

## THE RELATIONSHIP OF AGE AND PARITY ON THE INCIDENT OF POSTPARTUM BLUES IN PUBLIC WOMEN

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### ABSTRACT

The prevalence of baby blues varies throughout the world. Tanzania is 80% while in Japan it is 8%. The incidence of postpartum blues is in the range of 50-70%, indicating that this condition is a fairly common issue among mothers after giving birth. This high prevalence indicates the need for more attention to post-natal maternal mental health. The aim is to determine the relationship between age and parity on the incidence of postpartum blues in postpartum women at the Rosita Pekanbaru Maternity Home. Quantitative research method through correlative analytical design with cross sectional design. The research population was postpartum mothers at the Rosita Pekanbaru Maternity Home with a sample size of 30 respondents, total sampling technique. Univariate and bivariate data analysis using the chi square statistical test. The results of the study based on univariate analysis showed that 66.6% of mothers experienced postpartum blues, 33.3% did not experience it, 60% of those aged at risk experienced postpartum blues, 40% of those who did not experience postpartum blues, 73% of primiparous mothers experienced postpartum blues. .3% who did not experience postpartum blues were 26.7%. Bivariate analysis showed a relationship between age and postpartum blues with a P value of 0.045<0.05, there was no relationship between parity and postpartum blues with a P value of 0.078>0.05. The conclusion is that there is a relationship between age and postpartum blues, there is no relationship between parity and postpartum blues, it is recommended that expectant mothers can prepare for pregnancy well so that it will prevent postpartum blues, and that midwives can detect early symptoms of postpartum blues so that they can also prevent the occurrence of postpartum blues

Keywords: Age, Parity, *Postpartum Blues*

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### INTRODUCTION

Improving maternal and child health is a priority for health development in several developing and underdeveloped countries, especially in Indonesia. This development is directed at improving the physical and mental health of mothers. One of the problems of postpartum mothers is psychological problems, namely postpartum depression, which is one of the factors that contributes to maternal health indirectly (Nasri, Wibowo, and Ghozali 2017).

Post partum blues is The iceberg phenomenon is difficult to detect because people still think Psychological disorders are a thing which is natural as a mother's instinct and attitude protective of her baby. In Indonesia there are still not many known figures the incidence of postpartum blues is due to There is no special institution yet survey and research cases the. Most mothers don't know if they

are experiencing post partum blues (Lenawati Tindaon and Anggeria 2018).

Postpartum blues appears when a mother fails to adjust changes in life patterns due to pregnancy and the process of pregnancy, childbirth, and postpartum. This research is important because postpartum blues, known as mild form of depression, can develop into postpartum depression if not handled well (Rahmandani, Amalia., Karyono. 2010)

Postpartum is the period after the baby is born, the important process is expulsion of the placenta, which is known as the third phase of labor for up to six weeks, accompanied by the recovery of organs related to the womb. The postpartum period is a period where mothers experience various significant physiological and psychological changes, and adaptation to these changes is very important (Sambas, Novia, and Hersoni 2022).

Postpartum depression is a mood disorder that can occur in mothers after giving birth. Shown by signs of risk of depression such as being burdened by the presence of a baby, loss of sexual desire and not being able to care for the baby (Alesandro et al. 2022).

Postpartum blues is a problem with the mother's psychological condition which is mild and can last between 1-14 days after delivery, the peak occurs on the 3-5th day after delivery with causal factors such as age, parity, education, pregnancy status, husband or family support (Dinda Fitrianingsih et al. 2022).

At first glance, baby blues syndrome is not dangerous, but it has an impact on the development of the baby. The results of a preliminary study on 10 mothers stated that they felt afraid, anxious, anxious, had trouble sleeping and liked to cry after giving birth and worry if there is an abnormality in the baby. This shows that the mother is experiencing baby blues syndrome (Yuhaeni and Indawati 2024).

Worldwide postpartum prevalence varies in Tanzania 80% Japan 8%, Asia (3.5% - 63.3%) This wide range suggests that this condition is recognized and treated differently in different countries. In Malaysia and Pakistan, this prevalence reflects the varied experiences of mothers in dealing with postpartum blues (Kumalasari and Hendawati 2019).

Indonesia regarding postpartum blues is not yet known for certain, research shows that there is a 50-70% range for postpartum blues. The low incidence of postpartum blues compared to other countries is thought to be due to the traditions and personality of Indonesian people with "nrimo" behavior and being patient in accepting what they experience.

Social support and traditions in Indonesian culture, especially when welcoming the birth of a baby, where the tradition of helping relatives who have just given birth often involves the family and community, which provide emotional and practical support. This involvement could be an important factor in reducing the risk of postpartum blues syndrome. In this context, support from family, friends, and community can help women feel more connected and less isolated, which is one of the causes of

postpartum blues (Kumalasari and Hendawati 2019).

Baby Blues is characterized by the emergence of symptoms of depression/sadness/dysphoria, easy crying, more sensitivity, the appearance of worry, headaches, changes in mood, tendency to blame oneself, feeling inadequate, sleep disturbances and appetite disorders. These symptoms begin to appear after delivery and generally disappear within a few hours to ten days or more. But a few weeks or months later you can (Kumalasari and Hendawati 2019).

Factors influencing its occurrence post partum hemorrhage, one of which is parity and maternal age. Women with high parity are at risk of experiencing uterine atony, which if not treated properly will result in post partum bleeding. This condition also makes it more likely for mothers to undergo labor induction and caesarean section as well as being referred to other health service facilities (Putri et al. 2023).

Research conducted (Ariesca, Helina, and Vitriani 2019) found a significant relationship between age and the incidence of baby blues, with a P value of 0.007. These results indicate that maternal age can influence the risk of experiencing baby blues after giving birth.

In addition, research by (Siska, Okta, and Ariesca 2017). Also confirmed similar findings, where there was a significant relationship between age and the incidence of postpartum blues, with the same P value, namely 0.007. These two studies show that age is an important component in understanding maternal mental health after giving birth.

However, research conducted by (Tarisa et al. 2020) shows different results regarding parity. The results of this study did not find a relationship between parity and the incidence of postpartum blues, with a P value of 1.000, which is greater than 0.05. This shows that the number of previous births has no effect on the risk of experiencing postpartum blues.

These findings highlight the importance of considering factors such as age in efforts to understand and support maternal mental health after childbirth, while also suggesting that parity may not contribute to the risk.

The incidence of postpartum blues most often occurs in primiparous mothers, namely mothers who have given birth for the first time. The first experience of motherhood is often accompanied by various emotional and physical challenges, which can increase the risk of postpartum blues symptoms. Primiparous women are just entering their role as mothers, but this does not rule out the possibility of this happening to mothers who have given birth, namely if the mother has a previous history of postpartum blues, so it is important for families and communities to provide adequate support to primiparous mothers, help them face this challenge and reducing postnatal mental health risks (Fatmawati 2015). The aim of the research is to determine the relationship between age and parity on the incidence of postpartum blues.

Primiparas are vulnerable to shock from what they experience. Unplanned pregnancies, having expectations that do not match reality, a difficult recovery period, having to adapt to a new role as a mother, and a lack of support from her husband or family make mothers exhausted, so stressed and depressed, they become very sensitive, cry easily, and are confused about baby care, loss of control over the baby and not wanting to have a second child. Doing activities you like, leaving your children for a while and returning to work were found to be things that can help symptoms of postpartum blues in primiparous mothers (Setyaningrum, Metra, and Sukmawati 2023)

Based on a research study conducted at the Rosita Pekanbaru Maternity Home, the results of interviews with respondents showed that several mothers experienced various postpartum challenges after giving birth. Some important findings from the interviews include: feeling emotional pressure, especially in adjusting to the new role as a mother, as well as managing increased expectations and responsibilities, some mothers found it difficult to divide their attention between their newborn and older children.

Parity, or the number of births experienced by a mother, is an important topic in the postpartum context because it can influence various aspects of a mother's life after giving birth. Each birth experience brings unique challenges and dynamics, and parity plays a role in how a mother navigates

this period of recovery. For example, mothers with more than one child may feel more skilled at caring for a newborn, but they may also feel the added stress of managing the increased responsibilities. This can impact mental health, such as the risk of postpartum depression or anxiety, as they have to balance the needs of an older child with that of a newborn. Apart from that, parity also has an impact on social support. Mothers with multiple children may need more support from their partner, family, or community to face emerging challenges. Changing family dynamics can affect how a mother feels and functions after giving birth. By understanding how parity relates to the postpartum experience, we can better support mothers in their journey, both emotionally and physically. This is important to ensure they feel cared for and get the help they need in this transition period.

## METHOD

Quantitative research with a descriptive analytical design, and this research design uses a cross sectional approach. The location of this research was carried out at the Rosita Pekanbaru Maternity Home. This research did not carry out sampling because the entire population used as research subjects were all postpartum mothers at the Rosita Pekanbaru Maternity Home totaling 30 people. The collected data is processed and then analyzed. Analysis is useful for simplifying, making it easy to interpret. This research uses univariate, bivariate data analysis using SPSS. Univariate analysis aims to describe the characteristics of the research variables. Bivariate analysis was carried out using the Chi Square test to see the relationship between age support, parity and Postpartum Blues. If the result is  $P < 0.05$ , it is said that there is a significant relationship between the independent variable and the dependent variable. (Lapau, 2013).

## RESULTS

**Table 1 Age and Parity on the Occurrence of Postpartum Blues in Postpartum Mothers at the Rosita Maternity Home in Pekanbaru**

Characteristics of responden	n	%
<b>Postpartum blues</b>		
Experience	20	66,7
Not experienced	10	33,3
Total	30	100
<b>Age</b>		
Risky	18	60,0
Not Risky	12	40,0
Total	30	100
<b>Parity</b>		
Primipara	22	73,3
Multiparous	8	26,6
Total	30	100

The data above shows that postpartum mothers experience postpartum blues 66.6%, less than those who do not experience it, 33.3% and age shows that postpartum mothers who are at risk are 60.0%, less than postpartum mothers who are not at risk, 40.0% and for parity it shows that 73.3% of postpartum mothers are primiparous, less than multiparous parity 26.7%.

**Table 2 The Relationship between Age and Parity on the Occurrence of Postpartum Blues in Postpartum Women at the Rosita Maternity Home in Pekanbaru**

Age	Postpartum Blues				Total		Pvalue
	Experience		Not experienced				
	n	%	n	%	n	%	
Umur							
Risky	15	83,3	3	16,7	18	100	0,045
Not Risky	5	41,7	7	58,3	12	100	
Total	20	66,7	10	33,3	30	100	
Parity							
Primipara	17	77,3	5	22,7	22	100	0,078
Multiparous	3	37,5	5	62,5	8	100	
Total	20	66,7	10	33,3	30	100	

The data in table 2 shows that postpartum mothers who are 83.3% at risk of experiencing postpartum blues, 16.7% do not experience postpartum blues. Postpartum mothers who are not at risk are 41.7% of experiencing postpartum blues, while those who

do not experience postpartum blues are 58.3%. A statistical test with a P value of 0.004 shows a relationship between age and the incidence of postpartum blues. 77.3% of postpartum mothers with primiparous parity experienced postpartum blues and those who did not experienced 22.7%, 37.5% of multiparous mothers experienced postpartum blues and 62.5% did not experience statistical test with a P value of 0.078, there was no relationship between parity. on the incidence of postpartum blues.

## DISCUSSION

Postpartum blues is a common condition experienced by many mothers after giving birth. When the placenta is expelled during the birth process, hormonal changes occur involving progesterone and estrogen in a woman's body which can affect the mother's physical, mental and emotional condition. Mothers may feel sudden feelings of anxiety, irritability, or even sadness. This feeling is usually temporary and will usually improve within a few days to two weeks. However, it is important for mothers to recognize these symptoms and talk to the people closest to them or medical personnel if these feelings last longer or become more severe. Support from family and friends is very important in helping mothers get through this transition better (Samria and Haerunnisa 2021). Maternal postpartum blues must be identified early and treated adequately, because if left untreated it will put the mother at risk of recurring illnesses and have long-term impacts on the mother's role related to the child's emotional and behavioral development, as well as the mother's role in the family. (Purwati, Fitria, and Aifa 2023).

Baby blues syndrome is something that needs to be watched out for when mothers who experience this syndrome experience emotional disturbances that don't go away after 2 weeks (Wahyuni, Yuni Rahyani, and Senjaya 2023).

Postpartum blues is a condition often experienced by mothers after giving birth, characterized by feelings of sadness related to the presence of the baby. Generally, these symptoms appear around two days to two weeks after birth. These emotional changes can be caused by various factors, including hormonal changes and mental

experiences experienced during pregnancy. Mothers may find it difficult to accept the presence of a baby, even though they love him. These feelings often make them feel anxious, confused, or even guilty. It is important to understand that postpartum blues are common and generally temporary. Support from those closest to you, as well as understanding and accepting these feelings, can help mothers get through this phase better. If these feelings persist or get worse, it is important to consult a healthcare professional. This change in feelings is a natural response to the feeling of fatigue that is felt. Apart from that, it is also due to physical and emotional changes during the several months of pregnancy. The very rapid hormonal changes between pregnancy and after childbirth have a big influence on how the mother reacts to different situations (Maritalia 2014).

As a result of research that has been carried out, univariate results show that the age of mothers at risk is 60.0%, less than the age of mothers who are not at risk, 40.0%. The bivariate results stated that mothers who were at risk of 83.3% experiencing postpartum blues, 16.7% did not experience postpartum blues. 41.7% of mothers were not at risk of experiencing postpartum blues, while those who did not experience postpartum blues were 58.3%. A statistical test with a P value of 0.004 shows a relationship between age and the incidence of postpartum blues.

Research (Masithoh, Asiyah, and Naimah 2019) from the analysis shows a significant relationship between age and the incidence of postpartum blues p value of 0.021 ( $< 0.05$ ). There is a significant relationship between age and the incidence of postpartum blues p. value  $0.000 < 0.005$  (Purwati, Fitria, and Aifa 2023). Research (Ariesca, Helina, and Vitriani 2019) found a relationship between age and postpartum blues with a P value: 0.007.

Parity is the number of pregnancies that produce fetuses that are capable of living outside the womb/gestational age of 28 weeks. Parity has a big role in the incidence of postpartum hemorrhage, especially grand multipara. Parity is a risk factor that influences primary postpartum hemorrhage. Low parity (parity 1) can cause the mother to be unprepared for childbirth so that pregnant women are unable to handle complications that occur

during pregnancy, childbirth and postpartum. However, the more often a woman experiences pregnancy and childbirth (parity more than 3), the weaker the uterus, so the greater the risk of pregnancy complications (Wiknjosastro 2018)

Univariate results showed that 73.3% of postpartum mothers were primiparous, less than 26.7% of multiparous mothers. Bivariate results stated that 77.3% of postpartum mothers with primiparous parity experienced postpartum blues and 22.7% of those who did not experienced it, 37.5% of multiparous mothers experienced postpartum blues and 62.5% did not experience statistical test with a P value of 0.078. The relationship between parity and the incidence of postpartum blues.

This research is in line with research conducted (Tarisa et al. 2020) There is no relationship between parity and the incidence of postpartum blues with a P value:  $1000 > 0.05$

A mother who has given birth and is experienced in caring for her baby compared to primiparas is more likely to experience mild postpartum mood disorders. A mother's experience in pregnancy and childbirth plays a very important role in the process of adapting to the changes that a mother will experience after giving birth to her first child (primipara) who have no experience in giving birth before and need more support than mothers who already have experience giving birth and caring for previous baby

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