

Supported Condition for Baby Blues Mothers after Postpartum in Surakarta

Harini Nur Anggraeni¹, Kusuma Estu Werdani^{2*}

¹Prodi Kesehatan Masyarakat, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Surakarta

²Prodi Kesehatan Masyarakat, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Surakarta

*Email: kusuma.werdani@ums.ac.id

Abstrak

Keywords:

Baby Blues; support;
parity; KP-Ibu.

Approximately 60% of maternal deaths due to labor and 50% of deaths occur during the puerperium within the first 24 hours after delivery. Almost 50-70% of women in Indonesia after giving birth experience baby blues. Maternal mortality rate in Puskesmas Pajang by 2015 there are 2 cases per 100,000 live births. Baby blues are psychological problems that occur during the puerperium. The incidence of baby blues in postpartum mothers tends to be higher and needs to get serious attention. Husband support and maternal participation in maternal support groups can help reduce the risk of baby blues both primiparous and multi parent mother. The purpose of this study was to analyze the correlation between husbands support, parity, and participation in Kelompok Pendukung Ibu (KP-Ibu) with baby blues among postpartum mother in Puskesmas Pajang Surakarta in 2017. The type of this research is observational analytic with cross sectional approach. The population in this study were 63 postpartum mothers in May-June with a sample size of 60 peoples. The analysis used chi-square. The result of the statistical test shows that there is a correlation between husband support ($p = 0,000$) and no correlation between parity ($p = 0,972$), the participation of KP-Ibu ($p = 0,089$) with baby blues event in postpartum mother in Puskesmas Pajang Surakarta.

1. INTRODUCTION

The baby blues problem in the mother after birth can cause a fatality. Severe psychiatric disorders after giving birth can increase the risk of suicide until 70 times than other causes, especially in the first year after giving birth. More than 50% women in the United Kingdom die because of suicide caused by mental illness after giving birth [1]. The number of baby blues event of the mother after giving birth in Asia especially in a developed country is high and variated in 26-85% [2]. The baby blues event for postpartum mother tends to high and needs serious

attention. Almost 50-70% of women in Indonesia after giving birth are estimated having baby blues at 4-10 days after giving birth. The mother who has baby blues will have mood swings, feeling sad, worry, often crying, lost appetite, and hard to sleep (insomnia) [3]. The cause of baby blues happened is the progesterone hormone that has increased since the pregnancy period and then after giving birth the hormone will suddenly decrease affecting the physical and mental state. Baby blues can be categorized as mild mental disorder syndrome. The baby blues condition of mothers is not often cared

and considered as the effect of tired, so it tends to not well handled. Even though this condition can be a serious problem to the mother [4].

The baby blues event can happen to a mother who has less well supported by a husband, family or her neighborhood. Extremely fatigued after giving birth, worrying about the economic state, and other social problems also can be the trigger of the baby blues happens to a mother [5].

There are several factors that can affect the happening of baby blues to a postpartum mother. First is low of husband support. There is a meaningful correlation between the husband's support and the happening of baby blues likewise in Umun Ahmad Yani Metro hospital. The mother, after giving birth, that is not supported by the husband has 2,7-time bigger chance to have baby blues [6].

Another factor that affects the baby blues is parity. Most of the mother giving birth that has stress after giving birth is primipara mother, a maternal support group (KP-Ibu) can be one of the alternatives to solve postpartum mother problem [7]. KP-Ibu is a program to create a social environment condition that supports the mother to practice in early initiation and to breastfeeding exclusively. The mother who attends KP-Ibu and get the guidance with a conducive atmosphere to increase the motive, sharing experience, idea and information related to pregnancy, give birth and breastfeeding. in addition to improve the knowledge, this program also improves the mother's psychology condition, so it can spare from baby blues [8].

The puerperium is a period that has a high risk for a mother. At this time, besides the mother has a risk to have baby blues, a postpartum mother can lead to death. Maternal Mortality Rate (MMR) in Central Java in 2015 reaches 619 cases per 100.000 live birth and based on the health profile data Surakarta city in 2015 still get MMR reached

5 cases per 100.000 live birth. The Puskesmas Pajang has the highest MMR, it is 2 cases per 100.000 live birth.

The aim of this research is to find the correlation between the husband support, parity, and the participation of KP-Ibu with the happening of baby blues to a mother after giving birth in the Puskesmas Pajang, Surakarta..

2. METHOD

The type of this research is observational qualitative with analytic survey design with cross sectional approach. This research was conducted in 12-23 June 2017. The location of this research is in the Puskesmas Pajang area that covers several villages, such as Pajang, Sondakan, Laweyan, and Karangasem. The population in this research is all of the giving birth mothers in May-June 2017 by 60 respondents. The sampling technique that was used in this research is exhaustive sampling (total sampling) and obtained 60 respondents that are willing to be examined. The data analysis that is used for knowing the correlation between independent variables that are husband, parity, and the participation of KP-Ibu with a dependent variable that is the Baby blues event by using the Chi-square statistical analysis.

3. RESULT AND DISCUSSION

This research involved the giving birth mothers in May-June 2017 by 60 people. The age of the mother's majority in 26-30 year, by 36,7%. The lowest of mother's age is 18 years old and the highest is 42 years old.

The highest profession is a housewife with a total of 38 persons (63%) and the lowest is government employee a total of 1 person (1,7%). A last education of the respondents is a senior high school a total of 33 persons (55,0%), junior high school a total of 10 persons (16,7%) and college a total of 17 persons (28,3%). The respondent that

giving birth normally is a total of 41 persons (68,3%) and giving birth to cesarean is a total of 19 persons (31,7%). The family income in one month mostly more from UMK Surakarta (IDR. 1.534.985,00) is a total of 38 persons (63,3%). The minimum income is IDR 480.000,00 and the maximum is IDR. 16.000.000,00 (Table 1).

Tabel 1. Frequency Distribution of Respondent Characteristics

Characteristics Respondent	N	%
Age (Year)		
≤ 20	2	3,3
21-25	18	30,0
26-30	22	36,7
31-34	11	18,3
≥ 35	7	11,7
Mean = 28,03	Min = 18	
St. Dev = 4,875	Max = 42	
Work		
Government Employees	1	1,7
Private Employees	14	23,3
Merchants	7	11,7
Housewife	38	63,3
Last Education		
Junior High School	10	16,7
Senior High School	33	55,0
Perguruan Tinggi	17	28,3
Type of Childbirth		
Normal	41	68,3
Sectio Caesar	19	31,7
Family Income		
Low, < Rp. 1.534.985	22	36,7
High, ≥ Rp. 1.534.985	38	63,3
Mean = 2,613,000,00	Min = 480,000	
St. Dev = 2,194,364,00	Max = 16,000,000,00	
Total	60	100

The mother that has low support from the husband after giving birth a total of 29 women (43,8%) while the mother that has high support a total of 31 women (51,7%). Husband's support is divided into four aspects including emotional, appreciation,

instrumental and information aspects. The highest aspect is emotional aspect (56%) and the lowest aspect is instrumental aspect (43,3%) (Table 2). As for frequency of distribution for every aspect in husband's support can be seen in Table 3.

Table 2. Frequency Distribution of Husband Support, Parity, KP-Ibu Participation, and Baby Blues events

Variable Research	n	%
Support Husband		
Low	29	48,3
High	31	51,7
Parity		
Primipara	31	51,7
Multipara	29	48,3
KP-Ibu Participation		
Participation KP-Ibu	26	43,3
No Participation KP-Ibu	34	56,7
Baby Blues		
Baby Blues	34	56,7
No Baby Blues	26	43,3
Total	60	100

Table 3. Distribution of Husband Support by the Support Aspect

Support Husband	n	%
Emotional Support		
Low	26	43,3
High	34	56,7
Instrumental Support		
Low	34	56,7
High	26	43,3
Award Support		
Low	27	45,0
High	33	55,0
Information Support		
Low	32	53,3
High	28	46,7
Total	60	100

Table 2 shows the respondent with the mother status as primipara a total of 31 persons (52,7%), while the respondent with the status of multipara mother is a total of 29 persons (48,3%). The total of the respondent that participates KP-Ibu is a total of 26 persons (56,7%) while, the one that did not participate KP-Ibu is much more a total of 34 persons (43,3%). The respondent that does not

participate in KP-Ibu has several reasons. As for the reason for the mother does not participate in the KP-Ibu can be seen in Table 4.

Table 4. Description of Reasons of Mother Not Following KP-Ibu

Reasons Not Following KP-Ibu	n	%
Work	9	26,5
New Arrivals	2	5,9
No KP-Ibu	6	17,6
Not Invoked	1	2,9
No Getting Permission	2	5,9
Do Not Know	13	38,2
Do Not Know the Schedule	1	2,9
Total	34	100

Baby blues variable data is obtained from 10 questions of EPDS questionnaire. Mother is told having baby blues if she gets score 10. Table 2 shows that baby blues mother is more than non-baby blues mother. A mother that having baby blues is a total of 34 people (56,7%) and the mother that not having baby blues is a total of 26 people (43,3%).

Table 5. Correlation Between Husbands Support, Parity, and KP-Ibu Participation with Baby Blues Events
(attached)

3.1. The Husband's Support and Baby Blues

A mother that has low support from her husband mostly has baby blues is a total of 26 women (89,7%), while the respondents that have high support from her husband is a total of 23 persons (74,2%). Based on the result of the chi-square statistical test values ($p = 0,000$), so it can be concluded that there is a correlation between the husband's support with the happening of baby blues with the value of contingency coefficient in the amount of 0,541 that shows the closeness of the correlation.

The husband's role is as the first person and the importance in giving encouragement and support to his wife before the other side contributed to it. Husband is also the first person that can realize of change in his wife

until the support of the husband can give certain effect to his wife from day to day especially after giving birth [9]. The more optimal between the husband's support towards the mother after giving birth then the mother tends to have baby blues like the husband can spend his time to accompany his wife in looking after the baby, the willingness of husband takes control half of the house chores that is always done by the wife, the husband responsibility divides the attention fairly to the baby and his wife [10].

Based on the distribution data of husband's support, the respondent that gets the highest emotional support is a total of 34 persons (56,7%). Emotional support that is the most frequently obtained is like a husband responds when the respondent talking about her health problem and her baby, giving special attention, and comforting when the respondent feeling sad. The respondent that gets high appreciation support a total of 33 persons (55,0%).

3.2. Parity and baby blues

A respondent with the multipara status with baby blues in a total of 17 women (58,6%), while respondent with the multipara status and does not have baby blues in a total of 12 women (41,4%). Based on the statistical test result using chi-source is obtained the value ($P = 0,000 > 0,05$) then H_0 accepted, so it can be concluded that there is no correlation between the parity status with the baby blues event.

The mother after giving birth that has baby blues is more with primipara mother than multipara mother. The mother giving birth for the first time has not experienced yet in labor process so she does not ready and for self-management yet. Self-management that is not well can cause high fatigue the result from the pain after giving birth, unhealthy dietary habit, sleep patterns change, and the increasing of household activities [7]. This condition can also be seen in this research. Even the statistical test

result shows that there is no correlation between parity status with the baby blues event. but, this research shows that primipara mother that has baby blues is more (54,8%) than the mother that has no baby blues.

The experience in pregnancy process and labor like the difficulties that happened by the mother during the pregnancy period will have to worsen the mother's condition after giving birth. while in labor, things that are not expected for the mother, for example, the long duration of labor and medical intervention that is used with section cesarean will cause fear towards the medical tools and needle. There is a hypothesis that the higher physical trauma experienced will also increase the psychic trauma [4]. in this research, a total of 63,2% mother that giving birth to cesarean has baby blues. so, it does not rule out the possibility baby blues can also happen to multipara mother and having baby blues history or mother that has trauma from the previous labor process.

3.3. The participation in KP-Ibu and baby blues

The respondent that does not participate in the KP-Ibu program has baby blues in a total of 23 persons (67,6%) while, the mother that does not have baby blues in a total of 11 persons (32,4%). based on the statistical test result using chi-square variable the participation of KP-Ibu with the baby blues event is obtained the value $p = (0,089)$. So, it can be concluded that there is no correlation between the participation of KP-Ibu with the baby blues event. The mother support group program (KP-Ibu) becomes one of the alternatives to solve the postpartum mother problem. KP-Ibu is a program to create the social environment condition that supports the mother to practice IMD and to get breastfeeding exclusively. The mother who participates KP-Ibu will get guidance with the conducive

atmosphere to improve the motive, to share experience, idea, and information related to pregnancy, giving birth and breastfeeding commonly has 10 general topics that are used in the discussion. besides improving the knowledge, this program also to improve the psychological condition of the mother, so she can stay away from baby blues [8].

Although the results of this research show that there is no correlation between the participation KP-Ibu with baby blues event but there is a tendency that mother who participated KP-Ibu program does not have baby blues (57,7%). The supporting group's aims are to improve the knowledge, to explain the changing that is wanted to be done by someone to reduce the diversity of symptoms and to help in developing skills that are needed to realize the changes. From the health promotion aspect, the supporting group offers a safe community and environment so that the participated member can learn from listening, observing, trying a new behavior, receiving feedback, and feeling supported by another member [11].

4. CONCLUSION

Understanding the supported factors, likewise husband dan KP-Ibu, that may influence baby blues among postpartum mothers in Surakarta. The husband's support is more important rather than the following in KP-Ibu and parity. It is important to involve and increase the husband's role in each maternal activity during pregnancy..

ACKNOWLEDGMENTS

The authors thank the mothers for their time and participation in the study, and the primary healthcare staff who assisted in the recruitment. No funding was received.

REFERENSI

- [1] Oates, M. (2002). *Why Mothers Die, Death from Suicide and other Psychiatric Causes*. CEMACH, 155-173.
- [2] Munawaroh, H. (2008). *Hubungan Paritas Dengan Kemampuan Mekanisme Koping Dalam Menghadapi Postpartum Blues Pada Ibu Post Sectio Caesaria di Bangsal Mawar 1 RSUD Dr. Moewardi Surakarta*. [Skripsi Ilmiah]. Surakarta : Fakultas Psikologi UMS.
- [3] Janiwarty, Bethsaida & Pieter, Herri Zan. (2013). *Pendidikan Psikologi Untuk Bidan Suatu Teori dan Terapannya*. Yogyakarta: Rapha Publishing.
- [4] Mansur, H. (2012). *Psikologi ibu dan anak untuk kebidanan*. Jakarta: Salemba Medika.
- [5] Wulandari, S.R. & Sri, H. (2011). *Asuhan Kebidanan Ibu Masa Nifas*. Yogyakarta: Gosyen Publishing.
- [6] Kurniasari, D., & Yetti, A.A. (2014). Hubungan antara karakteristik ibu, kondisi bayi dan dukungan sosial suami dengan *postpartum blues* pada ibu dengan persalinan sc di Rumah Sakit Umum Ahmad Yani Metro tahun 2014. *Jurnal Kesehatan Holistik*. Vol.9. No.3. Juli 2015: 115-125.
- [7] Daman, F.A. & Salat, Sri Y.S. (2014). *Faktor risiko tingkat stres pada ibu nifas di wilayah kerja UPT Puskesmas Legung Timur Kecamatan Batang-batang Kabupaten Sumenep*. Sumenep: Jurnal kesehatan Wiraraja Medika.
- [8] Sholikah, N. (2012). Kelompok Pendukung Ibu (KP Ibu) Kota Surakarta. *Initiatives for Governance Innovation*: Fisipol UGM.
- [9] Yanita & Zamralita. (2001). Presepsi Perempuan Primipara tentang Dukungan Suami dalam Usaha Menanggulangi Gejala Depresi Pasca Salin. *Phronesis*. Vol 3, No.5.
- [10] Evawati, A., Diyan, I., & Zuhrotul, E.Y. (2015). *Hubungan dukungan suami dengan kejadian postpartum blues pada ibu primipara usia muda di Desa Ajung Kebupaten Jember*. [Skripsi Ilmiah]. Jember. Fakultas Ilmu Kesehatan Universitas Muhammadiyah Jember.
- [11] Bensley, R.J., & Fisher, J.B Editor. (2009). *Metode Pendidikan Kesehatan Masyarakat 2nd ed.* Trans. Apriningsih, Hippy N.S.I. Jakarta: EGC

Attached :

Variabel Research	<i>Baby Blues</i>		Total	p-value	<i>Conting ency coef</i>
	<i>Baby Blues</i>	Not <i>Baby Blues</i>			
	n (%)	n (%)			
Husband Support					
Low	26 (89.7)	3 (10.3)	29 (100)	0,000	0,541
High	8 (25.8)	23 (74.2)	31 (100)		
Parity					
Primipara	17 (54.8)	14 (45.2)	31 (100)	0,972	-
Multipara	17 (58.6)	12 (41.4)	29 (100)		
KP-Ibu Participation					
No Participa- tion	23 (67.6)	11 (32.)	34 (100)	0,089	-
Participation	11 (42.3)	15 (57.7)	26 (100)		

