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Original Research Article

Determinant analysis of baby blues syndrome

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ABSTRACT

Background: Psychiatric illnesses that are non-psychotic are one of the most common morbidities of pregnancy and the perinatal period. These disorders include depressive disorders (postpartum blues, postpartum depression), anxiety, post-traumatic stress disorder, and personality disorders. This study aimed to the relationship between family support and the tendency of baby blues syndrome in postpartum mothers in the working area of the Benu-Benua Health Center. **Methods:** The research method used is an observational analytic study with a cross-sectional design which was carried out in June 2020 in the working area of the Benu-Benua Health Center which involved 53 mothers who gave birth and were recorded in the medical records at the Benu-Benua Health Center and families living in the same house with the criteria such as people who live in the working area of the Benu-Benua Health Center and postpartum mothers ≤ 14 days. Then proceed with bivariate analysis using the Chi-square test to determine the correlation between variables. All tests with $p < 0.05$ were considered significant

Results: The age distribution of respondents, dominant in the range of 18-25 years, female sex, high school education level or equivalent, primipara parity, the family relationship is husband and number of people living in the house > 5 people, the dominant type of childbirth is normal, social relations dominantly good, the incidence of baby blues syndrome dominantly experienced baby blues syndrome. The results of statistical tests showed that the variables of education level, employment status, family relations, social support were correlated with the incidence of postpartum blues syndrome.

Conclusions: There is a correlation between education level, employment status, social support, and family relationships with the incidence of baby blues syndrome in the Benu-Benua Health Center working area.

Keywords: Baby blues syndrome, Postpartum, Post-traumatic stress disorder

INTRODUCTION

In the first birth, a mother experiences a change in conditions where roles change and the responsibilities that must be carried out in her family increase. Adjustment is needed in dealing with new roles and activities as a mother, especially in the first weeks after giving birth. A successful mother adjusting to her new role and activities will be excited about taking care of her baby. However, some mothers who are less successful in adjusting will

experience emotional changes.¹ These emotional changes include experiencing sadness or moodiness, being easily anxious for no reason, crying for no reason, being impatient, lacking self-confidence, being sensitive or irritable, and feeling less affection for the baby. These feelings usually appear temporarily, around two days to two weeks after the birth of the baby or commonly called the postpartum blues. The general public call it the baby blues or maternity blues.² Baby blues syndrome is a mild mood disorder often ignored by postpartum mothers, their

families or health workers; in the end, it can develop into psychopathological depression, in which the mother experiences problems in marital relations even with her family and child development. The clinical picture of baby blues syndrome is characterized by episodes of crying, feeling depressed, anxiety, irritability, detached and distance from the baby, mild hypochondriasis, difficulty sleeping and inability to concentrate.³

A study in countries that had been conducted, such as Sweden, Australia, Italy and Indonesia, using the Edinburg Postnatal Depression Scale (EPDS) in 1993 showed that 73% of women experienced postpartum blues.^{4,5} The prevalence of postpartum blues from various countries ranges from 10-34% of all deliveries. The incidence of postpartum blues overseas (Japan) is high, reaching 26-85%. Globally, it is estimated that 20% of women giving birth suffer from postpartum blues.⁶

Research in Western countries shows a higher incidence compared to what has been reported from Asia; in a study conducted on 154 postpartum women in Malaysia in 2009, it was reported that the incidence rate was 3.9%, the highest being from the Indian race (8.9%), Malay (3.0%). There were no cases of Chinese race. Research in Singapore reported an incidence rate of 1%. While research in 2010 found postpartum blues rates around 10%-20%. In the Netherlands, in 2001, it was estimated that 2-10% of mothers giving birth suffered from this disorder.⁶ In Indonesia, the incidence of postpartum blues is 50-70%, and this can progress to postpartum blues depression with varying amounts from 5% to more than 25% after the mother gives birth.⁷ From the Aceh Provincial BKKBN office in 2012, experienced severe depression after giving birth; depressive symptoms such as loss of appetite and difficulty sleeping were the most common complaints in postpartum mothers.⁸ The results of research conducted by Irawati in DKI Jakarta showed that 120 out of 580 (25%) mothers who were respondents had postpartum blues syndrome. Moreover, several studies conducted in Jakarta, Yogyakarta and Surabaya found that the incidence rate is 11-30%, an amount that is not small and cannot be left alone.^{9,10} The incidence of baby blues or postpartum blues in Asia is quite high. It varies between 26-85%, while in Indonesia, the incidence of baby blues or postpartum blues syndrome is between 50-70% of postpartum women.¹¹ In Indonesia, the lack of attention to the problem of baby blues syndrome is exacerbated by the erroneous opinion of the common people. Few people think that baby blues syndrome is only experienced by women outside Indonesia; this baby blues syndrome is considered unimportant. Even if many experiences it, often only considered a side effect of fatigue after giving birth.¹² Unfortunately, although it has been recorded in Hippocrates' journal, this syndrome is not considered too important. Although many experiences it, it is often considered a side effect of fatigue after giving birth.¹³ 70% of primiparas who lack social support in the form of emotional, informational, and instrumental support and appreciation from husbands, family, neighbours and health

workers will experience the postpartum syndrome. It shows how important the support given to primiparous mothers is to reduce the impact of the emergence of a postpartum syndrome.¹⁴

The high prevalence of emotional disorders in Indonesia is still a big problem. The results of Basic Health Research Data (Riskesdas) in 2013 stated that the prevalence of emotional and mental disorders characterized by symptoms of depression and anxiety was 6% or around 14 million of the Indonesian population, showing that the highest birth mothers in Indonesia were Javanese.¹⁵ Around 99.89%, anxiety in postpartum mothers that cannot be resolved can cause postpartum depression and other mental disorders that interfere with health. Women experience anxiety twice as much as men.¹⁶ Based on the results of observations made on postpartum mothers in the working area of the Benu-Benu Health Center in January 2020, it was found that 7 out of 10 postpartum mothers experienced symptoms of baby blues. The symptoms experienced are sometimes blaming yourself if something goes wrong, feeling anxious and worried for no apparent reason, and feeling sad, irritated and uncomfortable. These results indicate that the incidence of baby blues syndrome in the working area of the Benu-Benu Public Health Center is quite high. Based on the background description of the problem above, the researcher is interested in researching the relationship between family support and the tendency of baby blues syndrome in postpartum mothers in the working area of the Benu-Benu Health Center.

METHODS

The research method used is an observational analytic study with a cross-sectional design which was carried out in June 2020 in the working area of the Benu-Benu Health Center which involved 53 mothers who gave birth and were recorded in the medical records at the Benu-Benu Health Center and families living in the same house with the criteria such as people who live in the working area of the Benu-Benu Health Center and postpartum mothers ≤ 14 days. The research variable is the tendency of baby blues syndrome. The measurement tool used to measure baby blues syndrome (postpartum depression) is the Edinburgh Postnatal Depression Scale (EPDS). This measuring instrument is used to identify various risks of causing postnatal depression. The EPDS is a scale with ten statements to identify postpartum depression for seven days after delivery. The questions in the EPDS are in the form of statements relating to feeling unstable, anxious, guilty and others. The method of using this measuring instrument is that the mother is asked to check the response closest to what she has felt over the past seven days. This scale consists of 10 items, with a Likert scale of favourable and unfavourable items. Each item consists of 4 alternative answers: always, sometimes, rarely and never. This questionnaire moves from a score of 3 to a score of 0 for favourable items, while unfavourable items move from a score of 0 to a score of 3. The maximum score that can be

achieved is 30. The objective variable criteria are scores 0-8 low probability of depression and 9-12 with experienced baby blues syndrome. The social support variable consisted of 10 questions with a value range of 0 if the answer was no and a score of 1 if the answer was yes. The age variables 18-25 years were given Category 1, ages 26-35 years were given Category 2 and ages 36-45 years were given Category 3. For the employment status variable, namely, category one if the mother is working and category two if the mother is not working. The family relationship variable is category one of the husband, category two of the biological parents, category three of the in-laws and category four of the siblings.

At the data collection stage, the researcher was assisted by two enumerators trained according to research needs. The prospective respondents obtained informed consent from the enumerators, and the respondents signed it as a sign that they were willing to be respondents. Data are presented as numbers and percentages for categorical variables. Then proceed with bivariate analysis using the chi-square test to determine the correlation between variables. All tests with $p < 0.05$ were considered significant. Statistical analysis was performed using the SPSS version 16.0 application.

RESULTS

Based on (Table 1) shows the age distribution of respondents, dominant in the range of 18-25 years, female sex, high school education level or equivalent, primipara parity, the family relationship is husband and number of people living in the house > 5 people, the dominant type of childbirth is normal, social relations dominantly good, the incidence of baby blues syndrome dominantly experienced baby blues syndrome. The results of statistical tests showed that the variables of education level, employment status, family relations, social support were correlated with the incidence of postpartum blues syndrome.

DISCUSSION

Psychologically, a woman who has just given birth will experience psychological pressure. Many women, at first glance, feel happy with the birth of their baby, but along with that will appear mood disturbances, feelings of sadness and pressure experienced by a woman after giving birth, which takes place in the first and second weeks. This disorder is called postpartum blues. *Postpartum blues* is a condition that occurs any time after a woman gives birth but often occurs on the third or fourth day and peaks on the fifth and 14th day postpartum¹⁷. One of the internal factors that play a role in postpartum blues is changes in hormone levels and the age factor associated with this problem.¹⁸ Being too young to get pregnant will pose a risk to the mother and child, both physically and psychologically. Age is an individual's age from when he was born until now. The age of the respondents, mostly 20-35 years, is the reproductive age for postpartum mothers where this age is the age that is considered mature

for women both in terms of the physical (reproductive organs) and in terms of the psychology (emotions, personality and social experience) in caring for a baby who just born).

Table 1: Characteristics of respondents and statistical test results between variables.

| Characteristics | N (%) | P value |
|----------------------------------|-----------|---------|
| Age (years) | | |
| 18-25 | 39 (73.5) | 0.867 |
| 26-35 | 11 (20.8) | |
| 36-45 | 3 (5.7) | |
| Education level | | |
| Elementary | 1 (1.9) | 0.000 |
| Junior school | 8 (15.1) | |
| High school | 31 (58.5) | |
| Associate/Bachelor | 13 (24.5) | |
| Occupational | | |
| Employed | 15 (28.3) | 0.000 |
| Unemployed | 38 (71.7) | |
| Family size | | |
| ≥ 5 people | 13 (24.5) | 0.393 |
| < 5 people | 40 (75.5) | |
| Parity | | |
| Primipara | 38 (71.7) | 0.086 |
| Multipara | 15 (28.3) | |
| Family relationship | | |
| Husband | 24 (45.3) | 0.004 |
| Parents | 16 (30.2) | |
| Parents in law | 10 (18.9) | |
| Siblings | 3 (5.7) | |
| Social support | | |
| Good | 30 (56.6) | 0.017 |
| Poor | 23 (43.4) | |
| Baby blues syndrome event | | |
| Low chances of depression | 16 (30.2) | - |
| Suffering baby blues syndrome | 37 (69.8) | |

Meanwhile, women who are 35 years old have a high risk of pregnancy, childbirth and postpartum. In this study, mothers who were > 35 years old tended to experience a high psychological burden, such as declining physical health and mothers experiencing higher anxiety leading to one of the symptoms of baby blues syndrome. Education means guidance given by someone to develop other people towards certain ideals that determine humans to act and fill life to get information.^{19,20} Education can affect a person, including one's behaviour towards lifestyle, especially in motivating attitudes to participate in development. In general, the higher a person's education level, the easier it is to receive information.¹¹

Postpartum disorders related to parity status are the patient's obstetric history which includes a history of pregnancy to delivery and whether there were complications from previous pregnancies and deliveries,

and it occurs more frequently in primiparous women. Primiparous women mostly experience baby blues syndrome because they do not have experience caring for their babies and have new roles being a mother. At the same time, multiparous mothers in this study showed that mothers already had experience and could take care of their children. Primiparous women more commonly suffer from postpartum blues because after giving birth, primiparous women are in the process of adaptation and do not understand the role of a mother. At the same time, their babies must still be cared for.²¹

Based on the mother's occupation, most postpartum mothers were in the working category compared to those who did not. Working mothers can interact more often and share experiences where they work regarding how to raise and care for babies and how to deal with physical and psychological burdens during the postpartum period. Whereas mothers who only work at home taking care of their children can experience a crisis and reach emotional disturbances/blues because of the tiredness and exhaustion, they feel coupled with the lack of good interaction with friends, family and husbands themselves because husbands are busy working outside the home.^{22,23} Husband support is one of the most important factors in the incidence of baby blues syndrome in postpartum mothers. It is because a postpartum mother needs support or attention from her closest family, especially her husband, to help care for the baby or provide emotional, informational, and instrumental and appraisal support for her. Positive support from the husband is needed to help the mother's condition during the postpartum period.^{24,25}

Midwives can treat baby blues syndrome through various approaches or by conducting communication, information and education that can relieve the symptoms they are experiencing, which the family can provide, especially the role and support of the husband. So midwives need to carry out preventive efforts from the ANC regarding P4K, one of which is the role of delivery companion so that mothers can prepare from an early age regarding the physical and psychological aspects of the mother after giving birth and the incidence of baby blues syndrome can be overcome early on. This study's results align with research conducted by²⁶; mothers who experience baby blues syndrome need real help. They need opportunities to express their thoughts and feelings from scary situations. They may also need medication or rest and will often be happy to receive practical help. With the help of friends and family, they may need to organize or rearrange their daily routine or eliminate some activities, adjusting to their concept of motherhood and baby care.

CONCLUSION

There is a correlation between education level, employment status, social support, and family relationships with the incidence of baby blues syndrome in the Benu-Benu Health Center working area.

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