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Research Article

The Factors Related To The Event Baby Blues In Postpartum Mothers

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ABSTRACT

Background: Baby blues is a mild affective disorder syndrome that often appears in the first week after delivery and tends to get worse on the third to fifth day and lasts for two weeks. The incidence rate increased in 2020 to around 70-80% of postpartum mothers experiencing baby blues syndrome and around 10-13% continued with postpartum depression. Postpartum blues hurt pregnant women and their unborn fetuses. This study aimed to determine the relationship between factors that influence the incidence of baby blues in postpartum mothers in the working area of the Bungku Tengah health center, Bungku Tengah sub-district, Morowali district.

Methods: The research used the quantitative method through a cross-sectional study approach. The population in this study was 24 people with a total sampling technique with a total sample of 24 postpartum mothers. The instrument used was the Edinburgh Postpartum Depression Scale (EPDS). The analytical method uses the Chi-Square statistical test and the Phi coefficient (ω).

Results: Based on the study's results, there is a strong relationship between the incidence of baby blues and age, husband's support, parity level, and maternal employment. The p values (ω) respectively (0.001, 0.001, 0.001 and 0.003) <0.05, which means that Ho is rejected and Ha is accepted, thus there is a relationship between age, husband's support, parity level, maternal employment with the incidence of baby blues among postpartum mothers in the working area of the Bungku Tengah Community Health Center, Bungku Tengah District, Morowali Regency).

Conclusion: There is a relationship between age, husband's support, parity level, and maternal employment with the incidence of baby blues among postpartum mothers in the working area of the Bungku Tengah Community Health Center, Bungku Tengah District, Morowali Regency.

Key words: Baby blues, Age, Support, Parity, Employment

INTRODUCTION

Postpartum is the period from 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). During this period the body will experience physiological and psychological changes. The physiological adaptation process includes changes in vital signs, hematology, cardiovascular system, urination, digestion, musculoskeletal system, endocrine system, and reproductive organs, while the psychological adaptation process is a process that will go through three phases of the mother's adjustment to her role as a parent, namely the phase-dependent (taking in), dependent-independent phase (taking hold), and interdependent phase (letting go) (2).

Pregnancy and childbirth is an eagerly awaited by a mother, and pregnancy and childbirth should be a very joyful experience for a mother. As a result of pregnancy and childbirth, it should be a happy moment for a woman. However, after becoming a new mother, happiness is not the only feeling experienced by women. On the other hand, most mothers who have just given birth tend to experience anxiety, depression, feeling sad, irritated, tired, angry, and hopeless and these are the feelings that make a mother reluctant to take care of her baby or are often called baby blues (3). Baby blues is a mild affective disorder syndrome that often appears in the first week after delivery and tends to get worse on the third to fifth day and lasts for two weeks (4).

According to data from the World Health Organization (WHO), the incidence of baby blues in the world ranges from 0.5% -60%. The incidence of postpartum blues in Asia ranges from 3.5% -63.3%. The incidence of baby blues syndrome during childbirth is higher compared to postpartum, namely 82.78% baby blues and 17.21% postpartum which is found to be more common among primigravida mothers (68%) in Pakistan. The incidence of baby blues syndrome during childbirth is higher compared to postpartum depression, namely 82.78% baby blues and 17.21% postpartum which is found to be more common among primigravida mothers (68%) (5).

WHO (2018) notes that the general prevalence of postpartum blues in the world population is 3-8% with 50% of cases occurring in the productive age group, namely 20-50 years (6). In Indonesia, the incidence rate increased in 2020 to around 70-80% of postpartum mothers experiencing baby blues syndrome and around 10-13% continued with postpartum depression (7).

The incidence of baby blues in Indonesia according to (the United States Agency for International Development) (2016) is 31 births per 1000 population. Indonesia is ranked fourth highest in ASEAN after Laos, namely 26 births per 1000 population, and Cambodia, namely 25 births per 1000 population. The high incidence of postpartum blues in postpartum mothers can have a significant impact on the mother's psychological state (8).

The cause of baby blues in post-partum mothers is due to hormonal changes in women after giving birth. When a woman is pregnant, several hormones in the body increase along with the growth of the foetus. After giving birth, changes in the amount of production of various hormones such as estrogen, progesterone, and endorphins can affect the mother's emotional condition. Physical fatigue and pain after giving birth,

and changes in the amount of production of various hormones such as estrogen, progesterone, and endorphins can affect the mother's emotional condition. Physical fatigue and pain after giving birth, breast milk that has not come out so that the baby is fussy and causes the breasts to become swollen and lack of moral support (9).

Mothers who experience postpartum blues also hurt their children if not treated immediately. The impacts that can arise on mothers who experience baby blues are problems with sleep quality, problems with tantrums, and hyperactivity, while the impact on children such as disrupting children's cognitive development, such as being slow to speak and walk compared to the child's age in general, as well as experiencing difficulties in learning. Another impact on children is that children have difficulty socializing, making friends, and acting rudely. Emotional problems such as feelings of anxiety and fear, are more passive and less independent (10). The condition of a mother who is unable to respond to the needs of her child or baby correctly can cause stress in the baby (11)

This research was conducted to determine the relationship between factors that influence the incidence of baby blues in postpartum mothers in the working area of the Bungku Tengah health center, Bungku Tengah sub-district, Morowali district.

METHOD

This type of research is quantitative research using a cross-sectional design where the type of research emphasizes the measurement/observation time of the independent and dependent variables which is carried out only once (Kalsum et al., 2022). This research was conducted in July 2023 at the Bungku Tengah Community Health Center, Bungku Tengah District, Morowali Regency. The sample size in this study was determined using the Slovin formula and the number of respondents was 23 postpartum mothers. Sampling was carried out using random sampling techniques. This research uses measuring instruments to measure age, husband's support, parity, and working mother be measured with a questionnaire. The analysis method in this research uses the Chi-Square Test. Before carrying out the research, the research team submitted research approval to the Ethics Committee of Mandala Waluya University and was approved to carry out the research.

RESULTS

Table 1, the education data shows that of the 23 respondents, the most educated were SMA/SMK, 10 respondents (43.5%) while the least educated were 1 respondent (4.3%). The baby blues data shows that of the 23 respondents who experienced baby blues, 13 respondents (56.5%) while those who did not experience baby blues were 10 (43.5%). For those aged at risk, there were 12 respondents (52.2%) while those who were not at risk were 11 respondents (47.8%). Data on husband's support shows that husbands who support are 9 respondents (39.1%) while husbands who do not support are 14 respondents (60.9%). Meanwhile, in primiparous parity, there were 11 respondents (47.8%) while in multiparous parity there were 12 respondents (52.2%). For more details, it will be explained in the table below:

Table 1. Characteristics of Respondents

Characteristics of Respondents	Frequency Distribution	
	n	%
Education		
S2	3	13.0
S1	3	13.0
D3	3	13.0
SMA/SMK	10	43.5
Junior High School	1	4.3
Elementary School	3	13.0
Baby Blues		
Yes	13	56.5
No	10	43.5
Age		
Risk	12	52.2
No Risk	11	47.8
Husband's Support		
Support	9	39.1
Doesn't Support	14	60.9
Parity		
Primipara	11	47.8
Multiparous	12	52.2
Mother Works		
Work	13	56.5
Doesn't Work	10	43.5

Table 2 shows that from 23 respondents it was found that 12 (100) mothers were at risk of baby blues.%) respondents included 11 (91.67%) respondents with baby blues at risk age and 1 (18.33%) without baby blues with age at risk while the total age of mothers who were not at risk was 11 (100%) of whom 2 (18.2%) respondents with baby blues who were not at risk and 9 (81.8%) who were not at risk with baby blues. The Fisher Exact Test results obtained a value of $\rho = 0.001 < 0.05$. To determine the magnitude of the relationship between the variables that have been tested by chi-square, a phi coefficient (φ) test was carried out with the result φ (0.740), which means it shows the relationship between baby blues and age level in the work area of the Bungku Tengah Community Health Center in the strong relationship category.

Table 2 shows that out of 23 respondents, it was found that mothers with husband support supported 9 (100%) of which 1 (11.11%) mothers had baby blues and 8 (88.89%) mothers did not have baby blues, while mothers with husband support did not support 14 (100%) of whom 12 (85.7%) mothers had baby blues whose husbands did not supportive and 2 (14.3%) did not have baby blues with an unsupportive husband. To determine the magnitude of the relationship between the variables that have been tested by chi-square, a phi coefficient (φ) test was carried out with the result φ

(0.734), which means it shows the relationship between baby blues and the level of husband's support in the work area of the Bungku Tengah Community Health Center in the strong relationship category.

Table 2 shows that from 23 respondents it was found that mothers with primiparous parity 11 (100%) of which 10 (90.9%) respondents were primiparous mothers who had baby blues and 1 (9.1%) respondents who were primiparous mothers did not have baby blues, while 12 (100%) of whom were parietal and multiparous were 3 (25.0%) respondents who were parietal mothers. with multiparous baby blues and 9 (75.0%), multiparous parietal respondents did not have baby blues. Fisher Exact Test Results $\rho = 0.003 < 0.002$. To determine the magnitude of the relationship between the variables that have been tested by chi-square, a phi coefficient (φ) test was carried out with the result φ (0.064), which means it shows the relationship between baby blues and parity in the working area of the Bungku Tengah Community Health Center in the strong influence category.

Table 2 shows that of the 23 working mother respondents, it was found that 13 (100) mothers were working) of which 11 (84.6%) working mothers experienced baby blues 2 (15.4%) working mothers did not experience baby blues while 10 (100%) of non-working mothers experienced baby blues. baby blues and 8 (80%) mothers who do not work do not experience baby blues. Fisher Exact Test Results $\rho = 0.003 < 0.05$. To determine the magnitude of the relationship between the variables that have been tested by chi-square, a phi coefficient (φ) test was carried out with the result φ (0.646), which means it shows the relationship between baby blues and working mothers in the work area of the Bungku Tengah Community Health Center in the strong influence category. For more details, it is described in the following table:

Table 2: Relationship between Baby Blues and Age Level, Husband's Support, Parity, and Working Mothers in the Bungku Tengah Community Health Center Work Area.

Variables	Baby Blues				Total		p-value
	Yes		No				
	n	%	n	%	n	%	
Age							
Risk	11	91.67	1	8.33	12	100	0.001
No risk	2	18.2	9	81.8	11	100	
Husband's support							
Support	1	11.11	8	88.89	9	100	0.001
Does not support	12	85.7	2	14.3	14	100	
Parity							
Primipara	10	90.9	1	9.1	11	100	0.001

Variables	Baby Blues				Total		p-value
	Yes		No				
	n	%	n	%	n	%	
Multiparous	3	25.0	9	75.0	12	100	
Mother works							
Work	11	84.6	2	15.4	13	100	0.003
Doesn't work	2	20	8	80	10	100	

DISCUSSION

The Relationship between Baby Blues and Age Levels in the Bungku Tengah Community Health Center Working Area.

Age is the length of time a person has existed or lived. Age can also be interpreted as the period since a person existed and can use time from a chronological perspective. Normal individuals can see the same degree of anatomical and physiological development (12). Maternal age is often associated with the incidence of baby blues because the mother is too young physically and mentally so she is not ready and accept the responsibilities of being a mother, when the mother is too old her physical abilities begin to decline so that the level of depression increases (13).

Based on the table above, shows that of the 23 respondents, it was found that 12 (100%) mothers were at risk of baby blues, of which 11 (91.67%) respondents were at risk of baby blues and 1 (18.33%) was not at risk of baby blues. age is at risk, while the total age of mothers who are not at risk is 11 (100%) of which 2 (18.2%) respondents with baby blues are not at risk and 9 (81.8%) are not baby blues and are not at risk. It was also obtained that the value $\rho = 0.001 < 0.05$. Thus, there is a relationship between age and the incidence of baby blues in postpartum mothers in the working area of the Bungku Tengah Community Health Center, Bungku Tengah District, Morowali Regency.

Getting married at a relatively young age with immature physical and psychological readiness will not only have an impact on the life of the woman herself but will also have an impact on the lives of the children she gives birth to. At a relatively young age, namely <20 years, the mother's readiness is less mature both mentally, emotionally, and cognitively (14). Teenage mothers are twice as likely to experience postpartum psychological disorders, which teenage mothers have to face challenges. When trying to complete the psychological development associated with adolescence and caring for a baby, this can hinder a healthy psychological transition into parenthood (15). So the young age to get pregnant will trigger baby blues (16).

However, at the age of more than 35 years, there is a risk of baby blues because physically, at that age, they are easily susceptible to disease due to aging uterine organs and the birth canal will become stiffer, which will cause obstructed labor and even bleeding, so from a mental perspective at this age Most mothers have experienced

childbirth before and do not want another pregnancy so there is a particular burden for the mother because she already had many responsibilities towards her previous (17).

The problem of baby blues in postpartum mothers must be treated immediately to avoid mental disorders resulting from excessive stress in pregnant women and then resulting in mental disorders in the mother as well as problems with the growth and development of the baby (18).

The Relationship between Baby Blues and the Level of Husband's Support in the Bungku Tengah Community Health Center Work Area

A husband is one of the family members closest to the mother. All forms of action taken by the husband that are related to the mother's postpartum period will have an impact on the mother's psychological state and the smoothness of the mother's postpartum period. Positive support from the husband and closest family is very necessary to help the mother's condition during the postpartum period. If the husband does not support the postpartum mother, this can help the mother feel sad and overwhelmed in caring for her baby (16)

The table above shows that of the 23 respondents, it was found that mothers with the support of their husbands supported 9 (100%) of which 1 (11.11%) mothers had baby blues and 8 (88.89%) mothers did not have baby blues, while mothers with husband support did not support 14 (100%) of whom 12 (85.7%) mothers had baby blues whose husbands did not supportive and 2 (14.3%) did not have baby blues with an unsupportive husband. And the value obtained is $\rho = 0.001 < 0.05$. Thus, there is a relationship between the husband's support and the incidence of baby blues in postpartum mothers.

The husband is seen as the head of the family, protector of the family, breadwinner, and someone who can make decisions in his family. The husband's support is encouragement given by the husband in the form of moral and material support in realizing a plan. The husband's support makes the family able to carry out its functions because family members should pay attention to the wife's health condition and needs (19)

Sources of social support people closest to you can be a source of social support who are always ready to provide help and support when postpartum mothers need it. The source of support comes from the husband. This support includes expressions of empathy, for example listening, being open, paying attention, and expressing affection. Husband's support will make postpartum mothers feel more appreciated, safe, and comfortable. A good husband's support will give him confidence that he is cared for by other people with love (20). Postpartum blues is often not realized by health workers or those closest to them or their families. Usually, after giving birth, mothers cover up their feelings, so that their family or those closest to them do not feel the problem. If not treated immediately, it will harm the mother and child, including damaging social interactions (21).

The Relationship between Baby Blues and Parity Levels in the Bungku Tengah Community Health Center Work Area

Parity is the grouping of mothers based on the number or number of births (22). As the number of children increases,

the responsibilities of both parents, especially mothers, will increase (23). Primiparous mothers are more at risk of experiencing baby blues syndrome because primiparous mothers are giving birth and experiencing it for the first time so the mother is less prepared to face childbirth (16).

Based on the research results, it was found that out of 23 respondents, mothers with primiparous parity 11 (100%) of which 10 (90.9%) respondents were primiparous mothers who had baby blues and 1 (9.1%) respondent who was primiparous mother did not have baby blues, while 12 (100%) of whom were parietal and multiparous were 3 (25.0%) respondents who were parietal mothers. with multiparous baby blues and 9 (75.0%), multiparous parietal respondents did not have baby blues. With a value of ρ Value = 0.003 < 0.002, there is a parity relationship with the incidence of baby blues in postpartum mothers in the working area of the Bungku Tengah Community Health Center, Bungku Tengah sub-district, Morowali regency.

Primiparous mothers are at risk of experiencing complications depending on their physical, and psychological readiness and knowledge about the period from pregnancy to delivery. Mothers who have never given birth or are new mothers will find it difficult to carry out their new role as a mother because they do not have the experience to care for their child and are still confused about caring for their child and are afraid that something will happen to their baby. Inexperienced mothers will have an impact on the care given to their babies. A mother's knowledge also has a big influence on the care given to her child (24). Apart from that, the feeling of not being ready to face the birth of a child and the feeling of the great responsibility that the mother will face in the future will arise, which will give rise to postpartum baby blues (16).

Baby blues not only occurs in primiparous mothers but can occur in multiparous mothers too. In multiparous mothers, stressors can occur that are different for each individual. The occurrence of baby blues in multiparous mothers is caused by fear and tension due to the pain experienced during previous births (25).

Apart from that, the triggering factor for postpartum blues in multiparous mothers is physical factors. Physical fatigue often occurs in mothers as a result of caring for their children almost all the time, starting from bathing the baby, changing diapers, breastfeeding, stress when the child is fussy and sick, putting the child to sleep and various other activities drain the mother's energy and energy. Furthermore, with the birth of the next child, the mother's burden will increase again, this will cause boredom and a high sense of stress in the mother which will then cause baby blues (26).

Baby Blues' relationship with her working mother in the Bungku Tengah Community Health Center work area

Women who have responsibilities at work tend to experience emotional disturbances during the postpartum period (15). A career woman who has the habit of carrying out daily activities regularly will find it difficult to adapt to her new life of caring for a baby. Mothers will be faced with role conflicts and social pressure between their roles as housewives and as working mothers (27).

Based on the results of research that has been carried out, it shows that of the 23 working mother respondents, it was found

that 13 (100) working mothers) of which 11 (84.6%) working mothers experienced baby blues 2 (15.4%) working mothers did not experience baby blues while 10 (100%) of non-working mothers experienced baby blues. baby blues and 8 (80%) mothers who do not work do not experience baby blues. With a value of $\rho = 0.003 < 0.05$, there is a relationship between working mothers and the incidence of baby blues in postpartum mothers in the working area of the Bungku Tengah Community Health Center, Bungku Tengah sub-district, Morowali district.

Working mothers can interact more often and exchange experiences at their workplace regarding how to care for and care for babies as well as how to deal with physical and psychological burdens during the postpartum period. Meanwhile, mothers who only work at home taking care of their children can experience a crisis and experience emotional disturbances because of the tiredness and tiredness they feel, coupled with the lack of interaction with friends, family, and their husbands because their husbands are busy working outside the home (28).

Working mothers who do not experience baby blues are more likely to leave their babies with their in-laws or grandmothers so they feel more comfortable leaving their babies to work and working mothers who experience baby blues are due to the psychological burden of work and the burden of leaving their babies (15). To avoid baby blues, a mother can prepare herself well to face her dual role as a mother and wife or when the mother has a job outside the home. So that mothers can divide their time and mental health during the postpartum period (28). Based on the results of the study, it can be concluded that genetics, salt consumption habits, physical activity, stress levels, and smoking habits are risk factors for hypertension in the coastal area of Konawe Regency. It is hoped that the Konawe District Health Office will collaborate with cross-sectors that are closest to the community such as health cadres and others, in efforts to detect here and educate on hypertension and certain other non-communicable diseases. As well as for researchers who will conduct similar research, where future researchers can develop the existing conceptual framework by adding other variables related to hypertension risk factors

CONCLUSION

There is a relationship between age, husband's support, parity and working mother with the occurrence of baby blues in the Bungku Tengah Community Health Center Working Area, Bungku Tengah sub-district, Morowali regency. So that pregnant women, both those who are about to give birth for the first time and those who already have experience giving birth, can prepare both physically and mentally for the birth process to prevent the occurrence of baby blues in mothers after giving birth.

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