

Frequency Distribution Of The Incidence Of Postpartum Blues In Adolescent Mothers After Childbirth

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ABSTRACT

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Postpartum mothers are vulnerable to various mental disorders, one of which is postpartum blues. Postpartum blues arise when a person does not successfully adjust to changes in life patterns due to pregnancy, labor and postpartum process. Mothers with young age who are still not ready to be morally responsible often face mental shocks due to still having unstable mental attitudes and immature in terms of their emotions. The purpose of this study was to determine the frequency distribution of the incidence of postpartum blues in adolescent mothers in Ilir Barat II District, Palembang. The research design used non-experimental research methods with descriptive research methods. The study was conducted on 28 postpartum teenage mothers. Data collection using EPDS questionnaire in September 2023 to October 2023. The results showed that postpartum teenage mothers as many as 10 respondents (29.4%) had possible postpartum blues, 18 respondents (64.3%) had postpartum blues, 2 respondents (7.1%) had possible postpartum depression, and 1 respondent (3.6%) had postpartum depression. This study also examined the characteristics of the incidence of postpartum blues, namely age, parity, marital status, education level, occupation, and type of delivery in postpartum adolescent mothers. The results of this study are expected to prevent the occurrence of postpartum blues in adolescent mothers and provide information about the impact of early marriage that occurs in the community.

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1. INTRODUCTION

Postpartum blues is a condition of extreme sadness and is often seen in the seven days after a mother gives birth. Postpartum blues is a form of emotional disturbance that appears in the first day to two weeks postpartum. Postpartum blues is an iceberg phenomenon that is difficult to detect because people still think that psychological disorders are natural as a mother's instinct and protective attitude towards her baby. Most mothers do not know if they are experiencing postpartum blues. Postpartum blues arises when a person does not successfully adjust to changes in life patterns due to pregnancy, labor and postpartum process.

If this psychiatric disorder is not handled properly, it can lead to severe mental disorders, namely postpartum depression, which requires serious treatment because the mother can hurt herself or her baby and requires psychotherapy with the help of a psychologist or doctor. Mothers with postpartum blues have less interest in their babies, are unable to care for their babies optimally and are not eager to breastfeed so that the hygiene, health and growth of the baby are also not optimal. Babies with mothers who experience postpartum blues usually do not get breast milk, there are problems in the bonding attachment process due to being denied their presence or ignored, because the mother chooses to be alone and does not want to be disturbed by anyone.

Globally, it is estimated that 20% of women who give birth experience postpartum blues. The incidence of postpartum blues in Indonesia is between 50-70%. According to Hidayat, it is estimated that postpartum mothers who show early symptoms of postpartum blues on the third day to the sixth day after giving birth are 50-70%, although these symptoms can disappear slowly due to a good adaptation process and sufficient family support (Fatmawati, 2015). In addition, research by

Fatmawati (2015) states that postpartum blues occurs in 88% of postpartum mothers with an age of less than 20 years or in adolescents who marry at an early age.

Postpartum blues occurs as a result of several influencing factors, namely hormonal, demographic, psychological, physical, social. One of the factors that can lead to postpartum blues is the age factor which is a demographic factor. Bobak et al. (2005) said that the trigger factor for postpartum blues is postpartum mothers in their teens or less than 20 years old. During the postpartum period, mothers will experience emotional turmoil and health problems that are not yet optimal. While young mothers who are still not ready to be morally responsible often face mental shocks due to still having an unstable mental attitude and immature in terms of their emotions. Adolescents often experience difficulties in meeting the needs of their developmental stage and facing the developmental tasks of parenthood. Some teenage parents also have difficulty accepting changes in self-image and adjusting to new roles related to infant care responsibilities (Lowdermilk, 2013).

Based on the description above, the researcher is interested in conducting research on the frequency distribution of the incidence of *postpartum blues* in adolescent mothers after childbirth in the community in the working area of the Ilir Barat II health center in Palembang city ".

2. METHODS

This research is a non-experimental research with descriptive research method. The study was conducted on 28 respondents, namely postpartum adolescent mothers in Ilir Barat II District, Palembang City. Data collection used demographic questionnaires of teenage mothers and EPDS (Edinburgh Postnatal Depression Scale) questionnaires.

The research sampling was based on the inclusion criteria, namely postpartum mothers on the first day to the third week after postpartum; domiciled in the ilir barat II sub-district of Palembang City; teenage postpartum mothers ≤ 20 years old; willing to become respondents; did not have exclusion criteria, namely teenage mothers with sick babies. The measuring instrument in this study used the EPDS (*Edinburgh Postnatal Depression Scale*) questionnaire to assess the incidence of postpartum blues.

3. RESULTS AND DISCUSSION

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

Table 1. Frequency distribution of postpartum blues in adolescent mothers

Characteristics	Frequency (person)	Percentage (%)
Teenage Mother's Age		
16-17 years old	2	7,1
18-19 years old	26	92,9
Total	28	100
Parity		
a. Primiparous	28	100
b. Multiparous	-	-
Total	28	100
Marital Status		
a. Married	28	100
b. Not Married	-	-
Total	28	100
Education Level		
a. SD	10	35,8
b. SMP	16	57,1
c. HIGH SCHOOL	2	7,1

Characteristics	Frequency	Percentage
Total	28	100
Type of Labor		
a. Normal	25	89,3
b. Action	3	10,7
Total	28	100
Jobs		
a. Not working	28	100
b. Work	-	-
Total	28	100

Source: Primary data, October 2023

Based on table 1 above shows that teenage mothers who experience postpartum blues aged 16-17 years are 2 people (7.1%) while aged 18-19 years are 26 people (92.9%), it can be seen that the entire age of the most respondents is in the late adolescent age category, namely 18-19 years. The most parity in primipara respondents was 28 people (100%); marital status obtained the most results, namely married status as many as 28 people (100%); at the education level, the most education level was obtained, namely the junior high school level of 16 people (57.1%); the type of delivery most obtained results of 25 people (89.3%) stated that they gave birth normally (spontaneously); the most occupations were housewives / not working, namely 28 people (100%).

Table 2. Risk of postpartum blues in adolescent mothers.

Characteristics	Frequency (people)	Percentage (%)
Risk Of Postpartum Blues		
a. Possible postpartum blues	7	25
b. Postpartum blues	18	64,3
c. Possible postpartum depression	2	7,1
d. Depression postpartum	1	3,6
Total	28	100

Based on table 2 above shows that teenage mothers who experience the possibility of postpartum blues are 7 people (25%); 18 people (64.3%) experience postpartum blues; 2 people (7.1%) experience the possibility of postpartum depression; 1 person (3.6%) experiences postpartum depression. The description above illustrates that more teenage mothers experience postpartum blues.

Discussion

Characteristics of Postpartum Blues Mothers

a. Mother's age

The results showed that most respondents were under 20 years old with an age range of 18-19 years. Age when doing labor is often associated with the incidence of *postpartum blues*. Research by Irawati and Yuliani (2014) states that women with adolescence or less than 20 years of age and women with postpartum blues are more likely to have postpartum blues. >35 years of age experience the incidence of *postpartum blues*, this is because this age is a risky age for women to give birth to a baby. In addition, giving birth at the age of less than 20 years causes a lack of maturity in thinking, so that it will result in a lack of mental readiness in taking care of children and households, because psychologically young women do not have the readiness to care for and take care of their own babies. Where at an adolescent age it is still too young to be able to take care of a baby and take care of the household at the same time. Adolescence is a time when a person begins to be interested in the environment outside the family. Mothers with adolescent age at this time certainly have different activities compared to before becoming mothers. This situation can cause teenage mothers to experience emotional pressure because they are preoccupied with small babies, so that teenage mothers are prone to experiencing *postpartum blues* or even postpartum depression (Mifta., et al, 2022).

b. Parity

The results of this study indicate that the incidence of postpartum blues is most prevalent in primiparous mothers. Women who give birth to children for the first time or primiparous women with

less than 20 years of age who do not have experience in caring for children will appear fear and worry that they will make mistakes when caring for their babies. Primiparous women when doing their duties as mothers also feel confused, more burdened and they think their freedom will be reduced by the presence of the baby (Fatmawati, 2015). Changes experienced during pregnancy, especially increased hormones, can lead to increasingly severe anxiety levels and a sense of worry about accepting a new role, which can become a crisis situation, causing *postpartum blues* (Irawati and Yuliani, 2014).

c. Education Level

The results of this study indicate that the highest level of education is at the junior high school level, as many as 16 out of 28 respondents who experienced *postpartum blues* were at the junior high school education level. Research conducted by Soep (2009) shows that education has a significant effect on *postpartum blues*, especially in mothers with low education. Notoadmojo (2003) argues that education affects knowledge and is the most important domain in shaping one's actions.

d. Type of Labor

The results of this study indicate that the most types of labor occur in respondents with normal (spontaneous) labor. The process of labor, the length of labor, and complications experienced by the mother after childbirth can affect the psychological condition of the mother, the higher the physical trauma experienced, the higher the psychological trauma that arises (Irawati and Yuliani, 2014). Normal labor is known to trigger the symptoms of *postpartum blues* and if there is no medical indication normal vaginal delivery remains a priority in ending pregnancy (Mifta, 2022). Labor complication is associated with the occurrence of *postpartum blues*. Long labor will make the mother have an unsatisfactory labor experience, so that the mother shows a negative self-image and can continue to be angry which can complicate the mother's adaptation process to her new role and function. The stressful labor process will make it more difficult for the mother to control herself, making the mother more irritable and can reduce the mother's effective coping skills (Hidayati, 2017). Research by Miyansaski et al. (2014) states that the incidence of *postpartum blues* in *postpartum* mothers with normal labor and *sectio caesarea* is comparable.

e. Jobs

The results of this study show that all levels of employment in adolescent mothers are housewives or not working. Mothers who do not work or as housewives who are only at home and take care of their children can experience a state of crisis situation and experience emotional disorders/blues due to fatigue and fatigue. Housewives take care of all their own household affairs, allowing them to have pressure on their responsibilities as a wife and mother (Ambarwati, 2008). Housewives have responsibilities that arise spontaneously and cannot be predicted. Activities such as taking care of, educating, serving, managing children and husbands can sometimes cause stress (Kartini, 2006).

Incidence of *Postpartum Blues* in Adolescent Mothers

The results of this study indicate the risk of *postpartum blues* in teenage mother respondents that most of the respondents had *postpartum blues*. The high incidence of *postpartum blues* in teenage mothers can be caused by the age of the mother when giving birth. Adolescent girls who play the role of parents are a sure thing, egocentrism and rigidity of their minds usually interfere with the ability to care effectively. Couples with young age from mental or mental factors are still not able to be morally responsible for their responsibilities. Turbulence (Indriyani, 2014) The high mortality rate of infants and teenage mothers is related to the lack of experience, knowledge, and maternal immaturity that causes them to be unable to recognize problems. The transition to parenthood may be difficult for teenage parents. Therefore, many adolescents often experience difficulties in meeting the needs of their developmental stage and facing the developmental tasks of parenthood. Some parents have difficulty accepting changes in self-image and adjusting to new roles related to infant care responsibilities (Lowdermilk, 2013).

Research in the work area of the Yogyakarta Health Center by Fatmawati (2015) showed that maternal age is the strongest factor that has the greatest influence as a cause of *postpartum blues*. The results of this study are in accordance with Fatmawati's research which states that most of the 88% of respondents experience *postpartum blues* syndrome with maternal age less than 20 years and there is a

significant influence between maternal age factors and the occurrence of *postpartum blues*. The chance of *postpartum blues* is 3.41 times greater in postpartum mothers aged <20 years compared to mothers aged >20 years. The results of this study are comparable to the research of Paykel et al. (2014) which obtained a significantly higher number of *postpartum blues* found in mothers with younger ages and Deal & Holt (1998) in Jadri et al. (2006) also stated that *postpartum blues* is higher in young or adolescent mothers.

The results of research by Mifta, et al., (2022) on adolescent mothers in Sukowono District said that marriage at a young age was due to local culture because if they did not marry at a young age the family was ashamed of the surrounding neighbors because they felt that their children were old enough but did not get married immediately and there was a fear of parents with promiscuity that made unwanted things happen such as getting pregnant outside of marriage. This research is similar to Mifta's research that marriage in adolescence has occurred a lot, especially in the community in the working area of the Ilir Barat II health center in Palembang city. Where marriage at a young age occurs in addition to promiscuity, there are also those who marry because of their own desires with their partners without any coercion from the family. The results of this study show that there are mothers who may / do not experience *postpartum blues*, namely 7 respondents (25%), this is possible because of the role of husbands who help in caring for children such as carrying and changing diapers and there are some husbands who do not work so that they can accompany their wives during childbirth or when they are at home to care for their children. This is in accordance with the research of Chasanah et al. (2016) which states that research respondents under the age of 20 do not experience postpartum blues because they get social support from their families, especially from their husbands. The existence of social support allows respondents to overcome and get through the postpartum blues period in a short time. This is supported by Urbayatun (2010) who states that low social support is associated with the tendency of postpartum depression in primiparous mothers.

4. CONCLUSION

Based on the results of the study, it can be concluded that the average age of adolescent mothers who experience postpartum blues is mostly at the age of 18-19 years which is included in the late adolescent category. All respondents are primiparous category parity or women giving birth to a child for the first time. The education level was mostly junior high school with the occupation of housewife. The type of labor mostly took place normally (spontaneously). Most of the respondents experienced *postpartum blues*. With this study, it is hoped that in the future health workers can prevent the occurrence of postpartum blues in postpartum mothers and provide information about the impact of early marriage that occurs in the community. Future researchers can also develop related correlations regarding factors that can influence the incidence of *postpartum blues* or provide interventions for adolescent mothers such as psychoeducational interventions that can reduce the incidence of *postpartum blues*. In addition, future researchers are expected to develop research related to the role of health workers in screening the psychological condition of postpartum mothers.

REFERENCES

- [1] Fatmawati, D. (2015). Risk Factors Affecting the Incidence of Postpartum Blues. *EduHealth Journal*, 5(2), 244-249.
- [2] Bobak, I. M. (2000). *Maternity women's health care* (E. F Olshansky (ed.); 11th ed.). Elsevier.
- [3] Lowdermilk DL, Perry SEP, and Cashion K. 2013. *Maternity Nursing*. 8th edition. Jakarta: Salemba Medika.
- [4] Irawati D, and Yuliani F. 2014. The influence of psychosocial factors and mode of delivery on the occurrence of post partum blues in postpartum mothers (study in the postpartum room of rsud bosoeni Mojokerto). *E-Proceeding of Management ISSN: 2355-9357*. 6(April 1):1-14.
- [5] Mifta, et al. 2022. An overview of the incidence of Postpartum Blues in adolescent mothers. *E-journal of health library Vol.01 No.01 January 2022*.
- [6] Soep. 2009. The Effect of Psychoeducational Interventions in Overcoming Postpartum Depression at Dr. Pirngadi Hospital Medan. Thesis. Medan: Faculty of Nursing, University of

North Sumatra.

- [7] Notoatmodjo S. 2003. *Health Education and Behavior*. Jakarta: RinekaCipta.
- [8] Hidayati Y, and Sulistyoningtyas S. 2017. The relationship between age and type of labor with the incidence of postpartum blues in postpartum mothers in the jetis ii health center area, Bantul Regency.
- [9] Miyansaski A, Misrawati U, and Sabrian F. 2014. Comparison of the incidence of postpartum blues in postpartum mothers with normal delivery and sectio caesarea. *Online Journal of Students (JOM) of Nursing Science*.1(2):1- 10.
- [10] Ambarwati, 2008. *Postpartum Midwifery Care*. Yogyakarta: Mitra Cendikia.
- [11] Kartini K. 2006. *Leader and Leadership*. Jakarta: Raja Grafindo Persada.
- [12] Indriyani D, and Asmuji. 2014. *Maternity Nursing Textbook: Promotive and Preventive Efforts in Reducing Maternal and Infant Mortality*. 1st Edition. Yogyakarta: Ar-Ruzz Media.
- [13] Paykel ES, Emms EM, Fletcher J, and Rassaby ES. 2014. Life events and social support in puerperal depression life events and social support in puerperal depression. 339- 346.
- [14] Jardri R, Pelta J, Maron M, Thomas P, Delion P, Codaccioni X, and Goudemand M. 2006. Predictive validation study of the edinburgh postnatal depression scale in the first week after delivery and risk analysis for postnatal depression. 93:169-176.
- [15] Chasanah, I, Pratiwi NK, and Martuti S. 2016. Postpartum blues in childbirth under the age of twenty. *Undip Psychology*. 15(2):117-123.
- [16] Urbayatun S. 2010. Social support and the tendency of postpartum depression in primiparous mothers in bantul earthquake area. 7(2):114-122.