

## **THE PERCEPTION OF WOMEN WITH POSTPARTUM DEPRESSION HISTORY TOWARD FAMILY'S SUPPORTS**

**Ida Maryati, Niken Fitri Astuti, Tetti Solehati**

Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia

Correspondence: ida.maryati@unpad.ac.id

### **Abstract**

Mental health is a global problem including postpartum blues. Woman's perception of family's support may increase postpartum blues symptoms. The purpose of this study was to describe the perceptions of women with postpartum blues towards family supports in Al Islam Hospital, Bandung, Indonesia. The design was descriptive and samples were chosen using the purposive sampling technique. The number of respondents was 35 women, and the data were gathered using two questioners. There were family support and modification of Kennerly and Gath's questioner. The results showed that most of respondent's perceived family provided emotional support 75%, instrument support 51%, reward support 54%, and informational support 54%. Based on the result, it is an opportunity for the hospital to provide counseling or health education to patient or family about the patient need on family support.

**Keywords:** Family Support, Perception, Postpartum Blues

### **INTRODUCTION**

Postpartum is an episode after childbirth where there is a change in the condition of the woman's body, including the biological conditions of uterine changes, hormone levels, and psychological changes that require the adaptation of a woman (O'Hara, 2013). Physical and emotional changes require adaptation to adjustment to life by the process. Some adjustments are needed for women in dealing with their activities as a woman in the first weeks or months after delivery.

Postpartum blues (PPB) or often called maternity blues or baby blues are defined as psychological symptoms commonly experienced by the a woman in the first week after delivery in the form of mood changes and are characterized by symptoms of sadness, crying, irritability, anxiety, limb feeling, self-blame tenderness, and sleep disorders (American Psychiatric Association, 2013).

The rate of postpartum blues events in the world varies considerably between 10-20% (Boratav, Toker, & Kuey, 2016; Werner, Miller, and Osborne, 2015). Postpartum blues are experienced by 70% to 85% of new a women, these symptoms begin to appear after delivery (Lesmana 2007). In addition, based on a research conducted by Nurbaeti, Deoisres, and Pornpat (2016) found the tendency of postpartum

depression was 18.37%, 15.19%, and 26.15% at one, two and three months, respectively.

Postpartum Blues is categorized as a mild emotional disorder syndrome and therefore often not cared for so undiagnosed and not treated as it should be. The duration of depression is also not too protracted, and in general, it will disappear within a few days. However, if it persists for several weeks or months later, it can progress to more severe conditions of postpartum depression that may reach 10-20% in postpartum' woman (O'Hara, 2013).

According to Kaplan and Sadock (2007), depression is a period of disruption of human function associated with sad feelings and symptoms of accompaniment including changes in sleep patterns and appetite, psychomotor, concentration, fatigue, despair and helplessness, and the idea of suicide. Depression is classified in the American Psychiatric Association's Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) as a mood disorder (American Psychiatric Association, 2013). WHO surveys in 14 countries in 1990 showed depression was a health problem that caused the world's fourth largest social burden. According to Dhamono (2006), less than one-third were diagnosed with depression and only 10 percent received treatment correctly. In fact, by 2020 it is estimated that depression will occupy the second largest health problem after cardiovascular disease (Amir, 2007).

A Mental Health Survey in 1995, by the Indonesian epidemiologic psychiatric network on the population in 11 cities found that 185 out of 1000 residents had symptoms of mental health disorders. Results of mental health findings to public visitors to Public Health Center in 24 districts or cities in 2002 found 36.7% suffered mental disorders in 2003 to pregnant and lactating a woman who visited district health centers or cities in West Java from 2928 respondents, there were 798 women pregnant and lactating (27, 58%) suffer from emotional mental disorder (Bandung Mental Hospital, 2003).

Many factors are thought to play a role in this syndrome, among others: according to Joseph (2009), postpartum blues is a postpartum depression caused by the effects of rapid hormonal changes within the first 48 hours after delivery, hormonal estrogen, progesterone and estriol hormone dropped dramatically. The existence of the

involution process, a woman is sleep deprived and tired of taking care of the baby, and so forth.

Denisa Ponsinb and Callahan (2012) reported that low maternal self-esteem, an impression of lacking competence in caretaking and feeding abilities, and the perception of the infant as 'difficult'. Another study by Iskandar (2007) showed that demographic factors of maternal age and parity, experience in the process of pregnancy and childbirth, the psychosocial background of the woman concerned, such as education level, marital status, unwanted pregnancy, previous psychiatric history, socioeconomic, social support from The good environment of husband, family and friends is an important factor that can be a predisposing factor in postpartum blues in postpartum' woman. Lack of social support, as well as the participation of families, husbands and health workers in providing real support or assistance in reducing the burden on postpartum blues and slowing down other adjustment processes associated with role changes that may exacerbate maternal anxiety levels (Moline et al., 2001).

Several researchers on the handling and prevention of postpartum blues are being done, handling given more oriented on the psychological side of motivation and real support from the nearest person. A husband for a woman is a major source of support. Numerous studies have shown that the support (both emotional and instrumental) of the husband significantly reduced the risk of postpartum depression. Women who do not get adequate support from husbands tend to be depressed (Nurbaeti, Deoisres, and Pornpat, 2016). In addition, according to research results, Windarsih (2006) showed that an increase in husband support may result in a decreased risk of postpartum blues in postpartum.

The result of Widodo (2006) showed that there is a significant relationship between husband support with postpartum blues in women who gave birth. Looking at the above statement it can be concluded that support from the closest people is very important to prevent postpartum blues and other health problems. Before getting a point of view about family support to woman who have postpartum blues it's good to know in advance how the perception of the woman who experienced postpartum blues to support provided by the family, because the perception of a woman who has postpartum blues to support provided by the family both positive perceptions and negative will be the

woman's guidance in behaving towards the support provided by the family in which family support as described previously is very influential with postpartum blues events.

The statement was reinforced by Yanita (2003) in her study of primipara perceptions of husbands' support in the effort to cope with postpartum symptoms. The results show that those who get support the greatest of both emotionally supportive husbands in the form of informational and relative appreciation does not show symptoms of depression during childbirth, whereas those who have less support from their husbands have relatively symptoms of postpartum depression.

Based on medical records (2009) in Al Islam Hospital Bandung bed capacity were 22 postpartum patients with uncomplicated postpartum patients as many as 663 patients per year or 55 patients per month with the length of stay 2 to 3 days. The results of preliminary interviews with a midwife and observed on postpartum patient at Al Islam Hospital Bandung, the nurse said that recent events with symptoms of sadness, increased anxiety until rejection of the baby were reported to have appeared in postpartum patients, data "Kennerley and Gath Blues Scale questionnaire" found results that postpartum blues symptoms are quite common in the hospital about 5 out of 10 postpartum patient.

The results of interviews conducted on a woman with postpartum blues revealed that the factors that triggered anxiety, the sadness of the postpartum blues due to the experience at the time of delivery were the lack of maternal knowledge and family support. The interview was conducted on 10 Post-partum patients. 5 women said that the family rarely discuss woman's complaints during pregnancy to health workers, 4 people of them said the family rarely listen to maternal complaints during pregnancy so they kept this makes a woman bury her own complaints, 5 women said the family rarely accompany a woman when checking up of pregnancy accompanied by the nearest person, in this case, is family. Based on the above statement, the researcher is interested to examine "The perception of a woman who experienced Postpartum Blues on family support in Al Islam Hospital Bandung".

## **METHODS**

This research applied the quantitative descriptive design. The sample in this study was postpartum' woman with inclusion criteria giving birth spontaneously, without

complication, a woman who experienced postpartum blues with score  $\geq 8$  using the instrument of Kennerley and Gath Blues Scale (1989) and did not consume antidepressant drugs. The numbers of samples were 35 people. The instrument used in this study was an instrument to examine the symptoms of postpartum blues by using instruments used by Senoputra and Maryati, (2008) to modify the instruments of Kennerley and Gath (1989) that have been tested for validity, another instrument used is the perception instrument of family support that has been invalidity and reliability test by the researcher. The analysis is used in the univariate analysis.

## RESULTS

**Table 1 Overview of women's perception about their families' supports (n = 35)**

No	Families' supports	Favorable (%)	Unfavorable (%)
1.	Emotional support	57%	43%
2.	Instrumental support	51%	49%
3.	Reward support	46%	54%
4	Information support	54%	46%
5	Family support	51%	49%

Table 1 presents that more than a half of respondents' reported support from their families including emotional support (57%), instrumental support (51%), information support (54%), and family support (51%), however respondents perceived less support related to reward support from families (56%).

## DISCUSSION

The results of the research on a woman's perception of emotional support given by family 57% of women have positive perception toward the favorable emotional support, but 43% of women have negative perception toward unfavorable emotional support. This condition due to women felt that their family never gave attention to a woman like accompany a woman when they felt restless, and families never wanted to know about women's circumstances during pregnancy and postpartum.

The family emotional support plays an important role in determining the patient's condition. Couples living, in this case, husbands as the nearest person for

women and having a close emotional bond were one factor that influenced women's emotional support in women who had postpartum blues. Windarsih (2006) explained that a good support from husbands may lead to a low risk of postpartum blues.

Empathy is an effective tool in solving problems in the postpartum period, empathy from the closest person would help women feel secure. The postpartum is a dramatic condition experienced by a woman because at this time there are many changes both physically and psychologically. The emotional support provided by the family made women feel taken care of, cared for and cherished.

Sufficient emotional support would change the woman's perception of emotional support provided by the family as indicated by the change in attitude, motivation, and behavior. These support helped women to prevent postpartum blues. Glenn and Nelsen (2002) explained that perception is guided women's attitude, motivation, and behavior.

The result showed that 49% of respondents had a negative perception toward the support given by the family related to the instrumental support. Based on the results of respondents said that the family rarely helped them to do the household tasks, antenatal visit, and prepare a woman's favorite food when a woman feels no appetite.

During the research the researchers asked families' reasons related with less support to women during pregnancy, they said that women already had experience in taking care of themselves and their babies, no history of pregnancy complications such as pre-eclampsia and section caesarian. This had a sufficient impact on the progression of postpartum depression score (Robertson, 2002). Glenn and Jane (2002) explained that the negative perceptions of a woman are influenced by the woman's negative experiences in seeing and interpreting previous family support.

Friedman (2010) argued that the family is a source of practical and concrete help. Family willingness to help other family members who are ill will have an impact on better physical and mental health. Material satisfaction can create optimal conditions for postpartum women. This study found that the majority of women had a negative perception towards the support of the award given by the family (54%). The women's perception of the awards support was the motivation and the strengthening of women in overcoming the physical and psychological changes that happened in the first days of post-partum.

The families' appreciation shown in the way they communicate with women, accepting a woman's conditions and strengthening women who felt changes during the post-delivery period. According to the study results, women's felt a lack of support from families including motivation, positive responses, and acceptance of the baby. These situations are caused by a lack of understanding of families about women's and babies need after childbirth. Friedman (2010) explained that the level of family education affected family support. Astuti (2007) added that lack of awareness and lack of knowledge of the woman about self-care and infants triggers the emergence of anxiety, worry, and guilt that can exacerbate postpartum blues symptoms.

This study found 46% of respondents had negative perception related to the result of information support given by family. The information support in this study was to provide advice to the woman related to the period of pregnancy and after childbirth. Women said sometimes the family assumed that women already knew about maternal period changes and had been able to take care of themselves and their babies. Adequate information for women and their families is needed to increase their knowledge and empathy so it would reduce the symptoms of postpartum blues.

Friedman (2010) explained that the benefits of information support are able to suppress stressors because the information provided contribute specific suggestion actions for the individual. Otherwise, the information provided should be understood and followed by women. Information delivered to the family, health professionals should pay attention to the tone of voice, speed, duration and time and the pause used when talking. These characteristics would help women to understand the contents of the information, and they feel that the family take care of them. Providing a full attention to postpartum women may be affected emotional states of the postpartum women.

51% of respondents who experienced postpartum blues in this study had a positive perception of the family support, there are possibilities of other factors influence postpartum blues. Yosep (2009) said that factors causing the postpartum blues were a hormonal influence, the process involution, sleep deprived a woman and tired of taking care of the baby. Iskandar (2007) added other factors that may influence women's perceptions including age, parity, experience in the process of pregnancy and childbirth, the psychosocial background of the woman concerned, such as education level, educational status, undesirable marriage, previous psychiatric history,

socioeconomic and social support from the environment both from husband, family and friends became one of the important factors of postpartum blues.

However, family support is still needed by a postpartum woman because psychologically the family is able to lighten the burden felt by the woman. In addition, Smet (1994) described that someone who feels comfort, attention and fully helps from a person or groups tended to be more easily follow medical advice than women with no families' support. Nurses would be easy in providing care when women had signs and symptoms of postpartum blues.

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