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Characteristics of Postpartum Mothers with Postpartum Depression in Surabaya

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ABSTRACT

Postpartum Depression (PPD) is a psychological/emotional problem that is often experienced by women after giving birth. Women who experience Postpartum Depression can cause short-term and long-term psychological disorders in both the mother and her child, disturbances in the mother and baby's affection, decreased attention from the mother to her baby, difficulty for the child in establishing social relationships with the environment and peers, and conflict in the household. In fact, many sufferers of Postpartum Depression kill their children and intend to commit suicide. The purpose of this study was to determine the factors that influence the occurrence of Postpartum Depression. The method in this study is a type of quantitative research method. Data were analyzed using multinomial logistic regression. This study was conducted at the Haji Hospital in Surabaya. The population in this study were: All mothers with Postpartum depression in Surabaya as the case group and the control group were mothers without postpartum depression. The sample in this study was some mothers with Postpartum Depression and normal mothers at the Haji Hospital in Surabaya. The sampling technique used probability sampling with the systematic random sampling method, namely by waiting for the arrival of the respondents. The results of the study conducted on 68 postpartum mothers found that social support, marital satisfaction, and emotional regulation are characteristics of risk factors for depression in postpartum mothers. Social support can be said to be an external factor that comes from people around, both from husbands, family and friends. Marital satisfaction and emotional regulation can be considered as internal factors of the mother that determine postpartum depression in mothers.

Keywords: Characteristics, Depression, Post Partum

INTRODUCTION

Women have developmental tasks after marriage, namely pregnancy and childbirth, but the events of pregnancy and childbirth cause many emotional disturbances during postpartum. Postpartum Depression (PPD) is a psychological/emotional problem that is often experienced by women after giving birth. Women who experience Postpartum Depression can cause short-term and long-term psychological disorders in both the mother and her child, disorders of maternal and infant affection, decreased maternal attention to her baby, difficulties for children in establishing social relationships

with the environment and peers, and conflicts in the household (Lutfatul Latifah, 2018). Currently, many sufferers of Postpartum Depression kill their children and intend to commit suicide. The characteristics of mothers who are at risk of experiencing Postpartum Depression can be detected early in pregnant women. The characteristics of mothers who are at risk of experiencing Postpartum Depression are expected to immediately receive preventive measures.

More than 80% of women after giving birth experience some form of postpartum depression symptoms, which are generally known as "baby blues" or

sadness due to the presence of a child. Women with increasing levels of depressive symptoms can develop postpartum depression. Unlike minor depression, postpartum depression usually cannot be cured without clinical intervention. As many as 26% of postpartum women who gave birth at RSUP H. Adam Malik and RSU Dr. Pirngadi Medan have a tendency to depression. The tendency to depression is highest in those under 20 years of age, primiparity, lower middle education, low income, and with spontaneous delivery (Sinaga R, et al., 2014). In general, there are three maternal characteristics that are related to the occurrence of postpartum depression, including characteristics of marital problems and lack of social support, characteristics of pregnancy and birth problems, and characteristics of a history of depression or previous emotional problems. This includes characteristics of education level, employment status, family income, family support, socioeconomic status, unwanted pregnancy, marital status, husband and wife relationships, stress during pregnancy to breastfeeding. However, it should be remembered and noted that the characteristics of mothers who are at risk of experiencing postpartum depression do not stand alone. Genetic and biological studies of mood disorders conclude that postpartum depression is a complex illness, and although individuals have genetics or predisposition to become depressed, there must be life experiences or environmental factors that trigger the disease. Although the incidence of postpartum depression varies depending on the population size and type of instrument and when the measurement was taken, postpartum depression is now a major disorder in women after giving birth. Based on the large number of women affected, and the potentially detrimental effects of untreated postpartum depression can lead to infanticide and suicide.

The characteristics of mothers at risk of experiencing Postpartum Depression

can be identified since pregnancy, so that the risk of postpartum depression can be prevented early. The characteristics of mothers who experience postpartum depression must be identified early to prevent mothers from experiencing postpartum depression.

The purpose of this study was to determine the characteristics of mothers who experience postpartum depression in Surabaya.

RESEARCH METHOD

This research method is a type of quantitative research method. Data were analyzed using multinomial logistic regression. This research was conducted at Haji Hospital Surabaya. The population in this study were: All mothers with Postpartum Depression in Surabaya as a case group and the control group were mothers without postpartum depression. The sample in this study was some mothers with Postpartum Depression and normal mothers at Haji Hospital Surabaya. The sampling technique used probability sampling with the systematic random sampling method, namely by waiting for the arrival of respondents. Sample size in this study:

$$n = \frac{N \cdot Z^2 \cdot 1 - \alpha / 2 \cdot P(1 - P)}{d^2 (N - 1) + Z^2 \cdot 1 - \alpha / 2 \cdot P(1 - P)}$$

The calculation of the sample size in this study is:

$$\begin{aligned} n &= \frac{(200) (1,96)^2 (0,032) (0,968)}{(0,03)^2 (108-1) + (1,96)^2 (0,032) (0,968)} \\ &= \frac{14,62}{0,2153} \\ &= 67,69 (68) \end{aligned}$$

The variables in this study are the characteristics of postpartum mothers who

experience postpartum depression which include: Age, parity, education, occupation, income, pain in stitches, swollen breasts during breastfeeding, unwanted pregnancy, marital status, history of disorders soul, husband's support, family support, stress during pregnancy and after childbirth, boredom, fatigue, role changes, and fear of losing the baby.

The procedure for collecting or collecting data and instruments used in this study by means of interviews and physical examinations and viewing documents from hospital medical records. The instrument used is a questionnaire sheet made by the researcher himself. The method of processing and analyzing data using the multinomial logistic regression test.

RESULT AND DISCUSSION

This study uses primary data and secondary data obtained from postpartum mothers who are undergoing postpartum examinations and who are being treated in the postpartum room. The number of postpartum mothers as a research sample for compiling the score card is 68 postpartum mothers consisting of 29 mothers experiencing Postpartum Depression and 39 mothers who do not experience postpartum depression.

Characteristics of Postpartum Mothers

The characteristics of mothers in this study include: Age, parity, education, occupation, income. The characteristic data is described in table 1 below.

Table 1. Frequency Distribution of Characteristics of Postpartum Mothers Undergoing Health Examination in Surabaya

Karakteristik	Frequency	Percent	Valid Percent	Cumulative Percent
Umur				
≥20 Tahun	67	98.5	98.5	98.5
< 20 Th	1	1.5	1.5	100.0
Total	68	100.0	100.0	
Paritas				
Multipara	36	52.9	52.9	52.9
Primipara	32	47.1	47.1	100.0
Total	68	100.0	100.0	
Pendidikan				
Rendah	8	11.8	11.8	11.8
Tinggi	60	88.2	88.2 >	100.0
Total	68	100.0	100.0	
Pekerjaan				
Tidak Bekerja	35	51.5	51.5	51.5
Bekerja	33	48.5	48.5	100.0
Total	68	100.0	100.0	
Penghasilan				
≥ UMR	9	13.2	13.2	13.2
< UMR	59	86.8	86.8	100.0
Total	68	100.0	100.0	

The results of the study showed that the characteristics of postpartum mothers were almost all aged >20 years and <35 years, more than half had more than 1 child, almost all had an education of > junior high school, more than half were working

mothers, and most had an income <UMR. Characteristics of postpartum mothers who experience Postpartum Depression:

Table 2. Characteristics of postpartum mothers experiencing postpartum

depression

No	Karakteristik Ibu Nifas	Jumlah ibu Nifas	Ibu nifas yang mengalami yang DPP Jumlah	%
1	Umur			
	< 20	1	0	0
	≥ 20	67	27	40
2	Paritas			
	Multipara	36	14	38,9
	Primi	32	13	40,6
3	Pendidikan			
	Rendah	8	2	25
	Tinggi	60	25	41,7
4	Pekerjaan			
	Tidak bekerja	35	14	40
	Bekerja	33	13	39,4
5	Penghasilan			
	< UMR	59	21	35,6
	≥ UMR	9	6	66,7
6	Sakit Luka jahitan			
	Tidak sakit	16	3	18,8
		52	24	46,2
7	Payudara bengkak			
	Tidak	26	9	34,6
	Ya	42	18	42,9
8	Hamil tidak diinginkan			
	Tidak	56	23	41
	Ya tidak diinginkan	12	4	33,3
9	Perkawinan tidak jelas			
	Tidak	66	25	37,9
	Ya tidak jelas	2	2	100
10	Riwayat ggn Jiwa			
	Tidak ada	67	26	38,8
	Ada Riwayat	1	1	100
11	Dukungan suami			
	Tidak ada dukungan suami	1	1	100
	Ada dukungan	67	26	38,8
12	Dukungan keluarga			
	Tidak ada dukungan	2	2	100

	keluarga			
	Ada dukungan keluarga	66	25	39,5
13	Stress			
	Tidak	49	15	30,6
	Ya	19	12	63,2
14	Bosan			
	Tidak	52	15	28,8
	Ya	16	12	75
15	Lelah			
	Tidak	30	7	23,3
	Ya	38	20	52,6
16	Perubahan Peran menjadi beban			
	Tidak	58	19	32,8
	Ya	10	8	80
17	Takut kehilangan bayi			
	Tidak	28	10	35,7
	Ya	40	17	42,5
18	Depresi: tidak			
	Tidak	41		60,3
	Ya	27		39,7

The results of the study showed that the characteristics of postpartum mothers who experienced postpartum depression were: 40% aged ≥ 20 years, 38.9% multipara, 40.6% primipara, 25% with higher education, 41.7% with higher education, 40% unemployed, 39.4% employed, 35.6% with income $< \text{UMR}$, 66.7% with income $\geq \text{UMR}$, 18.8% did not experience stitches, 46.2% experienced stitches, 42.9% experienced breast swelling, 33.3 unwanted pregnancies, 100% had unclear marital status, 100% had a history of mental disorders, 100% did not receive support from their husbands, 100% did not receive support from their families, 63.2% experienced stress, 75% were bored with postpartum activities, 52.6% experienced fatigue, 80% experienced burden due to role changes, 42.5% were afraid of losing their baby.

Discussion of each characteristic is as follows:

1) Age:

40% of postpartum mothers aged ≥ 20 years who experience postpartum depression, this shows that even though the mother is in adulthood, there are many other factors that can influence the mother to experience PPD.

2) Parity

38.9% of multiparous mothers are at risk of PPD, while primiparous mothers are 40.9%. Primiparous mothers have a greater risk of experiencing PPD because they are new mothers and have no experience caring for babies, this causes their stress levels to be higher than multiparous mothers. From the results of the study, it can be concluded that postpartum mothers who experience postpartum depression mostly occur in multiparous mothers, this is possible because of the factor of previously existing children who are quite tiring for the mother and must be added to the child she has just given birth to.

3) Education

41.7% of postpartum mothers with high education experience PPD, education makes someone have good knowledge, the higher a person's education, the better their ability to manage their emotions and psyche, but not all those with low education are unable to manage their emotions and psyche.

4) Work

40% of postpartum mothers who do not work experience PPD, Working or being active outside the home gives someone the opportunity to tell the people around them about the problems they are facing. Expressing the problems faced is one way to reduce stress which will reduce the risk of PPD. While mothers who do not work tend to be unable to express the problems they are facing.

5) Income

35.6% of postpartum mothers with income $< \text{UMR}$ experience PPD, low income causes mothers to be more careful in managing expenses, but mothers with income $\geq \text{UMR}$ are increasingly experiencing PPD, this is influenced by several other factors that can cause PPD.

The income of the respondents' families is mostly more than UMR every month. So there is a statistically significant influence between family income and postpartum depression. The economic conditions in the family when the mother is in labor will have an impact on the psychological condition of the mother. This is closely related to postpartum depression, because it is undeniable that a mother will think about the cost of her delivery and other needs that are needed before and after the delivery process. In addition, low socioeconomic status is also a problem in itself, in addition to the proximity of health services and child care. Researchers assume that good economic conditions are very closely related to postpartum depression. The better the economic conditions or income of a mother's family, the less likely she is to experience depression, because with a high family income, they can meet clothing, shelter, food and the mother's needs for adequate postpartum health services so that the mother feels calm. And vice versa, if the economic conditions or income of a mother's family after childbirth are lacking, then the needs for clothing, food, shelter and health services are not met, so the tendency for depression will be higher. Low socioeconomic status causes mothers to be unable to meet the needs of their babies and families. Mothers feel anxious that their babies will experience growth and development disorders if their needs, especially nutrition, are not met. The better the economic condition or family income of a mother, the less likely she is to have depression, because with a high family income, she can fulfill clothing, shelter, food and the mother's needs for adequate postpartum health services so that the mother feels calm. And vice versa, if the economic condition or family income of a postpartum mother is lacking, then the needs for clothing, food, shelter and health services are not met, so the tendency for depression will be higher.

6) Pain in the stitches

46.2% of postpartum mothers who

feel pain in the stitches experience PPH. The pain causes the mother to be unable to do activities, especially caring for the baby and herself. This causes the mother to feel like she has failed to care for the baby and herself. In this study, most respondents who gave birth by cesarean section experienced postpartum depression and a small number of mothers who gave birth vaginally experienced postpartum depression. Childbirth is a complicated event and can cause stress for a mother, the labor process can stimulate a reaction of blues (Bobak, 2005). Irawati, D and Yuliani, F. (2014) explained that factors that influence the occurrence of postpartum depression include the experience of pregnancy and childbirth which includes complications and childbirth with action. In this study, the incidence of postpartum depression occurred in mothers with vaginal delivery, this is possible because the majority of mothers had vaginal delivery, but when viewed from the presentation of the incidence of postpartum depression, childbirth by cesarean section is much higher because almost all mothers who gave birth by cesarean section experienced postpartum depression. Symptoms of postpartum depression are triggered by the cesarean delivery process for reasons of causing financial burdens, an unthinkable delivery process, scars from the operation, feelings of not being able to truly be a woman, and disruption of daily activities due to the operation wound. The psychological effects of a cesarean delivery are basically not much different from normal delivery.

However, the physical complications caused by a cesarean delivery often cause problems. The effects of a cesarean section that require a longer recovery period, starting from walking unsteadily, to pain when laughing or coughing due to the stitches not yet dry. This is what often makes mothers feel helpless, miserable and regret the delivery process that has been carried out (Dwi Ernawati, Wa Ode Merlin and Ismarwati, 2020).

7) Swollen breasts

42.9% of postpartum mothers who experience breast swelling experience PPD, this occurs because breast swelling can cause pain and failure to breastfeed. The pain that occurs causes the mother to be unable to care for her baby and herself, while failure to breastfeed causes the mother to feel like she has failed in her role as a mother.

8) Unwanted pregnancy

33.3% of postpartum mothers who gave birth to babies from unwanted pregnancies experienced PPH. This happens because the mother did not expect the presence of this baby and considered this a burden for the mother. The feeling of being burdened is what causes the mother to become depressed, the mother feels that her life has failed and cannot accept her condition.

9) Unclear marriage

100% of postpartum mothers whose marriages are unclear experience PPH, this happens because unclear marriages cause the mother not to know how to care for her child. Negative relationships with partners can lead to poor quality of marriage and marital dissatisfaction. This can have an impact on the support given by the partner to the mother, lack of support from the partner. Some mothers who have poor support and satisfaction in marriage tend to be more prone to depression than mothers who are satisfied in their marriage.

10) History of mental disorders

100% of postpartum mothers who have a history of mental disorders experience PPH, the condition of the mother after giving birth is closely related to unstable emotional conditions, so the mother needs good emotional regulation skills in order to overcome these conditions. In addition, the mother's ability to regulate her emotions has also been proven to support mothers in having strategies to control the problems they face, thereby reducing the risk of experiencing postpartum depression.

11) Husband's support

100% of postpartum mothers who do not receive husband's support during pregnancy and after giving birth experience PPH. New mothers find it difficult to complete household chores independently when at the same time they are also required to carry out their duties in caring for their babies, so that help or support from their husbands as the closest person becomes very important for them.

Husband and family support is very important for postpartum mothers in caring for themselves and their babies. High husband and family support in the form of attention, communication and intimate emotional relationships are the most meaningful factors for postpartum mothers to minimize the possibility of psychological disorders (Sylvia, 2016). Husband's support is a very important coping strategy when experiencing stress and functions as a preventive strategy to reduce stress and its negative consequences, so husband's support is very much needed by women after undergoing. Therefore, support or positive attitudes from partners and families will provide their own strength for postpartum mothers (Yuliani & Irawati, 2016). The involvement of partners in the household will bring satisfaction and happiness in living a marriage. Mothers feel satisfied with their marriage if their partners can help them share the role of caring for their babies and provide attention.

12) Family support

100% of postpartum mothers who do not receive family support experience DPP. Social support from family, friends, and others such as health workers affects the incidence of postpartum depression. Social support received by postpartum mothers has an impact on the depression felt by mothers, especially when giving birth to their first child. Support factors from significant others and coping also help mothers get through postpartum depression. The social support received by mothers will affect their psychological condition. This means that mothers who receive good social support will be more

intensive in providing breast milk to their babies, so that mothers feel satisfied. Family support is something important in building a positive atmosphere, where wives feel the first tiring days. Support or positive attitudes from partners and families will provide their own strength for postpartum mothers.

13) Stress experienced by mothers after giving birth.

63.2% of postpartum mothers who experience stress will continue to become DPP, Gale, S., & Harlow, B. L. (2003) stated that changes during pregnancy, especially increased hormones, can cause increasingly severe anxiety levels and worries about accepting a new role become a crisis situation that occurs so that this can cause postpartum depression.

14) Bored with the routine of caring for babies

75% of postpartum mothers who feel bored with the routine of caring for babies experience DPP. Boredom in postpartum mothers is boredom with routine activities carried out after giving birth such as caring for babies, breastfeeding and other activities that are only done inside the house, this is in accordance with the results of research conducted by Amabarwati, 2008 which said that mothers who only work at home taking care of their children can experience a crisis situation and experience emotional disturbances/blues caused by boredom, tiredness and fatigue that are felt. In housewives who take care of all household affairs themselves, they are likely to have pressure on their responsibilities both as a wife and as a mother. The results of this study are in accordance with Putri's (2016) study which showed that most (80%) postpartum mothers are housewives. This result is different from the study conducted by Gonidakis, F., Rabavilas, A.D., Varsou, E., Kreatsas, G., & Christodoulou, G.N. (2007) who stated that working women will return to their work routines after giving birth and tend to have dual roles that cause emotional disturbances. Working women can

experience postpartum blues due to dual role conflicts that cause new problems for these women. Working women feel that they have greater responsibilities in the household, namely as a wife and a mother who also has responsibilities in work matters.

15) Feeling tired of caring for children
52.6% of postpartum mothers who feel tired of caring for their babies and themselves after giving birth experience PPH. The results of this study showed that multiparous mothers were more numerous than primiparous mothers. This result is supported by research by Cury, A. F., Menezes, P. R., & Tedesco, J. J. (2008) which showed that most postpartum mothers were multiparous at 67.57%. The results of this study are also in accordance with the results of Putri's (2016) study in Cangkringan Yogyakarta that most (65.7%) postpartum mothers were multiparous. The results of this study are in line with research by Mardiah (2008) that postpartum blues symptoms occurred more often in respondents with parity 2-4. This is in accordance with Sherwen's theory (1999) which states that the labor process, the length of labor to the complications experienced after delivery can affect a mother's psychology, where the greater the physical trauma experienced, the greater the psychological trauma that arises, this is increasingly felt by women who give birth to their first child. From the results of the study, it can be concluded that postpartum mothers who experience postpartum depression mostly occur in multiparous mothers, this is possible because of the factor of previously existing children who are already quite tiring for the mother and must be added to the child she has just given birth to.

16) Role Changes Become a Burden
80% of postpartum mothers who feel that role changes are a burden experience DPP, Primiparous mothers are experiencing the first time caring for a baby and having to play the role of a mother. So that primiparous mothers often experience

depression when they have to accept a new role as a mother. Becoming a new mother causes several problems, including often blaming yourself when something doesn't happen as it should, feeling anxious or worried for no clear reason), feeling overwhelmed in doing something and feeling unhappy so that you have difficulty sleeping). This is what causes mothers to experience DPP.

17) Fear of losing the baby
42.5% of postpartum mothers who are afraid of losing their babies experience PPH, mothers who are having their first child will definitely continue to worry and think that there is something wrong with their baby. This fear of losing a baby is especially felt by mothers whose babies have problems, for example premature babies or asphyxia babies. The mother will always want to be with her baby which causes the mother to lack sleep and has an impact on depression.

CONCLUSION AND RECOMMENDATION

Social support, marital satisfaction, and emotional regulation are risk factors for depression in postpartum mothers. Social support can be said to be an external factor that comes from people around, both from husbands, family and friends. Marital satisfaction and emotional regulation can be considered as internal factors of the mother that determine postpartum depression in mothers. However, this also does not rule out the possibility of other risk factors that can cause depression in postpartum mothers. Thus, by understanding the characteristics that influence postpartum depression, it is hoped that it can prevent and reduce the number of depression in postpartum mothers.

Suggestion: this study is continued to the next stage, namely the expert panel to determine the risk factors for Postpartum Depression by considering input from obstetricians and mental health experts. From the results of the expert panel, it is

then continued by compiling an early detection score card for the risk of postpartum depression.

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