

PSYCHOSOCIAL FACTORS RELATED TO POSTPARTUM BLUES IN DAU DISTRICT, MALANG REGENCY

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Abstract

The postpartum period is a vulnerable period for women due to adaptation to their role as new mothers. This phase requires adjustment because failure to adapt will lead to mental health problems, such as postpartum blues. This study analyzes the psychosocial factors of postpartum blues in Dau district. This research is quantitative research with a cross-sectional design. Data analysis used the Chi-square test. Most respondents had an introverted personality type (56.5%), did not experience anxiety or were normal (39.1%), and had moderate social support (47.8%). The results of the Chi-square test on postpartum blues with personality type showed $p\text{-value}=0.264$ ($p>0.05$), with anxiety during the postpartum period showing $p\text{-value}=0.016$ ($p<0.05$), with social support showing $p\text{-value}=0.020$ ($p<0.05$). There is no significant relationship between postpartum blues and personality type. There is a significant relationship between postpartum blues with postpartum anxiety and social support.

Keywords: Postpartum Blues, Personality Type, Postpartum Anxiety, Social Support

Introduction

The postpartum period is a vulnerable period for women due to adaptation to their role as new mothers. Changes that occur in a woman's body often also cause changes in her psychology. Postpartum psychological changes include complex mood changes that involve biological, psychological, social, and cultural components. This phase requires appropriate adaptation because failure to adapt will lead to mental health problems or disorders, such as postpartum blues to postpartum depression (1,2).

Based on a systematic review and meta-analysis conducted by Rezaie et al. (2020), the incidence of postpartum blues was reported to range from 13.7% to 76% in 26 studies, while overall, it is estimated at 39%. In Asia, the prevalence of postpartum blues ranges from 26-85%. The number of cases of postpartum blues is quite significant. It cannot be ignored because although postpartum blues is usually mild and lasts a short time, around 10-15% of mothers experience more severe syndromes at a later stage, such as postpartum depression. In Indonesia, the incidence of postpartum blues is in the range of 50-70%, and this problem will continue to postpartum depression, with figures varying from 5% to more than 25% after a woman gives birth (3-5).

Postpartum blues occurs due to several complex things, including biological, demographic, psychological, and social aspects. One biological aspect is due to hormonal changes. All women experience significant hormonal changes since pregnancy and childbirth. When a woman is pregnant, estrogen and progesterone levels continue to increase throughout the pregnancy. However, when a woman gives birth, these hormones drop drastically. The hormones estrogen and progesterone interact with brain chemicals that control mood, especially serotonin. Hormones, mood, and behavior are

closely related. Therefore, changes in hormone levels that occur in women who have just given birth are susceptible to mood changes. Apart from that, unplanned pregnancy can also cause postpartum blues. Some women who are not ready or do not want a pregnancy will be stressed and anxious during pregnancy, so this will put them at risk of postpartum blues after giving birth (3,6,7).

A preliminary study conducted in the Dau District area showed that the rate of early marriage in 2022 will reach 12.5%, which means 1 in 8 women marry early (<20 years). Furthermore, data from the Dau Health Center for the last year shows that 25% of women became pregnant and gave birth at a young age. Being too young is seen as a trigger for postpartum blues during the postpartum period. Apart from that, there is still a lack of attention to the problem of postpartum blues in the Dau Community Health Center working area, shown by the absence of data collection on someone who experiences postpartum blues in this area. Even though postpartum blues is included in the category of mild mental disorders, if this is not managed properly, it has the potential to become a problem at the next level, such as postpartum depression and postpartum psychosis.

Postpartum blues, as a problem of emotional conditions after giving birth, needs attention. It is also important to know the risk factors associated with postpartum blues as prevention so that the incidence rate decreases and does not lead to more serious problems. Meanwhile, psychosocial factors are seen as factors that can be controlled. Postpartum blues must also be handled well because the mother's mental condition greatly influences the child's growth and development and the mother's overall role in the family. Support from family and people around you is needed for mothers who have just given birth. The role of midwives as companions and educators is also very necessary for postpartum mothers, especially in preventing postpartum blues (3). This study aims to analyze psychosocial factors in the occurrence of postpartum blues in postpartum mothers in Dau District, Malang Regency.

Method

This research is a quantitative study using a cross-sectional design. The sample used was 46 postpartum mothers from the third to the 30th day who live in Dau District, Malang Regency. The instruments used include the Edinburgh Postnatal Depression Scale (EPDS), Eysenck Personality Questionnaire Revised-Short Form (EPQRS), Depression Anxiety and Stress Scales (DASS), and Oslo Social Support Scale (OSSS). Data collection was carried out directly by researchers using instruments and interviews. Data analysis used chi-square with SPSS.

Result

This research is discussing the prevalence and psychosocial factors of postpartum blues in Dau District, Malang Regency.

Table 1. Prevalence of Postpartum Blues

No	Postpartum Blues	Frequency	Percentage
1	No Postpartum Blues	25	54,3
2	Postpartum Blues	21	45,7
Total		46	100

Table 1 shows that postpartum blues occurred in 21 respondents (45.7%). Other respondents who did not experience postpartum blues were 25 respondents (54.3%).

Table 2. The Relationship Between Personality Type and Postpartum Blues

No	Personality type	Postpartum Blues		Total	<i>p-value</i>
		No Postpartum Blues	Postpartum Blues		
1	Extrovert	9	11	20	0,264
2	Introvert	16	10	26	
Total		25	21	46	

Table 2 shows that of the 20 respondents with extroverted personalities, 11 respondents experienced postpartum blues. Meanwhile, of the 26 respondents with introverted personalities, 10 respondents experienced postpartum blues. Based on the chi-square test results, the *p*-value was 0.264 (>0.05), meaning there was no relationship between personality type and the incidence of postpartum blues in postpartum mothers in Dau District, Malang Regency.

Table 3. The Relationship Between Postpartum Anxiety and Postpartum Blues

No	Postpartum anxiety	Postpartum Blues		Total	<i>p-value</i>
		No Postpartum Blues	Postpartum Blues		
1	Normal	13	5	18	0,016
2	Mild	10	7	17	
3	Severe	2	9	11	
Total		25	21	46	

Based on table 3, it can be seen that of the 18 respondents with normal anxiety, 5 respondents experienced postpartum blues. Of the 17 respondents with mild anxiety, 7 respondents experienced postpartum blues. Meanwhile, of the 11 respondents with severe anxiety, 9 respondents experienced postpartum blues. Based on the results of the chi-square test, the *p*-value was 0.016 (≤ 0.05), meaning there was a relationship between anxiety during the postpartum period and the incidence of postpartum blues in postpartum mothers in Dau District, Malang Regency.

Table 4. The Relationship Between Social Support and Postpartum Blues

No	Social Support	Postpartum Blues		Total	<i>p-value</i>
		No Postpartum Blues	Postpartum Blues		
1	Strong	7	7	14	0,020
2	Moderate	16	6	22	
3	Poor	2	8	10	
Total		25	21	46	

Table 4 shows that of the 14 respondents with strong social support, 7 respondents experienced postpartum blues. Of the 22 respondents with moderate social support, 6 respondents experienced postpartum blues. Meanwhile, of the 10 respondents with poor social support, 8 respondents experienced postpartum blues. Based on the results of the chi-square test, it was found that the *p*-value was 0.020 (≤ 0.05), meaning that there was a relationship between social support and the incidence of postpartum blues in postpartum mothers in Dau District, Malang Regency.

Discussion

Based on the research results, it is known that the prevalence of postpartum blues is 45.7% (table 1). Postpartum blues, often known as baby blues, is a common emotional condition that occurs in some women after giving birth. Symptoms can include feelings of sadness, anxiety, irritability, physical and emotional fatigue, and mood swings. These symptoms appear within a few days after giving birth and can last for several weeks. These events are usually caused by drastic hormonal changes after giving birth, as well as stress and fatigue related to caring for a new-born. Other factors, such as lack of sleep, changes in eating patterns, and interpersonal relationship changes, can also influence this condition (8).

During the research process, researchers found that several mothers often stated that caring for a new-born baby requires a lot of time and energy; mothers feel they don't get enough sleep because they have to wake up at night to breastfeed and care for the baby, from morning to noon the mother must continue to care for the baby and do work. At home, some say that postpartum mothers are not allowed to take naps because it will cause the postpartum blood not to come out smoothly. Apart from that, about 1 week after the mother gave birth, the husband returned to work, so some mothers felt they did not receive enough attention and support from their husbands. This causes significant physical and emotional fatigue in the mother, thus contributing to the emergence of postpartum blues (9).

Based on the research results (table 2), extrovert personality types have a higher rate of experiencing postpartum blues compared to introverts due to various mechanisms. Extrovert types have high social needs and enjoy being around other people. After giving birth, mothers with an extroverted personality type may feel isolated and lonely due to drastic changes in their social life, which can trigger feelings of sadness, anxiety, and irritability. Furthermore, the transition period to becoming a parent is a major change that can shift the role and identity of mothers with extroverted personality types. Social habits and focusing on oneself may be replaced by the responsibility of caring for the baby. Furthermore, extrovert personality types often have high standards and are perfectionists. The pressure to be a "perfect" mother and always be cheerful can further aggravate stress and anxiety in postpartum mothers. Feelings of not being able to meet these standards can trigger postpartum blues. However, not all mothers with an extroverted personality type will experience postpartum blues because there are many risk factors that influence it (10).

Research by Penacoba-Puente et al. (2016) stated that personality and cognitive factors are related to postpartum anxiety and depression. Extrovert personality type has been proven to be a significant predictor of postpartum depression. An extrovert personality is defined as a person who tends to enjoy human interaction is enthusiastic, talkative, and likes making friends but finds it difficult to adapt to change. Difficulty adapting can cause confusion and an identity crisis for mothers with an extroverted personality type, resulting in postpartum blues (11).

However, research by Martin-Santos et al. (2012) stated that extroversion is not related to postnatal depression. A low extraversion score indicates a woman has an introversion/introvert personality type. This type is usually seen as a quiet or reflective person. The research results of Martin-Santos et al. (2012) showed that introverted personality type was related to symptoms of postpartum depression at 8 weeks and major postpartum depression at 32 weeks postpartum (12).

Furthermore, anxiety during pregnancy may be a potential indicator of vulnerable mental well-being after childbirth, as it may reflect uncertainty, fear, or feelings of inability to face new tasks as a mother (13,14). The results of this study are in accordance with the research of Priyaningtyas (2023) that birth mothers who experience anxiety are more likely to experience postpartum blues than birth mothers who do not experience anxiety. High anxiety scores in the postpartum period can disrupt a woman's life, especially her child's development (15). The results of the research by Nakic et al. (2018) state that the comorbidity of anxiety in postpartum depression is 75%. There is a strong relationship between postpartum anxiety and postpartum depression. About 25% to 50% of women with some anxiety disorders also show symptoms of postpartum depression in the two months after giving birth.

Meanwhile, two out of three women who suffer from depression during the first 7 months postpartum have an anxiety disorder as a comorbidity (16,17).

The results of this study have a special case, namely that there were 2 people who were in the severe anxiety category but did not experience postpartum blues. Postpartum mothers who are categorized as having severe anxiety may have effective coping mechanisms to manage their anxiety so that this does not have an impact on the occurrence of postpartum blues. In this special case, the postpartum mother had strong social support so that anxiety could be overcome with this assistance and prevent postpartum blues from occurring. However, postpartum mothers with severe anxiety are still at risk of experiencing postpartum blues (17).

Social support from various sources and types is invaluable and necessary postpartum. Without a system that can provide all or most types of support, a new mother's risk of developing postpartum blues increases. No one should have to go through the early days of motherhood alone. Having a baby can be very difficult for new mothers who have recently moved or immigrated to a new culture where things are done differently. This is because their support structures are not available.

The results of this study have a special case, namely that there were 2 people who were in the poor social support category but did not experience postpartum blues. Postpartum mothers can easily adapt to new situations and have high resilience in overcoming stressful situations experienced during the transition period as new mothers. Mothers also have effective coping mechanisms and manage negative emotions healthily, such as calming themselves by doing their hobbies. Then, the mother's perception of social support is the quality of the support she gets. The mother stated that social support did exist, but she felt that the support was not given sincerely, and sometimes the mother received a lot of criticism, so the mother thought that this was not social support.

Research by Pasha et al. (2023) revealed that there is a positive and significant relationship between social support and postpartum blues in mothers after giving birth. Husband's support also has a significant relationship with postpartum blues in mothers after giving birth. Specifically, emotional support is the form of support that has the greatest influence on postpartum blues, especially emotional support from husband/partner. Research by Qi et al. (2022) states that marital satisfaction and perceptions of the mother-in-law's concern have an indirect influence on postnatal depression through social support (18). In a qualitative study, Liu Y et al (2019) also found that conflicts regarding details of baby care, differences in lifestyle between women and their mothers-in-law, and excessive interference from mothers-in-law caused negative moods in women after giving birth (19). Thus, the support a mother feels after giving birth from her mother-in-law and her marital satisfaction can predict her social support and thus become a predictor of the incidence of postpartum depression (13).

Conclusion

The prevalence of postpartum blues in postpartum mothers in Dau District, Malang Regency, is 45.7%. There is no relationship between personality type and postpartum blues in Dau District, Malang Regency. There is a relationship between anxiety during the postpartum period and social support with postpartum blues in Dau subdistrict, Malang Regency.

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