

# Overview of Baby Blues Syndrome Incidence in Postpartum Mothers Based on Sociodemography during the COVID-19 Pandemic

Endang Khoirunnisa<sup>1\*</sup>, Kurniasari Pratiwi<sup>2</sup>, Eny Retna Ambarwati<sup>3</sup>

<sup>1,2,3</sup>Sekolah Tinggi Ilmu Kesehatan Akbidyo, Indonesia

[endang.khoirunnisa@yahoo.co.id](mailto:endang.khoirunnisa@yahoo.co.id)\*

## Abstract

*This study aims to determine overview of baby blues syndrome incidence in postpartum mothers based on sociodemography during the coronavirus disease 2019 (COVID-19) pandemic. The type of research conducted is quantitative research with analytical descriptive research method with a cross sectional study approach. The population of this study were all mothers who gave birth to live babies in all provinces in Indonesia in 2019 totaling 4,778,621. The sampling method is using quota sampling. The measuring instrument for post partum blues used in this study is the Edinburgh Postnatal Depression Scale (EPDS). The analysis of this study used univariate and bivariate analysis. Based on the results of the study, there is no relationship between parity and baby blues syndrome. There is a relationship between caregiver assistants and baby blues syndrome. There is a relationship between the place of residence after childbirth and baby blues syndrome. There is no relationship between ethnicity and baby blues syndrome.*

## Keywords

Parity; caregiver assistants; place of residence; childbirth; ethnicity; baby blues syndrome



## I. Introduction

Postpartum blues is a psychological disorder that is owned by the mother after giving birth with symptoms of sadness, easy crying, easily anxious, sensitive, unstable, feeling incapable of caring for the baby, feeling she has a mistake, disturbed sleep, and the mother feels bad eating. Postpartum blues can occur in any race, ethnicity, and country, this is as described by Geonidakis et al explained that in Greece around 71.3% and in Germany there are 55.2% of mothers who experience postpartum blues. Postpartum blues occur due to several influencing factors, namely hormonal, demographic, psychological, physical, pregnancy experience, type of delivery, mother's psychosocial background, or support from the environment. Hormonal factors that affect the postpartum blues are the hormone estrogen, which has an influence on basic emotional processes, arousal, cognition, and motivation so that it can contribute to the occurrence of postpartum blues (Schiller et al., 2015).

Since December 2019, the coronavirus disease 2019 (COVID-19) pandemic has spread throughout the world. COVID-19 is a large family of viruses that cause mild to severe illness, such as the common cold or the common cold and serious diseases such as MERS and SARS (Kementerian Kesehatan, 2020). COVID-19 is a virus that has an RNA particle size of 120-160 nm. This virus initially infects animals, including bats and camels (Susilo et al., 2020). This makes it a public health emergency, COVID-19 can be deadly for vulnerable populations and communities where health care providers are not adequately prepared to manage infection. COVID-19 has become a pandemic with the latest data from

the Ministry of Health on May 12, 2020 being 4,006,257 people who were confirmed positive for the corona virus in the world, and in Indonesia alone there were 14,032 people who were confirmed positive, 10,361 people were being treated, 973 people died, 2,698 people were declared cured (Kementerian Kesehatan, 2020). The substantial morbidity and socioeconomic impacts have necessitated drastic measures on all continents, from national lockdowns and border closures to social distancing. These impacts will affect various fields and mental health problems for the community, one of which is on the mental health of postpartum mothers.

The period of pregnancy, childbirth and postpartum is a natural and normal process experienced by every woman. In this process, every woman experiences changes both physically and psychologically, so it is necessary to prepare herself, women who are not ready can experience various psychological disorders.

The birth of a child causes a challenge in the structure of family interactions. For a mother, giving birth to a baby is a very happy event as well as a heavy one, full of challenges and anxiety. Almost 70% of mothers experience sadness or the baby blues/postpartum blues syndrome, most of the mothers can recover quickly and achieve stability, but 13% of them will experience postpartum depression (Machmudah, 2015).

Experiences in the process of pregnancy, childbirth and postpartum also have different meanings that are felt by each mother-to-be and her family. In the majority of women, the process of pregnancy and childbirth is perceived as a pleasant/happy process and has a positive impact on their lives as well as one of the transitional stages in a stressful life. If the mother-to-be is in an uncomfortable zone, the responses that arise are uncomfortable feelings so that they are in a crisis condition that causes stress (Ningrum, 2017).

The psychological state in the form of stress in childbirth is called the baby blues syndrome, namely feelings of sadness and anxiety experienced by women after giving birth and worse around the third or fourth day after delivery.

Primiparous mothers are the group most susceptible to postpartum depression than multiparous or grandemultiparous mothers. Postpartum blues can be triggered by feelings of not being ready to face the birth of a baby and or the emergence of awareness of the increased responsibility as a mother (Machmudah, 2015).

Indonesia consists of multiethnic (ethnic groups), each ethnic group has a cultural heritage that has developed over the centuries, thus making Indonesia a multicultural country that is second to none in the world. The ethnic diversity that creates cultural and belief diversity is the Indonesian mosaic (Antara and Vairagya, 2018). Cultural differences in Indonesia, of course, also vary in customs and habits related to the culture of childbirth.

This study aims to determine overview of baby blues syndrome incidence in postpartum mothers based on sociodemography during the coronavirus disease 2019 (COVID-19) pandemic.

## **II. Research Method**

The type of research conducted is quantitative research with analytical descriptive research method with a cross sectional study approach. The data analysis used in this study used univariate analysis and bivariate data analysis (Pandia et al., 2018; Pandiangan et al., 2018).

The population of this study were all mothers who gave birth to live babies in all provinces in Indonesia in 2019 totaling 4,778,621. The sampling method is using quota sampling. Quota sampling is choosing a sampling sample that characterizes everything

related to sampling in advance, thus data collectors only collect data about something that has been characterized, but the sampling unit is determined by the sample taker by determining quotas (Asyraini et al., 2022; Octiva et al., 2021).

The measuring instrument for post partum blues used in this study is the Edinburgh Postnatal Depression Scale (EPDS), which if you get a score of 8-12 on the EPDS scale, the mother has a tendency to post partum blues. The EPDS method of scoring for questions numbered 1, 2, and 4 gets a score of 0, 1, 2, or with the top box getting a value of 0 and the bottom box getting a value of 3. Questions numbered 3, 5 to 10 are inverted assessments, with boxes the top one gets a value of 3 and the bottom box gets a value of 0. The maximum value of this scale is 30. If the score is more than 8, it is likely that the mother has post partum blues.

The data collection technique in this study used questionnaires via google form. The data collection technique using a questionnaire is a data collection technique, in which the researcher circulates a list of questions in the form of a written form to the subject (Octiva, 2018; Pandiangan, 2018; Pandiangan et al., 2021). Subjects were asked to fill out a list of questions that had been prepared in writing. In this questionnaire method, there is no direct meeting between data collectors and the subject being studied. This questionnaire method is more suitable for large and widely dispersed populations. Due to the pandemic situation, the research questionnaire was distributed in the form of a google form. Respondents who were targeted for this questionnaire method were respondents who had the ability to read and write.

The analysis of this study used univariate and bivariate analysis. Univariate analysis is an analysis carried out to analyze each variable from the research results. Univariate analysis serves to summarize the data set of measurement results in such a way that the data set turns into useful information (Pandiangan, 2015; Pandiangan, 2022). Bivariate analysis is a data analysis carried out to find a correlation or influence between 2 or more variables studied (Octiva et al., 2018; Pandiangan et al., 2022; Tobing et al., 2018).

### **III. Results and Discussion**

#### **3.1 Univariate Analysis**

Respondents in this study were 379 post-partum mothers, consisting of 251 ethnic Javanese and 128 ethnic Outside Javanese. The majority of respondents in this study were Javanese as much as 66%, while respondents from Outside Javanese were 34%. This shows that respondents who come from Outside Javanese tribe are more enthusiastic about filling out this questionnaire. From Outside Javanese, it is divided into several provinces including Kalimantan, Lombok, Bali, and other areas.

The majority of respondents still live with their parents or rent it out (207 respondents or 55%) while 172 respondents or 45% of respondents already live in their own house or have their own house. This shows that married couples prefer to live independently, meaning they do not support their parents or in-laws.

Based on the data of postnatal respondents, the majority were assisted by other people in terms of child care or care, namely 89% (337 respondents) and the remaining 11% (42 respondents) were not assisted by anyone. Caregivers in this case vary, including parents, in-laws, household assistants, relatives, husbands, neighbors, and others. Meanwhile, 11% of respondents after giving birth were really cared for by their own mothers without any help from anyone, including their husbands.

Respondents' data based on parity shows that most respondents have only had one child or have given birth only once (primiparous), which is 64%, while 36% of respondents

already have children or have given birth twice or more, both living and dead children. This data shows that most mothers have experienced giving birth and caring for their children so that they are able to adapt even to the coronavirus disease 2019 (COVID-19) pandemic.

The majority of respondents experienced baby blues syndrome, a total of 58% which was divided into 35% experienced baby blues syndrome with mild complaints and as many as 23% experienced baby blues syndrome with severe symptoms or were already showing signs of depression. Meanwhile, as many as 42% of respondents did not experience any signs of baby blues syndrome symptoms at all (normal). The data shows that married couples, especially mothers, have understood their role as mothers so that they are able to adapt to the parenting pattern of their children.

### 3.2 Bivariate Analysis

Based on bivariate data analysis, it is known that there is no relationship between parity and baby blues syndrome. This is evidenced by the chi square analysis, it is known that the asymp value sig. > 0.05. This supports previous research conducted by Anggraini (2017) that there is no relationship between parity and the incidence of baby blues in postpartum mothers in the Community Health Center Work Area of Pajang, Surakarta City. This is different from the results of Suprpto (2019) that there is a significant relationship between parity and postpartum blues, but specifically for women with low levels of education.

In statistical analysis using the chi square test, it is known that there is a relationship between caregiver assistants and baby blues syndrome (asymp value sig. < 0.05). This is in accordance with previous research conducted by Gutiarra and Nuryanti (2010) that there is a significant negative relationship between family support and the incidence of baby blues syndrome. Thus, it is known that the existence of family support in this case the willingness of people who help the baby care process and help the needs of the mother after childbirth is very helpful psychologically for the mother so that she does not experience baby blues syndrome. This also strengthens the previous research conducted by Salat et al. (2021) that the relationship between family support and the incidence of postpartum blues is very strong. Therefore, it is necessary to have excellent family support for postpartum mothers, because good support from the family will provide its own emotional strength for postpartum mothers.

Based on data analysis, it is known that there is a relationship between the place of residence after childbirth and baby blues syndrome. According to Wang in Wulandari and Yumni (2019), postpartum women who live at home with their parents or with their in-laws tend to experience postpartum depression compared to women who only live with their husbands. This can happen because of parental demands or perhaps giving advice that tends to force the mother to make discomfort, while living with her husband is most likely to learn together in caring for the baby and the closeness with the partner makes the mother comfortable so that the risk of prolonging the postpartum blues symptoms can be reduced.

The results of the chi square show that there is no relationship between ethnicity and baby blues syndrome (asymp value sig. > 0.005). This is different from previous research conducted by Wulandari and Yumni (2019) that local cultural customs greatly affect maternal coping to overcome the postpartum blues because the cultural customs adopted by the surrounding environment and family affect the mother's success in going through the transition period. This allows for an imbalance between the directives of health workers and the culture adopted.

## IV. Conclusion

Based on bivariate data analysis, it is known that there is no relationship between parity and baby blues syndrome. There is a relationship between caregiver assistants and baby blues syndrome. There is a relationship between the place of residence after childbirth and baby blues syndrome. There is no relationship between ethnicity and baby blues syndrome.

The suggestions in this research are:

### 1. For Husband

It is hoped that prospective fathers will be more supportive of mothers during pregnancy, childbirth, and help take care of babies and be more sensitive to the psychological needs of mothers so that the welfare of mothers and children will increase.

### 2. For Health Workers

It is expected that midwives and nurses can motivate mothers with the services provided so as to reduce the risk of postpartum blues due to unsatisfactory services.

### 3. For Researchers

It is hoped that further researchers can develop and add factors that were not found in this study.

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