in postpartum mothers in the work area of the Kedaung Barat Health Center, Tangerang Regency in 2023, as evidenced by the value p ($0.003 < \alpha$ (0.05)). Statistical test results also obtained an OR value of $2.319 \approx 2.3$, meaning that respondents who were physically exhausted had a 2.3 chance of experiencing postpartum blues. With a 95% confidence level, it is believed that the CI value is (0.476 – 11.285).

Mothers who only work at home taking care of their children can experience a crisis situation and reach emotional disturbances/blues because of the tiredness and exhaustion they feel. Housewives who take care of all household affairs themselves are likely to have pressure on their responsibilities either as a wife or as a mother.⁹

According to researchers' assumptions, work is related to the incidence of postpartum blues, because of the existing and increasing workload. There is a dual role conflict as a mother and wife, which can create new problems for women who only do housework and take care of children. After carrying out this research, mothers can prepare themselves to face the dual role of mother and wife or when mothers have work outside of housework so that mothers can divide their time and mental health during the postpartum period.

Husband Support

Based on the research results, it is known that there is a relationship between husband's support and postpartum blues in postpartum mothers in the work area of the Kedaung Barat Health Center, Tangerang Regency in 2023, as evidenced by the value p ($0.032 < \alpha$ (0.05)). Statistical test results also obtained an OR value of $3.357 \approx 3.4$, meaning that respondents who did not have a husband's support had a 3.4 chance of experiencing postpartum blues. With a 95% confidence level, it is believed that the CI value is (0.476 – 11.285).

Many factors can influence postpartum mothers to experience postpartum blues, based on the results of researchers' interviews, several reasons why mothers experience postpartum blues include a lack of information on how to care for a baby, lack of

readiness to accept their new role as a mother, and support from both husband and family which is still felt to be lacking. This research is in line with Kurniasari's research which showed that as many as 17.1% of respondents experienced postpartum blues.⁵

A husband's support is defined as a caring attitude shown in the form of good cooperation, providing moral and emotional support. The husband's social support is a form of husband's support in providing psychological assistance in the form of motivation, attention, and acceptance. Husband's support is a relationship that is helpful and has special value for the wife as a sign of a positive bond.⁵

Husbands play an important role in the occurrence of postpartum blues and it is hoped that husbands will realize that their wives need them at certain times and husbands are expected to be there when their wives need them. This support is not only in the form of psychological support but physiological, assessment, information, and financial support which is needed by the wife and in a relationship that mutually gives and receives real help, this help will place the individuals involved in the social system which in the end will be able to provide love and attention, so the support provided is packaged in its entirety so that the wife feels comfortable and can give birth well.¹⁰

The results of this study support research conducted by (Irawati & Yuliani, 2014) showing that there is an influence of husband's support on the occurrence of postpartum blues with a p-value of 0.013. The results of this research are in line with research conducted by (Anggraini & Husada, 2014) based on the results of the chi-square statistical test with a P value of 0.000. This supports the opinion expressed by Videbeck in the journal Irawati & Yuliani, (2014), namely that husband's support is the biggest factor in triggering postpartum blues. This is because the husband's support is an important coping strategy when experiencing stress and functions as a preventive strategy to reduce stress. Husbands play an important role in the occurrence of postpartum blues and it is hoped that husbands will realize that their wives need them at certain times and husbands are expected to be there when their wives need them.

According to researchers' assumptions, a husband is a family member who is very close to the mother. All forms of action taken by the husband related to the mother's postpartum period will have an impact on the mother's psychological condition and the smoothness of the mother's postpartum period. In the first week postpartum, mothers need psychological and material support from their husbands. After conducting

this research, it is hoped that the husband, as someone very close to the mother, can provide positive support and more attention to the mother during the postpartum period.

Family supports

The family support referred to in this research is moral support and physical support from in-laws, siblings, and the mother's parents who live or are close to the postpartum mother who can directly help the mother. Social factors are quite closely related to the occurrence of postpartum blues because first-time mothers find it difficult to adjust to their new role as mothers.¹¹ Caring for a baby is not an easy task, especially for new mothers, in postnatal care family support is very necessary. If the family does not provide support, it makes the mother sad and overwhelmed in caring for her baby in the first days.⁸

Based on the research results, it is known that there is a relationship between family support and postpartum blues in postpartum mothers in the work area of the Kedaung Barat Health Center, Tangerang Regency in 2023, as evidenced by the value p (0.016) $< \alpha$ (0.05). Statistical test results also obtained an OR value of $4.016 \approx 4$, meaning that respondents who did not have family support had a 4 chance of experiencing postpartum blues. With a 95% confidence level, it is believed that the CI value is (1.404 – 11.483).

Caring for a baby is not an easy task, especially for new mothers. In post-natal care, family support is very important, because the direction of the husband and family, especially the mother, is very influential and becomes an important reference for the mother in caring for her baby daily. If the husband and family do not provide support, it will make the mother sad and overwhelmed in caring for her baby in the first days.⁸

The results of this research are in line with research by Rahmadayanti (2018) in Palembang which states that there is a significant relationship between family support and the incidence of postpartum blues with a p-value of 0.030. The same results were also found in Kamila's (2019) research on the relationship between birth history, socio-economics, and family support with the incidence of postpartum blues which obtained a p-value of 0.013, meaning there is a relationship between family support and the incidence of postpartum blues. Likewise, research by Fatmawati and Gartika (2019) on the relationship between social support and pregnancy planning and the incidence of postpartum blues states that there is a relationship between family social support and the

incidence of postpartum blues with a p-value of 0.000, meaning that family support greatly influences the occurrence of postpartum blues in mothers.

According to researchers' assumptions, there is a relationship between family and postpartum blues because most postpartum mothers live with extended families such as in-laws, siblings, and the mother's parents. A small number live with a nuclear family consisting of only their husband and children.

Conclusion

Based on the analysis of research results and discussion, it was concluded that the frequency distribution of postpartum blues was 20%, the age of postpartum mothers who were not at risk was 20-35 years, 65.7%, mothers with low education was 77.1%, and multiparous mothers were 57.1%. , the type of birth was normal as much as 82.9%, postpartum mothers had experienced physical fatigue as much as 61.4%, mothers did not receive husband support as much as 57.1%, mothers did not receive family support as much as 58.6%. It was also found that there was a significant relationship between maternal age (p-value = 0.003), education (p-value = 0.015), parity (p-value = 0.017), type of birth (p-value = 0.023), physical fatigue (p-value = 0.03), husband's support (p-value = 0.032), family support (p-value = 0.016) with postpartum blues in the Kedaung Barat Health Center Working Area, Tangerang Regency.

Based on the research results, it is recommended that respondents know information about postpartum blues so that mothers can prevent or overcome the occurrence of postpartum blues

References

1. Sulistyarningsih, D., & Wijayanti, T. 2020. Hubungan dukungan keluarga dengan tingkat depresi postpartum di RSUD 1 . A Moeis Samarinda. *Borneo Student Research* I (3) 1641-1653
2. Kirana. 2015. Hubungan Tingkat Kecemasan Post Partum Dengan Kejadian Post Partum Blues Di Rumah Sakit Dustira Cimahi. *J Ilmu Keperawatan*. 2015;3.
3. Febriyanti, Ni Made Ari, Dewi, Ni Putu Ayu Kristina dan Widiantari Kadek. 2021. The Relationship of Mother Characteristics and Husband Support With The Risk of Postpartum Blues In Postpartum Mothers. *PLACENTUM Jurnal Ilmiah Kesehatan dan Aplikasinya*, Vol. 9(2) 2021

4. Fitriyani, D. (2015). Hubungan Pengetahuan Ibu Post Partum Dengan Syndrome Baby Blues Pada Hari 1-7 Post Partum
5. Pillitteri, A. 2010, Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family, New York: Lippincott Williams & Wilkins.
6. Kumalasari, I & Hendawati. (2019). Faktor Risiko Kejadian Postpartum Blues Di Kota Palembang. Jurnal Kesehatan Poltekkes Palembang Vol. 14 No. 02 <https://jurnal.poltekkespalembang.ac.id/index.php/JPP/article/view/408/227>
7. Fatmawati, A., & Gartika, N. (2019). Hubungan Dukungan Psikososial dan Perencanaan Kehamilan dengan Kejadian Postpartum Blues pada Ibu Remaja. Jurnal BIMTAS, 3(2), 44–51.
8. Mei Lina Fitri Kumalasari. Efektivitas Senam Dismenore Sebagai Terapi Alternatif Menurunkan Tingkat Nyeri Haid Tinjauan Sistematis Penelitian Tahun 2011-2016. Journal of Health Science and Prevention, Vol.1(1), April, 2017.
9. Irawati, D., & Yuliani, F. 2014. Pengaruh Faktor Psikososial dan Cara Persalinan Terhadap Terjadinya Baby Blues Syndrome Pada Ibu Nifas (Studi di Ruang Nifas RSUD Bosoeni Mojokerto). E-Proceeding of Managament ISSN : 2355-9357, 6 (1 April), 1-14.
10. Wiknjosastro. (2014). Ilmu Kebidanan. Yayasan Bina Pustaka Sarwono Prawirohardjo.