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Factors Associated with Baby Blues Syndrome in Post Partum Mothers in Daya Hospital Makassar City

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Abstract

The incidence of post partum blues quite high at 26.00% -85.00%. Of the several studies described as much as 50.00% of mothers after childbirth are depressed and almost 80.00% of new mothers experience postpartum blues, or often called Post Partum Blues. 50-70% of all postpartum women will experience this syndrome. The research objective was to determine the factors associated with the syndrome baby blues on post partum mothers in hospitals Power Makassar. The research method is analytical, using cross sectional design. The study population was all normal post partum patients in hospitals Power Makassar. Samples numbered 32 people using accidental sampling technique. Data were collected by questionnaires and then conducted a statistical analysis using chi square test with alternative test Fisher's exact test with a significance level $\alpha < 0,05$. The results based on age shows that most mothers are at an age not at risk as many as 24 people (75, 0%). Based on parity, most are not at risk as many as 24 people (75, 0%). Based on the support of her husband, most mothers received support as many as 26 people (81.2%). Based on the knowledge, most mothers with a good knowledge of as many as 23 people (71.9%). While based on the incidence of the syndrome baby blues most mothers do not experience the baby blues syndrome as many as 23 people (71.9%). Based on the results of the study concluded that there is a relationship between maternal age, maternal parity, husband's support, and knowledge with baby syndrome in mothers postpartum blues. Suggested to the public / patient in the presence of this study can add to the information and knowledge about the syndrome baby blues so as to prevent the baby blues.

Introduction

The postpartum or postpartum period is the period after giving birth to the baby and placenta for up to 6 weeks or 40 days. The postpartum period is very important for a woman because it is a recovery period to return the mother's womb and body to the condition they were in before pregnancy. The 6 weeks after delivery allows all of the mother's body systems to recover from the effects of pregnancy and return to the condition they were in before pregnancy (Astutik, 2015).

During this period, physiological and psychological changes occur, namely physical changes, uterine involution and lochia discharge, lactation/excretion of breast milk, changes in other body systems and psychological changes (Idris & Jalal, 2023). Psychological changes have a very important role, where in this phase the postpartum mother tends to be a sensitive person, so understanding is needed from the husband and closest family, especially regarding the family's responsibility for the presence of the baby (Janiwarty & Pieter 2013).

One of the psychological problems that commonly occurs in the post-partum period is maternity blues or post-partum blues or also called baby blues (Aprilia, 2020). Baby blues is a mood disorder experienced by around 50% of women after giving birth (Putri & Putri, 2022; Mones et al., 2023). Baby blues tends to attack within 14 days, starting after delivery (Retnosari & Fatimah, 2022; Tosto et al., 2023). If not treated, this condition will impact the child's

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development (Irianti & Herlina, 2010). Postpartum blues is depression that occurs after giving birth (postpartum).

Post partum blues is also called postpartum depression. According to Warren et al. (2021), a psychiatrist in Dallas, 10-20% of women who have just given birth experience depression which appears in various forms, including deep sadness, frequent crying, insomnia (difficulty sleeping) or not sleeping well, irritability, loss interest in the baby, less interest in daily routine activities. This condition can last up to three to six months, sometimes even up to eight months. Based on the WHO report (2013), it is estimated that women giving birth experience mild postpartum depression around 10 per 1000 live births and moderate or severe postpartum depression ranging from 30 to 200 per 1000 live births. Several studies also suggest that postpartum depression varies in each research area (Ministry of Health of the Republic of Indonesia, 2014).

In Indonesia, the incidence rate is estimated at almost 50-70% of all postpartum women experiencing baby blues or post-natal syndrome which occurs on days 4-10 after giving birth (Janiwarty & Pieter, 2013; Ryan et al., 2021). Based on data from South Sulawesi Province, the incidence of post-partum depression in 2013 was 66 cases out of 125 per 100,000 deliveries (South Sulawesi Provincial Health Service Profile, 2014).

Post partum blues is characterized by symptoms such as; reactions of depression/sadness/dysphoria, easy crying (tiredness), irritability, anxiety, headaches (headache), lability of feelings, tend to blame oneself, feeling inadequate, sleep disorders and appetite disorders (appetite) (Janiwarty & Pieter, 2013). The factors that influence post-partum blues are the hormone progesterone which has increased since pregnancy, then after delivery this hormone experiences a sudden decrease, affecting physical and emotional conditions (Sha et al., 2021).

Mothers who experience baby blues syndrome will have an impact on the mother's inability to care for her baby optimally, because she feels helpless or incapable and will avoid her responsibilities (Risnah et al., 2023). As a result, the baby's hygiene and health conditions are not optimal. Mothers are also not enthusiastic about breastfeeding their babies so that the growth and development of their babies is not like babies whose mothers do not experience baby blues syndrome (Sari, 2022; Kurniawati & Septiyono, 2022). In principle, handling mental disorders after childbirth is no different from treating mental disorders at other moments (Kohrt et al., 2020). If necessary, help can be provided from experts, for example from a psychologist or counselor who is experienced in this field (Ambarwati & Wulandari, 2010).

Based on the results of previous research conducted by Nurhayati (2022), regarding the factors related to the incidence of post-partum blues in postpartum mothers at RSUD R.A Bosoeni Mojokerto, it shows that the incidence of post-partum blues is more experienced by mothers aged less than 20 years. or more than 35 years (81.8%) which is the age at risk of experiencing birth complications, one of which is post-partum blues. In the parity variable, the incidence of post-partum blues was more experienced by primiparous mothers (63.6%). The variable husband support was obtained from 22 respondents who experienced post-partum blues, 15 respondents (68.2%) of whom did not receive support from their husbands (Pebryatie et al., 2022). Meanwhile, the knowledge variable shows that the respondents who experienced the most postpartum blues were those with poor knowledge, namely 16 respondents (72.7%), while the mothers who did not experience the most postpartum blues were those with good knowledge, namely 11 respondents (73.3%) Alsabi, et al. (2022). Based on research results, it was revealed that preparation for childbirth and motherhood will greatly determine whether a person will experience baby blues syndrome or not (Munkhondya et al., 2020). Based on the

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above, researchers are interested in conducting research on factors related to baby blues syndrome in post-partum mothers at Daya Hospital, Makassar City (Mones et al., 2023).

Methods

The researchers conducted a quantitative analytic investigation through cross-sectional methodology to determine how selected independent elements of maternal age and parity and husband's support and maternal knowledge affected baby blues syndrome incidence among postpartum mothers. The researcher selected the cross-sectional design since it enables simultaneous study of exposures and outcomes in a specified population. Health sciences researchers frequently employ the cross-sectional design to establish variable connections in their investigations about clinical practice interventions for maternal care.

The research took place within the Postnatal Care (PNC) Room of Daya Hospital which operates in Makassar City. The research spanned from February 26 until March 26 during 2016. Daya Hospital served as the research location because it accommodated a considerable number of postpartum patients while keeping its facilities easily accessible to researchers. The investigation focused on all postpartum mothers who received normal baby deliveries at the hospital during the research period. The researcher used accidental sampling as their technique which represents non-probability sampling through choosing available and willing participants during information collection. This data collection method is appropriate yet limited in its ability to generalize results beyond the specific study population and suits the needs of initial clinical research investigations. Thirty-two qualified postpartum mothers formed the study sample for this research.

The researchers obtained data by using a structured questionnaire which they distributed to participants for completing face-to-face. The researcher created the questionnaire through literature review of postpartum mental health concepts to assess demographic profiles together with psychosocial data and postpartum emotional health. The assessment instrument used items to measure maternal age and parity alongside husband's support and maternal knowledge together with the dependent variable which referred to baby blues syndrome manifestations. A content validity review of the questionnaire made sure its items reflected the studied constructs correctly. Mothers completed the questionnaire when they were in the PNC ward but staff ensured privacy which allowed mothers to give truthful answers reflecting on their experiences.

Maternal age served as a risk factor for baby blues syndrome when a mother fell within either under 20 years old or above 35 years old but it did not classify mothers who were between 20 to 35 years old as risk groups. Medical guidelines point to younger and older mothers having a greater chance of suffering emotional and physical issues after giving birth thus dictating this classification system. Researchers divided mothers into parity groups according to their childbirth experience total. Primary birth and multiple pregnancies were identified as "at-risk" maternal conditions while women delivering their second or third child were considered "not at risk."

The variable of husband's support was evaluated through survey questions that measured the extent of pregnancy and postpartum support he provided. The husbands provided their spouses with emotional support through encouragement while remaining present and instrumental support through caregiving tasks and informational support through discussing health information. Husbands who continuously engaged in supportive actions with their wives fell into the support category yet partners who showed minimal involvement or no support belonged to the opposite category.

Survey questions assessed maternal knowledge about baby blues syndrome by exploring its meaning together with its origins and symptoms and possible consequences and elementary

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coping methods. The researchers evaluated participant answers and put their findings into two categories based on the number of correct responses they received. The investigation included this variable to determine how maternal knowledge about postpartum emotional health affects the development of baby blues syndrome.

The researchers assessed baby blues syndrome utilization through mother-reported emotional symptoms that align with the diagnosis. Initial signs of baby blues syndrome manifested as intensive emotional fluctuation along with continuous weeping and worry and agitation and nights without sleep alongside depression or lack of parental self-worth during the initial fourteen days after childbirth. To prevent any misinterpretation of the questionnaire the researcher tailored the vernacular language to be easy to understand with cultural sensitivity to the respondents' emotional delicacy. Baby blues syndrome could only be confirmed through the reported frequency along with the number of symptoms experienced.

The researchers used univariate together with bivariate statistical methods to analyze the acquired data. The frequency distribution together with percentage calculation through univariate analysis enabled researchers to present demographic and psychosocial information about study participants. A Chi-Square test determined any possible relationships where each independent variable corresponded to baby blues syndrome occurrence during bivariate analysis. The Fisher's Exact Test replaced the Chi-Square test when expected cell counts reached below five because it provided better accuracy in test results. The researchers set their significance threshold at 0.05 for executing all statistical procedures. When p-value remained below 0.05 it indicated that the independent factor had a statistically meaningful impact with baby blues syndrome symptoms.

The research design choice which merges controlled data gathering procedures with advanced statistical methodology was needed to build reliable results that explored how psychosocial and demographic characteristics influence baby blues syndrome in postpartum mothers within hospital delivery rooms.

Result and Discussion

Based on the results of data processing, the following will present univariate analysis and bivariate analysis.

Univariate Analysis

Mother's Age

Table 1. Distribution of Respondents Based on Mother's Age at Daya Hospital Makassar City in 2016

Mother's Age	n	%
Risky	8	25,0
No Risk	24	75,0
Amount	32	100,0

Source: Primary Data

Table 1 shows that the age of mothers who are at risk of experiencing baby blues syndrome is 8 people (25.0%), while the age of mothers who are not at risk of experiencing baby blues syndrome is 24 people (75.0%).

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Parity

Table 2. Distribution of Respondents Based on Parity at Daya Hospital Makassar City in 2016

Parity	n	%
Risky	8	25,0
No Risk	24	75,0
Amount	32	100,0

Source: Primary Data

Table 2 shows that the parity of mothers who are at risk of experiencing baby blues syndrome is 8 people (25.0%), while the parity of mothers who are not at risk of experiencing baby blues syndrome is 24 people (75.0%).

Husband's Support

Table 3. Distribution of Respondents Based on Husband's Support at Daya Hospital Makassar City in 2016

Husband's Support	n	%
Does not support	6	18,8
Support	26	81,2
Amount	32	100,0

Source: Primary Data

Table 3 shows that there were 6 respondents who did not get support from their husbands (18.8%), while there were 26 respondents who did not get support from their husbands (81.2%).

Knowledge

Table 4. Distribution of Respondents Based on Knowledge at Daya Hospital Makassar City in 2016

Knowledge	n	%
Not enough	9	28,1
Good	23	71,9
Total	32	100,0

Source: Primary Data

Table 4 shows that there were 9 respondents with poor knowledge (28.1%), while there were 23 respondents with good knowledge (71.9%).

Incidence of Baby Blues Syndrome in Post Partum Mothers

Table 5. Incidence of Baby Blues Syndrome in Post Partum Mothers at Daya Regional Hospital, Makassar City

Baby Blues Syndrome	n	%
Baby Blues Syndrome	9	28,1
No Baby Blues Syndrome	23	71,9
Amount	32	100,0

Source: Primary Data

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Table 5 shows that there were 9 respondents who experienced baby blues syndrome (28.1%), while there were 23 respondents who did not experience baby blues syndrome (71.9%).

Bivariate Analysis

Relationship between maternal age and baby blues syndrome in post-partum mothers

Table 6. Relationship between Maternal Age and Baby Blues Syndrome in Post Partum Mothers at Daya Hospital, Makassar City, 2016

Mother's Age	Sindrom Baby Blues				Amount		p Value
	Baby Blues Syndrome		No Baby Blues Syndrome				
	n	%	n	%	n	%	
Risky	6	75,0	2	25,0	8	100,0	0,002
No Risk	3	12,5	21	87,5	24	100,0	
Amount	9	28,1	23	71,9	32	100,0	

Source: Primary Data

Table 6 shows that 8 people at risk of maternal age, the majority experienced baby blues syndrome, namely 6 people (75.0%), and 2 people (25.0) did not experience baby blues syndrome. Meanwhile, 24 people were not at risk of maternal age, the majority did not experience baby blues syndrome, namely 21 people (87.5%), and 3 people (12.5%) experienced baby blues syndrome.

After carrying out the chi square test with the alternative Fisher's exact test, the value of p = 0.002 < 0.05 was obtained, which means that there is a significant relationship between maternal age and baby blues syndrome in post-partum mothers.

Relationship between Maternal Parity and Baby Blues Syndrome in Post Partum Mothers

Table 7. Relationship between Maternal Parity and Baby Blues Syndrome in Post Partum Mothers at Daya Hospital, Makassar City

Mother's Risk	Baby Blues Syndrome				Amount		p Value
	Baby Blues Syndrome		No Baby Blues Syndrome				
	n	%	n	%	n	%	
Risky	6	75,0	2	25,0	8	100,0	0,002
No Risk	3	12,5	21	87,5	24	100,0	
Amount	9	28,1	23	71,9	32	100,0	

Source: Primary Data

Table 7 shows that the parity of mothers at risk was 8 people, most of whom experienced baby blues syndrome, namely 6 people (75.0%), and 2 people (25.0) did not experience baby blues syndrome. Meanwhile, 24 people were not at risk of maternal parity, the majority did not experience baby blues syndrome, namely 21 people (87.5%), and 3 people (12.5%) experienced baby blues syndrome.

After carrying out the chi square test with the alternative Fisher's exact test, the value of p = 0.002 < 0.05 was obtained, which means that there is a significant relationship between maternal parity and baby blues syndrome in post-partum mothers.

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Relationship between Husband's Support and Baby Blues Syndrome in Post Partum Mothers

Table 8. Relationship between Husband's Support and Baby Blues Syndrome in Post Partum Mothers at Daya Regional Hospital, Makassar City, 2016

Husband's Support	Baby Blues Syndrome				Total		p Value
	Baby Blues Syndrome		No Baby Blues Syndrome				
	n	%	n	%	n	%	
Does not support	5	83,3	1	16,7	6	100,0	0,003
Support	4	15,4	22	84,6	26	100,0	
Amount	9	28,1	23	71,9	32	100,0	

Source: Primary Data

Table 8 shows that 6 people did not receive support from their husbands, most of whom experienced baby blues syndrome, namely 5 people (83.3%), and only 1 person (16.7) did not experience baby blues syndrome. Meanwhile, 26 people received support from their husbands, the majority of whom did not experience baby blues syndrome, namely 22 people (84.6%), and 4 people (15.4%) experienced baby blues syndrome.

After carrying out the chi square test with the alternative Fisher's exact test, the value of p = 0.003 < 0.05 was obtained, which means that there is a significant relationship between husband's support and baby blues syndrome in post-partum mothers.

Relationship between maternal knowledge and baby blues syndrome in post-partum mothers

Table 9. Relationship between maternal knowledge and baby blues syndrome in post-partum mothers at Daya Regional Hospital, Makassar City

Knowledge	Baby Blues Syndrome				Total		p Value
	Baby Blues Syndrome		No Baby Blues Syndrome				
	n	%	n	%	n	%	
Bad	6	66,7	3	33,3	9	100,0	0,004
Good	3	13,0	20	87,0	23	100,0	
Total	9	28,1	23	71,9	32	100,0	

Source: Primary Data

Table 9 shows that there were 9 respondents with less knowledge, the majority of whom experienced baby blues syndrome, namely 6 people (66.7%), and 3 people (33.3) who did not experience baby blues syndrome. Meanwhile, there were 23 respondents with good knowledge, most of whom did not experience baby blues syndrome, namely 20 people (87.0%), and 3 people (13.0%) experienced baby blues syndrome.

After carrying out the chi square test with the alternative Fisher's exact test, the value of p = 0.004 < 0.05 was obtained, which means that there is a significant relationship between maternal knowledge and baby blues syndrome in post-partum mothers. Based on the discussion presented above, the researcher concluded that knowledge will influence the mother's attitude in facing childbirth and preparing herself well to care for her baby.

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Conclusion

Based on the results of research on factors related to baby blues syndrome in post-partum mothers at Daya Regional Hospital, Makassar City, it was concluded that: (1) There is a relationship between maternal age and baby blues syndrome in post-partum mothers. (2) There is a relationship between maternal parity and baby blues syndrome in post-partum mothers. (3) There is a relationship between husband's support and baby blues syndrome in post-partum mothers. (4) There is a relationship between knowledge and baby blues syndrome in post-partum mothers.

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