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Levels Of Depression For Postpartum Women In The Working Area Of The Makrayu Puskesmas, Palembang

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ABSTRACT

Postpartum mothers have a vulnerability to various mental disorders, one of which is postpartum depression which occurs after 6 weeks to one year after delivery which can affect the development of the baby and the role of the mother. The prevalence of postpartum depression in the world varies from 6.5% to 15% and increases every year, mostly occurring in developing countries including Indonesia. This study aims to determine the level of depression in postpartum mothers in the working area of the Makrayu Public Health Center in Palembang. This research method uses a cross sectional study design with an accidental sampling technique. The sample in this study were all postpartum mothers as many as 86 respondents. Retrieval of data using the BDI version II questionnaire instrument which has been translated into Indonesian. The results showed that the level of postpartum depression in respondents varied, ranging from not depressed (minimum depression) as many as 48 respondents (56%), mild 18 respondents (21%), moderate 13 respondents (15%) and severe 7 respondents (8%) . A high risk for mothers experiencing postpartum depression occurs in mothers who have an age range of 20-34 years (82%), multiparous mothers (54%), mothers with secondary education (45%), mothers who do not work or housewives (80%) and mothers with normal types of labor experienced postpartum depression (70%). The results of this study indicate that postpartum depression is experienced by each respondent with varying levels of depression and there are risk factors that can increase the prevalence of depression.

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1. INTRODUCTION

The initial period after giving birth for a woman is generally the happiest event, especially if the child is born as expected. Not a few women experience the same thing and tend to experience events that are tough, full of challenges and anxiety (Palupi, 2013). Women who do not succeed in adjusting to changes, whether biological, physiological or psychological, including role changes, will tend to experience emotional problems after childbirth.

Psychological problems that often occur in postpartum mothers include postpartum blues/maternity blues, postpartum depression to delusional and/or hallucinative psychotic disorders. This problem can also be experienced by fathers (husbands or partners of women who give birth) although the occurrence is rarer and has not been studied (Elvira, 2011). Several studies have concluded that postpartum depression can affect the mother's social life, professional abilities, and mother-child relationships which can be negative (Erdogan, 2010; Nagy et al., 2011).

Postpartum depression is defined in the International Statistical Classification of Diseases (ICD-10) as a mental and behavioral disorder that occurs after 6 weeks of delivery. Clinically, the symptoms of postpartum depression are similar to the criteria for diagnosing depressive disorders in general, namely: lack of enthusiasm in carrying out activities, changes in body weight and appetite, insomnia and even hyperinsomnia, anxiety, psychomotor slowness, always feeling tired and lacking energy, as well as features others that generally appear in those who suffer from depressive disorders (Sadock & Sadock, 2005). Women who suffer from postpartum depression experience symptoms in the first year postpartum, the impact it causes can affect the quality of life of both mother and baby. The prevalence of postpartum depression in the world varies from 6.5% to 15% for 1 year after delivery (Misri et al.,

2016). The prevalence of postpartum depression in developing countries ranges from 2% -74% with the largest prevalence in Turkey (Norhayati et al., 2016). Research conducted in Brazil states that the prevalence of postpartum depression increases every year with the predictor factor being the lack of understanding of the mother to check the condition of herself and her baby so that screening and preventive efforts can be carried out (Corrêa et al., 2016).

Previous research has revealed that postpartum depression is also experienced by women in Indonesia, but national data cannot be explored on the prevalence rate. In Indonesia (Jakarta, Yogyakarta and Surabaya), in 1998-2001 data was obtained that the incidence of postpartum depression was between 15-20% (Elvira, 2011). In 2007 in Indonesia the incidence of postpartum depression found at 6 weeks postpartum was 6.6% and 6 months postpartum was 8.2% (Roomruangwong, 2011).

Children who are more than one year old from mothers who experience postpartum depression have behavioral problems and have less cognitive abilities than children whose mothers do not experience postpartum depression (Nazara, 2009). Another opinion states that babies of mothers who experience depression are reported to show more fussy behavior, cry easily and express less or respond to stimuli given to them compared to babies of mothers who do not experience postpartum depression (Spinelli, 2004). Mothers who are depressed and in severe conditions can bring up a desire to end suffering by endangering themselves and their children (Ibrahim, 2012).

The diagnosis of postpartum depression can be made through visible clinical symptoms such as depressed mood, loss of interest or pleasure in activities, appetite disturbances, sleep disturbances, physical agitation or psychomotor slowing, weakness, feeling useless, difficulty concentrating, and the desire to suicide. The confirmation of this diagnosis apart from the history and appearance of symptoms, can be supported through the second edition of The Beck Depression Inventory questionnaire (BDI-II).

Postpartum depression is a problem that is still being studied. Various risk factors have been investigated to the extent that biochemical factors are related to the prevalence of postpartum depression. The results of research conducted in Hungary stated that a mother's history of experiencing depression before pregnancy was a strong factor in triggering postpartum depression (Micali, Simonoff, & Treasure, 2011). WHO states that factors that contribute to the occurrence of postpartum depression are stressful conditions, negative behavior during pregnancy and lack of social support (Ayoub, 2014; Norhayati et al., 2016). Other studies mention influential factors, namely conditions at home, marital relations, and family history of having problems with alcohol.

Other studies state that a decrease in the ratio of Luteinizing Hormone (LH) - Follicle Stimulating Hormone (FSH) after delivery is associated with an increased risk of postpartum depression (Raji et al., 2016). A decrease in this ratio can be used as a chemical predictor of postpartum depression. Problems with sleep patterns and leg fatigue during pregnancy contribute to symptoms of postpartum depression (Okun, 2016; Sarberg et al., 2016). The results of a preliminary study conducted by researchers in the working area of the Makrayu Health Center from 25 postpartum mothers who were taken randomly obtained levels of depression that varied, ranging from minimal depression to severe depression. A total of 15 people were in minimal depression, 5 people had mild depression, 3 people had moderate depression,

2. METHOD

This research is an analytic survey research with a Cross Sectional Study Approach which aims to describe the level of postpartum maternal depression in the working area of the Makrayu Public Health Center.

The population in this study were all postpartum mothers in the working area of the Palembang Makrayu Public Health Center. The sampling technique used in this research is accidental sampling. The number of samples in this study were 86 people. Data collection techniques used sociodemographic questionnaires and the second edition of The Beck Depression Inventory questionnaire (BDI-II) which had been translated into Indonesian. The results of the questionnaire were analyzed based on its characteristics.

3. RESULTS AND DISCUSSION

The results of the Frequency Distribution Analysis explain or describe the research data in the form of the characteristics of postpartum depression respondents presented in several tables as follows:

Table. 1. Frequency distribution of the age characteristics of the respondents

Age	Category				n	Percentage (%)
	Not Depression	Light	Currently	Heavy		
<20 years	1	0	0	1	2	2
≥20 years & <35 years	35	17	13	5	70	82
≥35 years old	10	1	2	1	14	16
Total	**48**	**18**	**13**	**7**	**86**	**100**

Based on table 1, most of the postpartum mothers who experienced depression in the Makrayu Health Center area were in the age range of 20-34 years, namely 70 respondents (82%), 17 respondents had mild depression, 13 respondents had moderate depression, 5 respondents had severe depression, and the remaining 35 respondents not depressed.

Table. 2. Characteristic Frequency Distribution of Parity respondent

Parity	Category				n	Percentage (%)
	Not Depression	Light	Currently	Heavy		
Primipara	21	9	6	3	39	46
Multipara	27	8	8	4	47	54
Total	**48**	**18**	**13**	**7**	**86**	**100**

Based on table.2, postpartum mothers based on their parity consist of primiparas and multiparas. The proportion of primiparous mothers based on their level of depression consisted of 39 respondents (46%). There were 9 respondents with mild depression, 6 respondents with moderate depression, 3 respondents with severe depression and 21 respondents who were not depressed. Whereas in multiparas, out of 47 respondents (54%), 8 respondents had mild depression, 8 respondents had moderate depression, 4 respondents had severe depression, and 27 respondents had no depression.

Table. 3. Frequency Distribution of Educational Characteristics respondent

Education	Category				n	Percentage (%)
	Not Depression	Light	Currently	Heavy		
basic education	16	0	5	4	25	29
Middle education	18	13	5	2	38	45
higher education	13	5	3	2	23	26
Total	**47**	**18**	**13**	**8**	**86**	**100**

Based on table 3, most of the postpartum mothers who experienced depression in the Makrayu Health Center area had secondary education, namely 38 respondents (45%). A total of 13 respondents had mild depression, 5 respondents had moderate depression, 2 respondents had severe depression and the remaining 18 respondents were not depressed.

Table. 4. Frequency Distribution of Occupational characteristics respondent

work	Category				n	Percentage (%)
	Not Depression	Light	Currently	Heavy		
Doesn't work	38	17	10	5	70	80
Work	9	1	4	2	16	20
Total	**48**	**18**	**13**	**7**	**86**	**100**

Based on the table. 4 most of the postpartum mothers who experienced depression in the Makrayu Health Center area were unemployed, namely 70 respondents (80%). A total of 17 respondents had mild depression, 10 respondents had moderate depression, 5 respondents had severe depression, and 38 respondents had no depression.

Table. 5 Characteristic Frequency Distribution of Types of Labor respondent

Type of Childbirth	Category				n	Percentage (%)
	Not Depression	Light	Currently	Heavy		
Normal	29	14	11	5	60	70
Sectio Caesarea	16	3	2	2	23	27
vacuum	2	1	0	3	3	3
Total	**48**	**18**	**13**	**7**	**86**	**100**

Based on the table. 5 it was found that 60 respondents (70%) of postpartum mothers in the Makrayu Health Center area experienced depression with a normal type of delivery. A total of 14 respondents had mild depression, 11 respondents had moderate depression, 5 respondents had severe depression, and the remaining 29 respondents did not experience depression.

Table. 6 Frequency Distribution of Depression Characteristics respondent

Category	N	Percentage (%)
Not Depression	48	56
Mild Depression	18	21
Moderate Depression	13	15
Major Depression	7	8
Total	**86**	**100**

Based on the table. 6 found that out of 86 postpartum mothers in the Makrayu Health Center area, 18 respondents (21%) had mild depression, 13 respondents (15%) had moderate depression, 7 respondents (8%) had severe depression, and 48 respondents (56%) did not experience depression.

Discussion

The results of the analysis regarding the description of the level of depression showed that 48 respondents (56%) were not at risk of depression and 18 respondents (21%) had mild depression, 13 respondents (15%) had moderate depression, and the remaining 7 respondents (8 %) experienced major depression. This means that postpartum mothers in the working area of the Makrayu Health Center tend to experience depression.

Based on the table. 1, shows that based on the proportion of respondents who experience depression in the age range of 20-34 years, namely 82%. This is possible because the age of marriage has begun to shift, previously or a few decades ago the majority of young women were married at the age of under 20 years, now it has shifted over the age of 20 years along with the socialization of family planning programs (Soep, 2011). In contrast to the research conducted by Lanes, Kuk, and Tamim (2011) concluded that there is a risk that young mothers may experience postpartum depression with an age range of 15-19 years.

Based on table 2, it shows that the proportion of parity respondents who experience depression in primiparas and multiparas is almost the same. The proportion of primiparous mothers based on their level of depression consisted of 39 respondents (46%). There were 9 respondents with mild depression, 6 respondents with moderate depression, 3 respondents with severe depression and 21 respondents who were not depressed. Whereas in multiparas, out of 47 respondents (54%), 8 respondents had mild depression, 8 respondents had moderate depression, 4 respondents had severe depression, and 27 respondents had no depression. According to research conducted by Lanes, Kuk and Tamim (2011), the risk of postpartum depression in mothers will occur 1.29 times greater in multiparous mothers compared to primiparas. This is because the characteristics of a primiparous mother will prepare herself as much as possible to prepare herself to welcome the birth of the baby. In contrast to multiparous mothers, they will assume that the birth process is normal and common. So if something is not in accordance with expectations, it is alleged that it will increase the risk for anxiety and what is worse is the risk of postpartum depression (Lanes, Kuk and Tamim, 2011).

Based on the table. 3, shows that based on the proportion of respondents who experience depression education is at the secondary education level, which is equal to 45%. This is in line with

research conducted by Lanes, Kuk and Tamim (2011) which states that there is an increased risk of postpartum depression by 2.54 times for mothers who have a high school education level. This is because the level of education will affect the level of understanding and ability of the mother to carry out treatment or adaptation to physical changes and her status. Furthermore, the lack of ability to care for babies is marked as one of the factors increasing the risk of postpartum depression in mothers. In contrast to research that has been conducted by (Goker et al., 2012), states that there is no relationship between education level and the risk of postpartum depression in mothers. The level of education may be directly associated with household income, which will have an impact on the consideration of mothers in meeting the needs of their babies, but this condition differs for each country and culture (Goker et al., 2012).

Based on table 4, it shows that based on the proportion of work respondents who experience depression are mothers who do not work or housewives by 80%. This happens because working women have a significant interest in their babies, but for mothers who don't work that interest will decrease, because of the many interactions with children. Mothers who don't work will easily feel irritated by their feelings, negative facial expressions to their children, compared to working mothers. So working mothers have a lower risk of developing severe postpartum depression than non-working mothers (Thompson & Fox, 2010). Research that has been conducted by (Goker et al., 2012) concluded that being a housewife can increase the risk of postpartum depression by 2 times. This is because mothers who spend more time at home with their babies will cause feelings of boredom and boredom. So that the risk of mood disorders, which is one of the factors in the occurrence of postpartum depression, will increase. This is also consistent with research conducted by Lanes, Kuk and Tamim (2011) and Gonidakis et al (2008).

Based on the table. 5, shows that based on the proportion of types of delivery that experience depression, respondents with normal types of delivery are 70%. This is different from the study of Ariyanti et al (2016) which stated that mothers with cesarean delivery have a 3.7 times greater chance than mothers with normal delivery. Mothers with surgical sections heal longer than vaginal deliveries (normal and vacuum). This will prevent the mother from carrying out her new role as a mother, thereby making mothers with cesarean delivery more at risk for experiencing postpartum depression.

4. CONCLUSION

Based on the results of the study it can be concluded that postpartum depression is in the midst of society. Health workers and the public are not aware of the impact of the problems caused by postpartum depression. A total of 86 respondents to postpartum mothers in the Makrayu Health Center area, 18 respondents (21%) had mild depression, 13 respondents (15%) had moderate depression, 7 respondents (8%) had severe depression, and 48 respondents (56%) did not experience depression. Postpartum mothers in the Makrayu Health Center area experienced the most depression in the age range of 20-34 years (82%). Postpartum mothers in the Makrayu Health Center area who experienced the highest depression were multiparous mothers, as many as 47 respondents (54%). Postpartum mothers in the Makrayu Health Center area who have the highest risk of experiencing depression are mothers with secondary education (45%). Postpartum mothers in the Makrayu Health Center area who are most at risk of experiencing depression are mothers who do not work or housewives (80%). Postpartum mothers in the Makrayu Health Center area who have the highest risk of experiencing depression are postpartum mothers with normal types of delivery (70%).

The results of this study indicate that postpartum depression is experienced by each respondent with varying levels of depression and there are risk factors that can increase the prevalence of depression. So that it is hoped that there will be health service institutions and health education that can provide psychological facilities and services that can prevent and treat this mental disorder.

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