



PEDIOMATERNAL NURSING JOURNAL

Vol. 8 No. 1, March 2022

Journal Homepage: <https://e-journal.unair.ac.id/PMNJ/>
<http://dx.doi.org/10.20473/pmnj.v8i1.27649>



This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License

Original

Determinants of Postpartum Blues in Indonesia

Dini Kurniawati¹, Eka Afdi Septiyono^{2*}

¹ Department of Maternity Nursing, Faculty of Nursing, Universitas Jember, Jember, Indonesia

² Department of Pediatric Nursing, Faculty of Nursing, Universitas Jember, Jember, Indonesia

ARTICLE HISTORY

Received : June 21, 2021

Revised : August 25, 2021

Accepted : October 25, 2021

Published : In Press

KEYWORDS

postpartum blues; determinants; mother

CORRESPONDING AUTHOR

*Eka Afdi Septiyono

eka.psik@unej.ac.id

Department of Pediatric

Nursing, Faculty of Nursing,

Universitas Jember, Jember

68121, Indonesia,

Telp/ Fax (0331) 323450

ABSTRACT

Introduction: The condition of postpartum blues is difficult to detect as it is still considered an instinct from a mother. Postpartum blues is a psychiatric disorder that, if left untreated, causes severe mental problems. This study aims to determine the factors that influences postpartum blues in postpartum mothers.

Methods: This study used a cross-sectional method. The population in this study were mothers who gave birth at Balung Hospital. The sample obtained were 330 mothers who gave birth from January to December 2019. The instrument used was a questionnaire consisting of the Edinburgh Postnatal Depression Scale, a family support questionnaire, and a questionnaire to determine the respondent's characteristic data (age, salary, education, employment, type of labor, husband support, pregnancy status, and risk of postpartum blues)

Results: The results of the analysis using the chi-square found that the determinants of postpartum blues are age ($p=0.002$), salary ($p=0.032$), education ($p=0.001$), occupation ($p=0.042$), type of delivery ($p=0.0001$), husband's support ($p=0.003$), and pregnancy status ($p=0.009$) with $p < 0.05$.

Conclusion: Mothers who receive the related factors will feel that they are valuable and needed and therefore a sense of happiness and comfort will arise to improve the mother's mood. Health workers can support the factors that promote the reduction of the postpartum blues status.

Cite this as:

Kurniati, D., & Septiyono, E., A. (2022). Determinants of Postpartum Blues in Indonesia. *Pedimaternals Nurs. J.*, 8(1). Doi: <http://dx.doi.org/10.20473/pmnj.v8i1.27649>

INTRODUCTION

Postpartum blues is an iceberg phenomenon difficult to detect because people still consider psychological disorders to be a natural thing, just as a mother's instinct and protective attitude towards her baby are. Most of the mothers do not know if they are experiencing the postpartum blues (Denis et al., 2012; Dowlati et al., 2014). Postpartum blues occurs

when a person fails to adjust to changes in life patterns due to pregnancy, childbirth, and postpartum. If this psychiatric disorder is not handled correctly, it can cause severe mental disorders, namely postpartum depression, which requires serious treatment because the mother can injure herself or her baby. To prevent this, psychotherapy with help from a psychologist or doctor can take place. Mothers with postpartum blues show a reduced interest

in babies, cannot care for their babies optimally, and are not enthusiastic about breastfeeding. The baby's hygiene, health, and development are also not optimal (McKelvey & Espelin, 2018; Sparks, 2013). Babies with mothers who experience postpartum blues usually do not get breast milk. There are problems in the bonding attachment process because mothers choose to be alone and do not want to be disturbed by anyone (Aaronson, 2010).

Postpartum blues is a phenomenon that occurs in the first days of postpartum that has been reported since the late 19th century. The peak of postpartum blues symptoms occurs on the third to fifth day postpartum with a duration ranging from a few hours to several days. The cause of postpartum blues is not known with certainty, but it is suspected that internal factors and external factors influence it (Denis et al., 2012; McKelvey & Espelin, 2018).

The number of postpartum blues occurrences in the Asian region is quite large, between 26% - 85%. In Indonesia, the incidence of postpartum blues is 50% - 70%, and this can lead to postpartum depression, with the number varying from 5% to more than 25% after the mother gives birth. The number of cases of postpartum blues is significant and cannot be ignored because although postpartum blues is usually mild and short lived, around 10% - 15% of mothers experience a more severe syndrome: postpartum depression (Manurung et al., 2019; Nilaweera et al., 2014).

Postpartum blues occurs due to several influencing factors, namely hormonal, demographic, psychological, physical, and social. One factor that can cause the postpartum blues is the age factor, which is a demographic factor. The trigger factor for the postpartum blues is postpartum mothers in their teens or less than 20 years of age. The correct age for a woman to give birth is between 20 and 30 years of age (Pope & Mazmanian, 2016). The mother, fetus, and newborn will be at high risk if the mother is a teenager. Psychologically, a woman who has just given birth will experience psychological pressure. Many women feel happy with their baby's birth at a glance, but there are also disturbances in mood, feelings of sadness, and pressure experienced by a woman after giving birth that last the first week, especially on the third to fifth day. This psychological disorder is called the postpartum

blues (Goecke et al., 2012).

Postpartum blues mothers must be handled adequately because the mother's role greatly influences the child's development and the overall role of the mother in the family. Mothers who are in a postpartum condition need support from those around them (Leahy-Warren et al., 2012). The nurse's role is as a provider of nursing care. In postpartum blues, the nurses' role as educators is needed to increase maternal knowledge about the postpartum blues by providing information through counseling so that postpartum mothers who experience postpartum psychological disorders do not fall into mental disorders (Orchard, 2010). The purpose of this study was to ascertain the determinants that affect the postpartum blues.

METHODS

Study design

This is a quantitative research using a cross-sectional method, a type of research that aims to see a picture of the phenomenon in a specific population through a specific sample that collects data through research instruments and data analysis results in the form of statistics. The population in this study consisted of mothers who gave birth at Balung hospital.

Sample and settings

The sample obtained was 330 mothers who gave birth from January to December 2019. The inclusion criteria used in this study were mothers who gave birth and were treated in the postpartum room at Balung Hospital, while the exclusion criteria in this study were mothers who did not agree to participate in this study.

Instruments

The independent variable in this study was the postpartum blues, and the dependent variable in this study was Age, Salary, Education, Employment, Type of Labor, Husband Support, and Pregnancy. The instrument used was a questionnaire consisting of the Edinburgh Postnatal Depression Scale, a family support questionnaire, and a questionnaire to determine the respondent's characteristic data. The EPDS (Edinburgh Postnatal Depression Scale) questionnaire is a questionnaire to

Table 1. Characteristic of Respondent (n=330)

Characteristic	n	%
Age	Median: 28	
Salary		
<IDR 2.000.000	312	94.5
>IDR 2.000.000	18	5.5
Education		
Primary school	54	16.4
Junior High school	162	49.1
High school	105	31.8
Diploma	3	0.9
Bachelor	6	1.8
Employment		
Entrepreneur	42	12.7
Farmer	33	10.0
Civil servants	3	0.9
Housewife	252	76.4
Type of labor		
Sectio Secarea	201	60.9
Normal	129	39.1
Husband Support		
Good	300	90.9
Bad	30	9.1
Pregnancy status		
Planned	306	92.7
Unplanned	24	7.3
Risk of Postpartum Blues		
Possible postpartum blues	150	45.5
Postpartum blues	141	42.7
Possible postpartum depression	15	4.5
Postpartum depression	24	7.3

screen for mild mental disorders experienced by mothers after childbirth. The EPDS questionnaire consisted of 10 questions with multiple choice answers, where the answer choices were always meaningful, often meaningful, rarely meaningful, and never meaningful (Zhong et al., 2015). The family support questionnaire consists of 20 questions in which there were four indicators: emotional support, appreciation support, informational support, and instrumental support. The answer statements in the questionnaire used always, often, rarely, and never (Smith et al., 2010).

The variables analyzed in this study that influence postpartum blues are Age, Salary, Education, Employment, Type of Labor,

Husband Support, and Pregnancy Status.

Data Analysis

The data obtained was analyzed using chi square with SPSS 22 to determine the determinants of mothers with postpartum blues with p value (0.05).

Ethical Consideration

This research has passed the ethics feasibility test with Research Ethics Test Number 909 / UN25.8 / KEPK / DL / 2020 at the Faculty of Dentistry, University of Jember.

Table 2. Determinants of the Postpartum Blues

Determinants	Risk of Postpartum Blues (p<0.05)
Age	0.002
Salary	0.032
Education	0.001
Employment	0.042
Type of labor	0.0001
Husband Support	0.003
Pregnancy status	0.009

RESULTS

The results of the research in this study were written using tables. This research used 330 samples of pregnant women who gave birth at Balung Hospital. Respondents had a median age of 28 years. The majority earned IDR 2,000,000; 49.1% of the mothers' last education was at junior high school; 76.4% worked as housewives; 60.9% had a caesarean section; most mother's had good support from their husband; and 93.6% did not know about postpartum blues. 92.7% of pregnancies were planned by the family (Table 1).

The results of the analysis using the chi square found that the determinants of postpartum blues are age (0.002), salary (0.032), education (0.001), employment (0.042), type of labor (0.0001), husband support (0.003), and pregnancy status (0.009) with $p < 0.05$ (Table 2).

DISCUSSION

Age as a determinant of postpartum

Women with adolescents or who are aged under 20 or over 35 years are at risk of experiencing postpartum blues because these ages hold risks for women giving birth to a baby. The factor of a woman's age at pregnancy and childbirth is often related to the woman's mental readiness to become a mother. At an earlier age (teenage pregnancy) or later, pregnancy is believed to increase biomedical risk, resulting in suboptimal behavior patterns, both in mothers who give birth and the children born and raised (Karabulut et al., 2013; Kingston et al., 2012).

Increasing maternal age will increase emotional maturity, thereby increasing involvement and satisfaction in the parents' role and the formation of optimal maternal

behavior patterns. Postpartum blues can occur in mothers of all ages because the dominant cause occurs due to hormonal changes in the postpartum period. Mothers aged under 20 or over 35 years are at risk of postpartum blues. This may be due to the mother's mental unpreparedness. It can result in less than optimal behavior patterns when dealing with different situations after childbirth occurs (Fall et al., 2012).

Education as a determinant of postpartum

Education has a significant effect on the incidence of postpartum blues, especially for mothers with a low education. Education affects knowledge and is the most important domain in shaping one's actions. A low education level is one factor that can increase postpartum blues because when the mother's education level is low, the absorption of related information during the postpartum period is also low (Wang et al., 2011).

Employment as a determinant of postpartum

Mothers who only work at home or as housewives who take care of their children have an increased likelihood of postpartum blues. Housewives who undergo labor at the hospital can experience crises and experience emotional disorders/blues caused by feeling tired. There is a relationship between postpartum blues in postpartum mothers and mothers who only work at home. A housewife who takes care of all household matters by herself may have pressure on her responsibilities (Usdanský et al., 2012) and mothers who have jobs or working women who return to the routine of work after giving birth tend to have multiple

roles that cause emotional disturbances. Working women can experience postpartum blues due to numerous role conflicts that cause new problems. Working women feel they have a more significant responsibility in the household, namely as wives and mothers who also have duties in work matters (Rouhi et al., 2011). This opinion is in line with the research results, which show that postpartum mothers who have jobs tend to experience the postpartum blues. Work can be one of the factors for the occurrence of postpartum blues. Still, the incidence of postpartum blues also depends on how postpartum mothers cope; mothers who prepare for labor are certainly less likely to develop postpartum blues.

Salary as a determinant of postpartum

Income is one factor that plays a significant role in human life and is related to the family's economic status in postpartum mothers. The higher the income, the better the readiness for childbirth to minimize the incidence of postpartum blues. The government plays an essential role in dealing with health problems related to the economy in the family (Zhu et al., 2010).

Type of labor as a determinant of postpartum

Long labor will make the mother have an unsatisfactory experience of labor. The mother shows a negative self-image that can lead to anger, which can complicate the mother's adaptation 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 her practical coping ability (Lee et al., 2013). Postpartum blues can occur in postpartum mothers who have a normal delivery or a cesarean section, although statistically, there is no significant difference between the two. Childbirth is a process that impacts the emergence of pain for women giving birth which triggers the occurrence of postpartum blues (Gaillard et al., 2014). The type of labor is associated with the risk of injury during labor, leading to aches and pains. A cesarean section delivery is an artificial delivery in which the fetus is delivered through surgery by an incision in the front wall of the abdomen and uterine wall with the condition

that the uterus is intact and the weight of the fetus is above 500 grams. This type of delivery is associated with the risk of wounds during labor, which impacts the emergence of pain. This explains one trigger of postpartum blues in the mother.

Pregnancy status is related to the readiness of the mother physically, mentally, and economically. If mothers have adequate physical and mental readiness, their levels of stress, anxiety, and fear of pregnancy and childbirth are reduced which makes it easier for them to adapt to their new roles. Fear and anxiety about childbirth and poor social adjustment can predispose psychological disorders in postpartum mothers. Pregnancy status will affect the process of pregnancy, childbirth, and the care of children in the future (Bernstein et al., 2013).

Pregnancy status as a determinant of postpartum

An unwanted pregnancy will result in the mother being active-aggressive in her pregnancy. The mother will feel that the fetus in her womb is not part of her, which will disrupt the baby's youth, education, and view of society. The emergence of postpartum blues can be influenced by unwanted pregnancies in the couple. An unwanted pregnancy is caused by several things such as physical, psychological, or financial unpreparedness for the future. Unwanted pregnancies affect pregnancy care and baby care; mothers will be lazy when checking their pregnancies and are more at risk for postpartum blues or problems during pregnancy and childbirth (Connelly et al., 2015; Kathree et al., 2014).

Husband support as a determinant of postpartum

Husbands' support for postpartum mothers can reduce the incidence of postpartum blues in postpartum mothers because when a husband is loving and patient and can meet his wife's needs, she feels supported in taking care of the baby. Social support (husband) is a form of social interaction in which a relationship gives and receives real assistance. This assistance will place individuals involved in the social system to provide love, attention, and a sense of attachment to both the social family and

partner. The husband is a family member who is very close to the mother (Lanes et al., 2011). All forms of actions taken by the husband related to the mother's postpartum period will have an impact on the mother's psychological condition and the mother's fluency in undergoing the postpartum period. Positive support from the husband is needed in helping the mother's condition during the postpartum period. If the husband does not support the postpartum mother, it can make the mother feel sad and overwhelmed when caring for her baby in the first week postpartum (Leahy-Warren et al., 2012).

Postpartum mothers need support and attention from their husbands to help them gain self-esteem as a wife. The husband's support is provided to postpartum mothers in the form of good cooperation and moral and emotional support. A husband's attention will make a wife feel more confident, comfortable in her position, and happy as a mother (Negron et al., 2013; Razurel et al., 2011).

CONCLUSION

The postpartum blues determinants are age, salary, education, employment, type of labor, husband's support, and pregnancy status. This factor can be used as a determinant of the interventions carried out by health workers. This intervention is expected to reduce postpartum blues status in postpartum mothers.

ACKNOWLEDGEMENT

Thank you to all samples, Balung Hospital and the Faculty of Nursing, and the University of Jember who supported this research.

CONFLICT OF INTEREST

There were no conflicts of interest regarding the publication of this research.

REFERENCES

Aaronson, B. D. (2010). Parental bonding memories, adult attachment, interpersonal problems, and perceptions of maternal depression. Fordham University.

Bernstein, H. H., Spino, C., Lalama, C. M., Finch, S. A., Wasserman, R. C., & McCormick, M.

C. (2013). Unreadiness for postpartum discharge following healthy term pregnancy: impact on health care use and outcomes. *Academic Pediatrics*, 1;13(1):27. <https://doi.org/10.1016/j.acap.2012.08.005>

Connolly, M., Brown, H., Pligt, P., & Teychenne, M. (2015). Modifiable barriers to leisure-time physical activity during pregnancy: a qualitative study investigating first time mother's views and experiences. *BMC Pregnancy and Childbirth*, 1;15(1):10. <https://dx.doi.org/10.1186/s12884-015-0529-9>

Denis, A., Ponsin, M., & Callahan, S. (2012). The relationship between maternal self-esteem, maternal competence, infant temperament and post-partum blues. *Journal of Reproductive and Infant Psychology*, 1;30(4):38. <https://doi.org/10.1080/02646838.2012.718751>

Dowlati, Y., Segal, Z. V, Ravindran, A. V, Steiner, M., Stewart, D. E., & Meyer, J. H. (2014). Effect of dysfunctional attitudes and postpartum state on vulnerability to depressed mood. *Journal of Affective Disorders*, 161, 16–20. <https://doi.org/10.1016/j.jad.2014.02.047>

Fall, C. H., Sachdev, H. S., Osmond, C., Restrepo-Mendez, M. C., Victora, C., Martorell, R., Stein, A. D., Sinha, S., Tandon, N., Adair, L., & Bas, I. (2012). Association between maternal age at childbirth and child and adult outcomes in the offspring: a prospective study in five low-income and middle-income countries (COHORTS collaboration). *The Lancet Global Health*, 1;3(7):e36. [https://doi.org/10.1016/s2214-109x\(15\)00038-8](https://doi.org/10.1016/s2214-109x(15)00038-8)

Gaillard, A., Le Strat, Y., Mandelbrot, L., Keita, H., & Dubertret, C. (2014). Predictors of postpartum depression: prospective study of 264 women followed during pregnancy and postpartum. *Psychiatry Research*, 28;215(2): <https://doi.org/10.1016/j.psychres.2013.10.003>

Goecke, T. W., Voigt, F., Faschingbauer, F., Spangler, G., Beckmann, M. W., & Beetz, A. (2012). The association of prenatal attachment and perinatal factors with pre-and postpartum depression in first-time mothers. *Archives of Gynecology and Obstetrics*, 1;286(2):3. <https://doi.org/10.1016/j.ajog.2012.08.005>

- [org/10.1007/s00404-012-2286-6](https://doi.org/10.1007/s00404-012-2286-6)
- Karabulut, A., Ozkan, S., Bozkurt, A. I., Karahan, T., & Kayan, S. (2013). Perinatal outcomes and risk factors in adolescent and advanced age pregnancies: comparison with normal reproductive age women. *Journal of Obstetrics and Gynaecology*, 1;33(4):34. <http://dx.doi.org/10.3109/01443615.2013.767786>
- Kathree, T., Selohilwe, O. M., Bhana, A., & Petersen, I. (2014). Perceptions of postnatal depression and health care needs in a South African sample: the “mental” in maternal health care. *BMC Women’s Health*, 1;14(1):14. <https://doi.org/10.1186/s12905-014-0140-7>
- Kingston, D., Heaman, M., Fell, D., & Chalmers, B. (2012). Maternity Experiences Study Group of the Canadian Perinatal Surveillance System. Comparison of adolescent, young adult, and adult women’s maternity experiences and practices. *Pediatrics*, 1;129(5):e. <https://doi.org/10.1542/peds.2011-1447>
- Lanes, A., Kuk, J. L., & Tamim, H. (2011). Prevalence and characteristics of postpartum depression symptomatology among Canadian women: a cross-sectional study. *BMC Public Health*, 1;11(1):30. <https://doi.org/10.1186/1471-2458-11-302>
- Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2012). First-time mothers: social support, maternal parental self-efficacy and postnatal depression. *Journal of Clinical Nursing*, Feb;21(3-4). <https://doi.org/10.1111/j.1365-2702.2011.03701.x>
- Lee, S. L., Liu, C. Y., Lu, Y. Y., & Gau, M. L. (2013). Efficacy of warm showers on labor pain and birth experiences during the first labor stage. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 1;42(1):19. <https://doi.org/10.1111/j.1552-6909.2012.01424.x>
- Manurung, S., Setyowati, S., Ginanjar, A. S., Soesilo, T. E., & Tyastuti, D. (2019). The Item Development of Maternal Blues Suryani (MBS) Scale in the antepartum period through bonding attachment that predicting postpartum blues. *Enfermeria Clinica*, 29, 752–9. <https://doi.org/10.1016/j.enfcli.2019.06.013>
- McKelvey, M. M., & Espelin, J. (2018). Postpartum depression: Beyond the “baby blues.” *Nursing Made Incredibly Easy*, 1;16(3):28. <https://doi.org/10.1097/01.NME.0000531872.48283.ab>
- Negron, R., Martin, A., Almog, M., Balbierz, A., & Howell, E. A. (2013). Social support during the postpartum period: mothers’ views on needs, expectations, and mobilization of support. *Maternal and Child Health Journal*, 1;17(4):61. <https://doi.org/10.1007/s10995-012-1037-4>
- Nilaweera, I., Doran, F., & Fisher, J. (2014). Prevalence, nature and determinants of postpartum mental health problems among women who have migrated from South Asian to high-income countries: a systematic review of the evidence. *Journal of Affective Disorders*, 166, 213–26. <https://doi.org/10.1016/j.jad.2014.05.021>
- Orchard, C. A. (2010). Persistent isolationist or collaborator? The nurse’s role in interprofessional collaborative practice. *Journal of Nursing Management*, Apr;18(3): <https://doi.org/10.1111/j.1365-2834.2010.01072.x>
- Pope, C. J., & Mazmanian, D. (2016). Breastfeeding and postpartum depression: an overview and methodological recommendations for future research. *Depression Research and Treatment*. <https://doi.org/10.1155/2016/4765310>
- Razurel, C., Bruchon-Schweitzer, M., Dupanloup, A., Irion, O., & Epiney, M. (2011). Stressful events, social support and coping strategies of primiparous women during the postpartum period: a qualitative study. *Midwifery*, Apr 1;27(2). <https://doi.org/10.1016/j.midw.2009.06.005>
- Rouhi, M., S, M. C., Usefi, H., & Rouhi, N. (2011). Postpartum morbidity and help-seeking behaviours in Iran. *British Journal of Midwifery*, Mar;19(3): <https://doi.org/10.12968/bjom.2011.19.3.178>
- Smith, D. W., Sawyer, G. K., Jones, L. M., Cross, T., McCart, M. R., & Ralston, M. E. (2010). Mother reports of maternal support following child sexual abuse: Preliminary psychometric data on the Maternal Self-report Support Questionnaire (MSSQ). *Child Abuse & Neglect*, 1;34(10):7. <http://dx.doi.org/10.1016/j.chiabu.2010.02.009>

- Sparks R. Sadness and Support: A Short History of Postpartum Depression. (2013). Mary Becker Rysavy Essay Contest-UI Carver College of Medicine.
- Usdansky, M. L., Gordon, R. A., Wang, X., & Gluzman, A. (2012). Depression risk among mothers of young children: The role of employment preferences, labor force status and job quality. *Journal of Family and Economic Issues*, 1;33(1):83. <http://dx.doi.org/10.1007/s10834-011-9260-5>
- Wang, L., Wu, T., Anderson, J. L., & Florence, J. E. (2011). Prevalence and risk factors of maternal depression during the first three years of child rearing. *Journal of Women's Health*, 1;20(5):71. <https://doi.org/10.1089/jwh.2010.2232>
- Zhong, Q. Y., Gelaye, B., Rondon, M. B., Sánchez, S. E., Simon, G. E., Henderson, D. C., Barrios, Y. V, Sánchez, P. M., & Williams, M. A. (2015). Using the Patient Health Questionnaire (PHQ-9) and the Edinburgh Postnatal Depression Scale (EPDS) to assess suicidal ideation among pregnant women in Lima, Peru. *Archives of Women's Mental Health*, 1;18(6):78. <https://doi.org/10.1007/s00737-014-0481-0>
- Zhu, P., Tao, F., Hao, J., Sun, Y., & Jiang, X. (2010). Prenatal life events stress: implications for preterm birth and infant birthweight. *American Journal of Obstetrics and Gynecology*, 1;203(1):3. <https://doi.org/10.1016/j.ajog.2010.02.023>

