

Original Research

Overview of Postpartum Depression in The Sungai Durian Public Health Center Area

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Abstracts

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Introductions: Postpartum depression is a mood disorder that occurs after childbirth, with symptoms lasting more than six months. The prevalence rate of postpartum depression globally is 17.22%. The cases of postpartum depression in Asia are quite high, ranging from 9.29% to 60.93%. The frequency of this disorder in Indonesia is between 11% and 30%. Postpartum depressive disorder can affect the health of the mother, child, and husband. This influence can cause behavioral and emotional problems and even death. This study was conducted to determine the description of postpartum depression in the Sungai Durian Health Center area. **Methods:** This study was descriptive, with a cross-sectional approach followed by 104 research respondents. Respondents completed an informed consent sheet, personal identity, and the Edinburgh Postnatal Depression Scale (EPDS) Questionnaire. The data was analyzed using the univariate analysis method in Microsoft Excel 2019. **Results:** This study shows that postpartum mothers who do not tend to experience symptoms of postpartum depression (EPDS score <10) amounted to 66.35%, and postpartum mothers with a tendency to experience symptoms of postpartum depression (EPDS score ≥10) amounted to 33.65%. The results showed that mothers who tended to experience symptoms of postpartum depression were mostly in the age range of 20-35 years, had a high school education, had a family income less than 2,600,000/regency minimum wage, were housewives, were married, were multiparous, had a vaginal delivery, and were getting social support. **Conclusion:** Postpartum mothers in the Sungai Durian Health Center area do not tend to experience symptoms of postpartum depression.

Keywords: Postpartum Depression, EPDS, Sungai Durian

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INTRODUCTIONS

Depression is a group of mood disorders with symptoms of feeling sadness and loss of interest continuously [1]. According to data from the World Health Organization (WHO), 280 million people in the world were expected to have depression, and more than 50% occur in women [2], [3]. The rate of depression in Indonesia increased by 4% from 2013 to 2018 and is more prevalent among women [2], [4]. Based on data from Riskesdas in 2018, the incidence of depression in West Kalimantan was higher in women than men at 7.68% [5]. Kubu Raya Regency is the second-highest area with the incidence of depression in West Kalimantan, based on data from Riskesdas in 2018 [5]. Women are at very high risk of having depression because of the many hormonal, physical, emotional, and psychological changes experienced, especially after childbirth [6]. Women during pregnancy will experience an increase in estrogen and progesterone hormone levels. These changes contribute to emotional problems in women and cause postpartum depression [7].

Postpartum depression is a form of depression that occurs around the time of childbirth or within four weeks following delivery [8], [9]. The global prevalence rate of postpartum depression is 17.22% [9]. The prevalence of postpartum depression in Asia varies significantly, ranging from 9.29% to 60.93% [9], [10]. The prevalence of this illness in Indonesia ranges from 11% to 30% [11]. This disorder is frequently underdiagnosed, as women may perceive the symptoms of postpartum depression as typical, may not exhibit overt signs of depression, or may fear societal stigma associated with a diagnosis, leading them to refrain from discussing their mood with family or healthcare providers. In 2020, postpartum depression was anticipated to be among the three most prevalent health issues globally. Postpartum depression can affect breastfeeding behaviors, childcare, and mortality rates among mothers and children [12]-[14].

METHODS

This study was registered with the Ethics Committee of the Faculty of Medicine, Universitas Tanjungpura, by issuing a certificate of passing ethical review No: 5690/UN22.9/PG/2023. The method used in this study was a descriptive study design with a cross-sectional approach. One hundred and four respondents participated in August 2023 around the Sungai Durian Health Centre. The study employed the accidental sampling method and adhered to the inclusion criteria previously set by the researcher. The sample consisted of postpartum mothers aged 1-12 months who can read and write in the Sungai Durian Health Centre area. Mothers under psychiatric care and those unwilling to participate were excluded. Primary data was collected through a questionnaire completed by the study participants. The EPDS (Edinburgh Postnatal Depression Scale) was used as the questionnaire in this study. The data was analyzed using the univariate analysis method in Microsoft Excel 2019.

RESULTS

This study indicates that postpartum mothers who do not tend to experience symptoms of postpartum depression (EPDS score <10) amounted to 66.35%, and postpartum mothers with a tendency to experience symptoms of postpartum depression (EPDS score $\geq$ 10) amounted to 33.65%. The results showed that mothers who tended to experience symptoms of postpartum depression were mostly in the age range of 20–35 years, totaling 26 respondents (25.00%); the last high school education amounted to 17 respondents (16.35%); family income less than 2,600,000/regency minimum wage amounted to 27 respondents (25.96%); housewives amounted to 33 respondents (31.73%); marital status married amounted to 34 respondents (32.69%); the number of parity multiparous amounted to 19 respondents (18.27%); vaginal delivery amounted to 22 respondents (21.15%); and getting social support amounted to 33

respondents (31.73%).

Eighty outpatients in the chronic schizophrenia stabilization phase at Prof. Dr. Muhammad Ildrem Medan Mental Hospital were included in this study. As shown in Table 1, most participants (n = 40, 50%) were in the age group of 25-35 years.

The majority of participants had a high educational level (55%), were unmarried (66.3%), unemployed (68.8%), had an onset of illness at 19 years or older (86.3%), a duration of illness of five years or less (52.5%), and a low level of personal and social performance (70%).

Table 1. Postpartum Depression in Sungai Durian Health Centre Area Based on EPDS Score

Category	Total	Presentation (%)
No Tend to Experience Symptoms of Depression (EPDS < 10)	69	66.35%
Tend to Experience Symptoms of Depression (EPDS ≥10)	35	33.65%
Total	104	100%

Table 2. Characteristic of respondents tend to experience symptoms of postpartum depression

No.	Category	Variable	No Tend to Experience Symptoms of Depression N=69		Tend to Experience Symptoms of Depression N=35		Total N=104
				%		%	
1	Age	<20 years	0	0.00%	3	2.88%	3
		20-35 years	57	54.81%	26	25.00%	83
		>35 years	12	11.54%	6	5.77%	18
2	Education	No Education	0	0.00%	1	0.96%	1
		Elementary School	5	4.81%	6	5.77%	11
		Junior High School	20	19.23%	7	6.73%	27
		Senior High School	28	26.92%	17	16.35%	45
		Diploma/Bachelor Degree	16	15.38%	4	3.85%	20
3	Family Income	Less than 2,600,000	36	34.62%	27	25.96%	63

Table 2. Characteristic of respondents tend to experience symptoms of postpartum depression

No.	Category	Variable	No Tend to Experience Symptoms of Depression		Tend to Experience Symptoms of Depression		Total
			N=69	%	N=35	%	N=104
		(<regency minimum wage)					
		More than 2,600,000	33	31.73 %	8	7.69%	41
		(>regency minimum wage)					
4	Occupation	Working	7	6.73%	2	1.92%	9
		Non-working/ Housewife	62	59.62 %	33	31.73 %	95
5	Marital Status	Not Married	0	0.00%	0	0	0
		Married	69	66.35 %	34	32.69 %	103
		Divorced	0	0.00%	1	0.96%	1
6	Number of parity	Primiparus	13	12.50 %	16	15.38 %	29
		Multiparous	56	53.85 %	19	18.27 %	75
7	Type of Labour	Vaginal delivery	55	52.88 %	22	21.15 %	77
		Caesarian Section	14	13.46 %	13	12.50 %	27
8	Social Support	Yes	69	66.35 %	33	31.73 %	102
		No	0	0.00%	2	1.92%	2

DISCUSSIONS

Age

Mothers in the age range of 20–35 years can tend to suffer from postpartum depression because some mothers are unable to adapt to physical and psychological changes after childbirth [11]. These changes include changes in reproductive organs, breast shape, and weight [15]. The high incidence of postpartum depression in mothers aged 20–35 years can also occur due to other

factors, such as socioeconomic problems, especially in developing countries [16]. In this study, it was also found that of the three respondents aged less than 20 years, all tended to experience symptoms of postpartum depression. This range of age is included in the period that is vulnerable to postpartum depression [16]–[18]. Under the age of 20 years, there is an increased risk of complications during pregnancy and childbirth. Childbirth at a young age

can increase the risk of high blood pressure so that the mother can experience seizures and an increase of mortality [19]. The labor process can be disrupted due to the small size of the pelvic cavity for the baby's birth canal. This can happen because the body and reproductive organs are still in the developmental stage at this age. Mothers under 20 years of age are also associated with mental readiness and psychological problems [19]. At this age, mothers cannot make beneficial decisions, affecting the new role of caring for their babies [19].

Education

Mothers in this study who tended to have symptoms of postpartum depression had a senior high school education. Education can affect a mother's preparedness and knowledge regarding labor and childcare. Insufficient knowledge about maternal health, particularly in its psychological aspects, may heighten the risk of postpartum depression. This phenomenon could be attributed to a lack of comprehension among postpartum mothers regarding the incidence, causes, symptoms, prevention, and treatment of postpartum depression [18] [12]. Education can influence a person's problem-solving abilities and behavior. Individuals with higher levels of education are more likely to approach problems rationally and determine effective solutions using their knowledge [20].

Family Income

This study also reviewed economic conditions and found that postpartum depression was more prevalent among mothers with an income below the regional minimum wage of 2,600,000. Families who can manage expenses with the arrival of a new family member are less likely to experience postpartum depression. It is important to note that financial difficulties can lead to increased stress and anxiety, which can affect a mother's confidence in caring for her baby. The stress levels of a postpartum mother may increase if she is facing economic challenges in addition to

the demands of caring for a newborn [21] [8]. Mothers may be concerned about the cost of providing food, health care, clothing, and other necessities for their newborn. In addition, families in financial difficulty may have problems with access to health services and transportation, which can affect the baby's well-being [18].

Occupation

Non-working mothers are 4.5 times more likely to experience depression than working mothers [21]. A mother's psychological state can be affected by her daily work. Stay-at-home moms frequently remain at home while their husbands are away at work. This can make the mother feel bored, and she must do household chores while caring for her baby [22]. In addition, mothers who do not work tend to be prone to depression because it can indirectly affect the economy of the family. Working mothers can contribute to the family's income, helping to meet daily needs. However, if the mother is not employed, she must consider how to meet daily needs. If the husband is unemployed, his absence can make the mother more susceptible to postpartum depression [23]. There is also a significant change in the role of the mother, from employed to unemployed. This increases the mother's susceptibility to postpartum depression [22].

Marital Status

The study's results revealed that mothers with married marital status were more likely to experience postpartum depression. This is because marital status does not guarantee satisfaction in the marital relationship. Marital dissatisfaction has a risk of 1.28 to 10.65 times the incidence of postpartum depression [24]. This suggests that the lower the satisfaction in a marriage, the higher the risk of postpartum depression [24], [25]. During the transition, couples should support each other and make necessary adjustments. Marital dissatisfaction can put some couples at risk of psychological problems, leading to stress and exacerbating differences within the relationship. Negative interactions with

spouses can also contribute to postpartum depression in both mothers and fathers. There are several possible causes of mothers experiencing postpartum depression despite being married. The probable cause is due to a poor marital relationship. The husband's job, polygamous relationships, the husband's educational status, and other factors may influence postpartum depression related to marital relationships [26]. However, this study did not include it because it is sensitive in some areas and requires further research.

Number of Parity

Increased stress levels of multiparous postpartum mothers can occur due to greater maternal responsibility for caring for previous children and newborn children [27]. In addition, postpartum mothers may experience symptoms of depression, which have been linked to negative experiences of previous childbirth [19]. Multiparous mothers who gave birth ≥ 5 years ago are also at risk of experiencing postpartum depression. Mothers may forget about their birth experience and previous child care, leading to this occurrence [20]. Previous studies have also reported a lack of bonding between multiparous mothers and their newborns. This can be attributed to the fact that mothers have to take care of other children, which can negatively impact their psychological well-being [17].

Type of Labour

Childbirth is a complex occurrence that can serve as a stressor, thereby disrupting the psychological well-being of postpartum mothers. The nature of childbirth can influence the likelihood of women experiencing symptoms of postpartum depression. In vaginal labor, contractions manifest intermittently, accompanied by an extended labor duration [28]. The duration of labor is delineated by its three stages: stage 1, stage 2, and stage 3. The duration of labor may result in a distressing experience for the mother, thereby impacting her adjustment to child-rearing. The arduous labor process will hinder the mother's emotional regulation,

resulting in increased irritability and diminished coping capacity [29].

Social Support

The study found 33 mothers who had received social support but tended to experience symptoms of postpartum depression. These symptoms can occur due to the risk factors of postpartum depression, which are complex and multifactorial. Postpartum depression can occur due to the interaction between genetic factors, hormonal factors, psychosocial factors, epigenetic factors, and other risk factors. Some of the precipitating factors that cause postpartum depression are drastic hormonal changes, dissatisfaction with the marital relationship, and low socioeconomic status [8] [30]. Not only that, but lack of social support during pregnancy can also increase the risk of postpartum depression. Women who feel anxious and lonely have stressful life circumstances and lack partner support during pregnancy, which can increase the risk of postpartum depression [30].

CONCLUSIONS

This study encompassed 35 participants displaying symptoms of postpartum depression, primarily aged between 20 and 35 years, with a maximum educational qualification of high school, a family income below 2,600,000 (the Regency minimum wage), non-working mothers or housewives, married status, a parity exceeding multiparous, normal or vaginal delivery, and the provision of social support. Future researchers are expected to examine additional variables, such as social support during the mother's pregnancy, the maternal relationship with her partner, the partner's employment, and others.

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CONFLICT OF INTEREST

No conflicts of interest regarding the publication

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