

THE RELATIONSHIP OF MOTHER CHARACTERISTICS AND FAMILY SUPPORT WITH THE EVENT OF POST PARTUM BLUES IN BPM LISTIORINI

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ABSTRACT

Postpartum blues is a condition of mood swings that have a mild effect starting in the first week after delivery and worsening on the third and fifth day and can last for 14 days after delivery. The incidence of postpartum blues is experienced by 80% of mothers or 4-5 new mothers, but the incidence of the baby blues itself has not been fully recorded. This study aims to determine the relationship between maternal characteristics and the incidence of postpartum blues in BM Listiorini, South Bengkulu Regency. This study uses analytical research with a correlation study approach (cross sectional). The population in this study were all postpartum mothers at BPM Listiorini in the month of visiting in January-February 2022. The sample used was a total sampling of 30 people. The analysis was carried out univariate and bivariate with Chi Square test. The results of the study of the relationship between maternal age and the incidence of postpartum blues ($0.015 < 0.05$), education with the incidence of postpartum blues ($p \ 0.171 > 0.05$), parity with the incidence of postpartum blues ($0.002 < 0.05$) Social support with incidence of postpartum Blues ($0.002 < 0.05$). From the research results, age, parity and social support have a relationship with the incidence of postpartum blues, while education has no relationship with the incidence of postpartum blues. It is necessary to increase knowledge in the form of counseling on preparation for parenthood and knowledge about the postpartum blues.

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1. Introduction

Maternal health refers to the health of women during pregnancy, childbirth and the puerperium. In two decade WHO reported that 295,000 women died during and after pregnancy and childbirth in 2017. The direct causes of maternal injury and death are bleeding, infection, high blood pressure, unsafe abortion, and obstructed labor, as well as indirect causes such as anemia, malaria, and heart disease, but most maternal deaths can be prevented by timely management of care by skilled health workers. But the success of care is not only to reduce injury and disability but to improve health and well-being including psychological well-being(WHO, 2021).

Women go through the process of pregnancy, childbirth and postpartum, as well as the process of changing the role of being a mother. In going through this period there are many changes, both physically, psychologically, emotionally and socially during childbirth (Yunitasari, 2020). A mother who has just given birth will experience psychological changes during the postpartum period and even experience emotional stress, therefore it requires response and support from family and friends to help the mother adapt to her new role (Sulfianti, 2021).

According to Mansur (2009) in Puspita (2021) post-partum women need to make adjustments in carrying out their new activities and roles as a mother in the first weeks or first months after giving birth. Women who have managed to adjust well can get through this psychological disorder,

but some others who do not succeed in making this adjustment will experience psychological disorders, which are called Postpartum blues (Puspita, 2021).

Postpartum blues is a psychological problem that occurs during the postpartum period, where a woman will feel sad and excessively anxious. These symptoms appear two or three days after delivery and will disappear within a week or two (Harianis, 2022). The signs and symptoms include: depression/sadness/dysphoria reactions, crying, irritability (irritability), anxiety, feeling lability, tendency to blame oneself, sleep disturbances and appetite disturbances. These symptoms begin to appear after delivery and will generally disappear within a few hours to a few days. However, in the weeks or months later it can develop into a more severe condition (Murtiningsih, 2016).

Psychological disorders can be influenced by several factors, education, social and family support, parity and one of them is the age of the mother at the time of delivery. Childbirth is a period where psychological readiness is very decisive. Usually, mothers at a young age are more prone to postpartum depression (postpartum blues). According to Mashall (2011) women give birth at a fairly mature age (average 28 years) with greater maturity and tolerance and are more established, women are more stable and able to think logically, and make depression more difficult when it is related to baby care (Yuniwati, 2016). Preliminary survey at BPM Listiorini in December 2021, there were 17 mothers giving birth and as many as 10 mothers experiencing sadness and depression after giving birth as well as anxiety about whether the breast milk given was sufficient for the baby, this was due to a lack of family support, low education and experience. in caring for babies because of 10 mothers 7 of them are primiparas. From this data, the author is interested in conducting a research entitled "The Relationship between Maternal Characteristics and Family Support with postpartum blues Incidence at BPM Listiorini, South Bengkulu Regency in 2022".

2. Method

This study used analytical research using a Cross Sectional approach. Where the measurements of the independent variables, namely maternal characteristics and family support and the dependent variable postpartum blues were carried out simultaneously. The variables of this study are the independent variables, namely the characteristics of the mother (Age is categorized with mothers aged 20 years and 35 years, 20-35 years, Parity is categorized as Primiparas if they have given birth 1 time, multiparas have given birth 2-5 times and grande multiparas have given birth > 5 times, education is categorized as high, middle and low education) and family support with criteria supported if 50 and not supported if the value is <50 while the dependent variable is the postpartum blues. The incidence of postpartum blues was measured using the EDPS (Edinburgh Postnatal Depression Scale) questionnaire. The results obtained were if the mother suffered from postpartum blues, the score was 10 and if she did not suffer from postpartum blue, the score was <10. The population of this study were all mothers who gave birth in January-February in the BPM Listiorini area, South Bengkulu Regency in 2022 with a total of 30 people. The sample of this study used total sampling.

3. Results and Discussion

3.1 Univariate Analysis

a. The Frequency distribution characteristics of the respond

TABLE 1
FREQUENCY DISTRIBUTION OF MATERNAL CHARACTERISTICS AND FAMILY SUPPORT WITH POST PARTUM INCIDENCE

No	Variabel	Frekuensi	%
1	Post Partum Blues		
	Yes	11	36,7
	no	19	63,3
2	Age		
	≤ 20 dan ≥ 35	8	26,7
	20-35	22	73,3
3	Education		
	SD	0	0
	SMP-SMA	23	76,7
	Perguruan Tinggi	7	23,3
4	Paritas		
	Grande Multipara	1	3,3

	Multipara	16	53,3
	Primipara	13	43,4
5	Family Support		
	Not supported	7	23,3
	supported	23	76,7

3.2 Bivariate

TABLE 2
RELATIONSHIP BETWEEN MATERNAL CHARACTERISTICS (AGE, EDUCATION, PARITY) AND FAMILY SUPPORT WITH THE INCIDENCE OF POSTPARTUM

Variable	WITH THE INCIDENCE OF POSTPARTUM				p-value	C
	Postpartum Blues					
	Yes		No			
	n	%	n	%		
age					0,015	0,433
≤ 20 dan ≥ 35	6	75	2	25		
20-35	5	22,7	17	77,3		
Education					0,171	0,248
≤ SD	0	0	0	0		
SMP-SMA	10	43,5	13	56,5		
PT	1	14,3	6	85,7		
Parity					0,002	0,510
Grande Multipara	0	0	1	100		
Multipara	2	12,5	14	87,5		
Primipara	9	69,2	4	30,8		
Family Support					0,004	0,490
Not supported	6	85,7	1	14,3		
Supported	5	21,7	18	78,3		

3.1 Discussion

Postpartum blues is a mild psychological disorder, but if it is not treated properly it will cause the mother to experience more serious conditions, namely postpartum depression and postpartum psychosis (Marmi, 2014). Based on the results of the study showed that of 8 mothers aged 20 years and ≥ 35, 6 people (75%) experienced postpartum blues and 2 people (25%) did not experience postpartum blues with -value $0.015 < (0, 05)$, so it can be concluded that there is a relationship between maternal characteristics (age) and the incidence of postpartum blues. Contingency Coefficient Value = 0.433, meaning that there is a moderate relationship. In line with research conducted by Kurnia (2015) there is a significant relationship between age at risk and the incidence of postpartum blues at Ahmad Yani Metro General Hospital in 2014, with an OR value of 2,700 meaning that respondents who have an age at risk have a 2,700 times greater chance to experience the postpartum blues (Kurniasari, 2015).

Research conducted by Pramudianti (2018) regarding the relationship between postpartum mother's age and the incidence of postpartum blues where it was found that the incidence of postpartum blues was more common at younger ages <20 years compared to mothers aged > 20 years. And there is a relationship between age and the incidence of postpartum blues (Pramudianti, 2018).

Different from the research conducted by Nadariah(2019) which states that there is no significant relationship between age and the incidence of postpartum blues where the value of value = $1,000 > 0.05$ (Nadariah, 2019). A mother should have physical, mental and economic readiness in dealing with pregnancy, childbirth and the postpartum period. Anxiety and fear about childbirth and the postpartum period are predisposing factors for psychological disorders in postpartum mothers, Bobak (2005) in (Kurniasari, 2015). The age that is considered safe to undergo pregnancy is the age of 20-35 years, because at the age of <20 years the reproductive and psychological organs are not 100% ready to undergo pregnancy and childbirth, while at the age of >35 years is a highrisk condition for suffering from congenital abnormalities in the fetus. the baby and the presence of complications during pregnancy and childbirth (Sulistiyawati, 2013)

There are 23 mothers who have junior-high school education who experience postpartum blues as many as 10 people (43.5%) and 13 people (56.5%) who do not experience postpartum blues. And from 7 people with PT education, 1 person (14.3%) experienced the postpartum blues, with a value

of $-value\ 0.171 > (0.05)$, so it can be concluded that there is no relationship between maternal characteristics (education) and the incidence of postpartum blues. This is different from the research conducted by Febriyanti (2021) where most of the 16 respondents (53.3%) who have higher education do not have a risk of experiencing postpartum blues and there is a relationship between education and the risk of postpartum blues with $p\ value = 0.00$ (Febriyanti, 2021).

Research conducted by Wijayanti (2013) showed that respondents without higher education experienced more baby blues, while respondents with higher education did not suffer from baby blues (Wijayanti, 2013). Education is closely related to human development, both physical development, health, skills, thoughts and feelings, but education is not the main factor in the development of feelings and mother's readiness in dealing with pregnancy, childbirth and postpartum (Febriyanti, 2021). there will be a lot of information obtained, but in some people education does not affect attitudes because the environment also has an effect. Higher education and low education have the opportunity to experience the postpartum blues (Masithoh, 2019).

From the results of the study on the Parity Characteristics variable, from 1 mother with grande multipara, did not experience postpartum blues, while from 16 multiparous mothers 14 people (87.5%) did not experience postpartum blues and 2 people (12.5%) experienced postpartum blues, but from 13 primiparous mothers, almost 9 people (69.2%) experienced postpartum blues and 4 people (30.8%) did not experience postpartum blues, with an $-value\ (0.05) < = 0.002$, so it can be concluded that there is a relationship between maternal characteristics (parity) and the incidence of postpartum blues. The value of the Contingency Coefficient = 0.510 means that there is a strong close relationship. This is in line with research conducted by Firmansyah (2016) which states that there is a relationship between parity and the incidence of postpartum blues with the result = 0.018 smaller than 0.05 and the r coefficient value of 0.264 with low power in Panembahan Senopati Hospital Bantul (Firmansyah, 2016).

Research conducted by Febriyanti (2021) stated that most of the multiparous respondents had no risk of experiencing postpartum blues, with the results of the chi square test showing that there was a parity relationship with the risk of postpartum blues with a value of $= 0.00$ (Febriyanti, 2021). Experience in giving birth plays a role in the postpartum blues, where new mothers have to adapt to changes in roles that have never been passed before, must be a mother and at the same time become a wife, therefore mothers who give birth for the first time tend to experience postpartum blues more (Saraswati, 2018).

Based on the results of the study of family support with postpartum events, of 7 mothers who were not supported by their families, most experienced postpartum blues, namely 6 people (85.7%) and 1 person (14.3%) did not experience postpartum blues. , while from 23 mothers who were supported by their families 18 people (78.3%) did not experience postpartum blues, and only 5 people (21.7%) experienced post partum blues with $-value\ (0.05) < = 0.004$, so it can be concluded that there is a relationship between family support and the incidence of postpartum blues. The value of the Contingency Coefficient = 0.490 means that there is a moderate close relationship.

In line with previous research conducted by Salat (2021) which stated that almost half of the postpartum incidences received less family support with the spearman rank test results showing value = 0.000 which means that there is a relationship between family support and the incidence of postpartum blues in Marengan Loak Semenep Village (Salat, 2021). Likewise with Qiftiyah's research regarding the description of the factors behind the incidence of postpartum blues in postpartum mothers on the 7th day, from the results of the study that half of mothers who experienced postpartum blues were not supported by their families.

(Qiftiyah, 2018). Family support is a form of interaction to give and receive help that is real, and will place the individuals involved in it into a social system that will ultimately be able to give love, attention to family, other people and partners. The form of support that can be done is in the form of attention, communication and warm emotional relationships, therefore attention from the closest environment will affect the incidence of postpartum blues (Qiftiyah, 2018)

4. Conclusion

Maternal characteristics such as age, parity and social support were associated with the incidence of postpartum blues, but educational characteristics were not associated with the incidence of postpartum blues. It is necessary to increase knowledge in the form of counseling on preparation for parenthood and knowledge about the postpartum blues.

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