



The Relationship Between Family Function and The Incidence Of Postpartum Blues In Postpartum Mothers

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ABSTRACT

Background: Postpartum blues are sadness and depression experienced by mothers after giving birth. There are two factors that cause postpartum blues, namely internal and external factors. One of the external factors that causes postpartum blues is family function. The function of the family is important in ensuring the condition of the postpartum in the physical, social and spiritual aspects so that she can develop properly. The impact of postpartum blues can cause mothers to experience recurring illnesses as well as the impact on the role of a mother in the emotional development and behavior of children, as well as the role of the mother in the family. Research Objective: To determine the relationship between family function and the incidence of postpartum blues in postpartum mothers at PKU Muhammadiyah Bantul Hospital.

Method: The research design used in this study was cross sectional. The study sample amounted to 38 respondents of postpartum mothers with purposive sampling sample techniques. The study data was collected using the APGAR Family questionnaire to measure family functioning and the Edinburgh Postnatal Depression Scale (EPDS) to measure the incidence of postpartum blues. The statistical tests used were univariate and bivariate analysis using the fisher's exact tests. The data collection process in this study was carried out after obtaining an ethical clearance.

Results: The results showed that the majority of family functions were in the moderate dysfunctional category (68.4%) and the majority who experienced postpartum blues events (71.1%). The measurement results were tested using fisher's exact test and obtained p value = 0.001.

Conclusion: There is a significant relationship between family function and the incidence of postpartum blues in postpartum mothers at PKU Muhammadiyah Bantul Hospital.

Keywords: Family Function, Postpartum Blues, Postnatal

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Background. Postpartum blues is the sadness and depression that mothers experience after giving birth. The sadness and depression experienced by the mother is usually temporary, approximately two days or two weeks after the birth of the baby. The peak of sadness and depression can grow into severe depression if ignored (Marwiyah et al., 2022). Common symptoms of postpartum blues include sadness or dysphoria, feeling unstable, irritability, weepiness, anxiety, and headaches. These symptoms can appear shortly after giving birth and even up to two weeks after giving birth (Harianis & Sari, 2022).

The prevalence of postpartum blues in the world that occurs in mothers after giving birth is around 70%-80%, mothers who experience

postpartum blues almost 13% will develop into postpartum depression (Marwiyah *et al.*, 2022). Meanwhile, the prevalence of postpartum blues in Asia is high and varies between 26-85% in women who have given birth (Yulistianingsih, 2021). Several previous studies have been conducted by Edward (2017), the prevalence of postpartum blues in Indonesia is around 23%. In a study conducted by Ernawati (2020) di PKU Muhammadiyah Hospital in Yogyakarta from 30 respondents, the presentation of postpartum blues was 53.3%. Research conducted by Hertati (2022) at the Banguntapan II Health Center out of 106 postpartum mothers who experienced postpartum blues as much as 42.45% and at the Sewon I Health Center out of 116

postpartum mothers who experienced postpartum blues as much as 44.83%.

According to Ningrum (2017), the factors that cause postpartum blues are not certain, but it is estimated that there are 2 causative factors, including internal and external factors. Internal factors that cause postpartum blues lead to psychological factors and the personality side, including fear, anxiety, feelings of tension and worry, a history of previous depression, a history of complications during pregnancy or childbirth, difficulties in breastfeeding, section caesarean delivery, and lack of understanding of the mother about caring for the baby. External factors that can cause postpartum blues lead to social support, the condition of the baby, the psychological status of the partner or husband, self-adjustment and stress coping (Marwiyah *et al.*, 2022).

The family is a part of society, which contains a husband and wife, husband and children, wife and children, and can consist of a husband, wife and children (Herawati *et al.*, 2020). Family function is a measure of a family to operate as a unit and interact between members with each other. The positive impact provided by the family will affect postpartum mothers, which can reduce anxiety and increase self-confidence during pregnancy and childbirth. In addition, it can also affect the mother's satisfaction with her condition, which experiences various physiological and psychological changes experienced by the mother (Sudirman *et al.*, 2019). Mothers affected by postpartum blues must be treated immediately because mothers play a very important role in the growth and development of children in their relationship with the family. Therefore, postpartum mothers need support from the people around them, one of which is the family (Tindaon & Anggeria, 2018).

Based on the results of preliminary studies conducted at PKU Muhammadiyah Bantul Hospital on May 29-30, 2023, it was found that the number of mothers giving birth in January-April 2023 was around 307 people with a history of normal delivery of around 114 women

and a history of section caesarean delivery of around 193 women. The purpose of this study was to determine the relationship between family function and the incidence of postpartum blues at PKU Muhammadiyah Bantul Hospital.

Methods. This study used quantitative research with a cross sectional research design, which is a method of collecting data between the independent variable and the dependent variable at the same time.

The population in this study were 307 postpartum mothers taken from medical record data at PKU Muhammadiyah Bantul Hospital in January-April 2023. The sample in this study were 38 respondents using purposive sampling calculation.

The data collection technique in this study used the APGAR Family questionnaire to measure family function with 5 questions adopted Mufidah research (2022) and the dan EPDS (*Edinburgh Postnatal Depression Scale*) questionnaire to measure postpartum blues with 10 questions and adopted from Sepriani research (2020). The data analysis used in this study was univariate analysis and bivariate analysis using the Fisher Exact Test.

The research was conducted for two weeks in the obsgyn clinic of PKU Muhammadiyah Bantul Hospital and assisted by research assistants. Before conducting research to respondents, researchers first explained the objectives, benefits, processes, and procedures for filling out each questionnaire question item to research assistants so that no errors occurred when collecting data from respondents. Then, the researcher and research assistant looked for respondents who fit the research criteria. Before the respondent fills out the questionnaire, the researcher or research assistant first explains the purpose, benefits and time contract to the respondent. If the respondent agrees, then the respondent is given an informed consent sheet. After that, a questionnaire sheet was given, before filling out the questionnaire the researcher explained the procedure for filling out the questionnaire and was given \pm 15 minutes to fill out the questionnaire.

Result and Discussion.

Table 1 Characteristics of Respondents by Age, Education, Occupation, Parity, Type of Delivery, Co-residence, and Breastfeeding Problems (N=38)

Characteristics of Respondents	Frequency	%
Age		
<20 years	1	2.6
≥20-35 years	30	78.9
≥36 years	7	18.4
Education		
Junior High School	3	7.9
Senior High School	25	65.8
College	10	26.3
Work		
Employed	14	36.8
Not Working	24	63.2
Parity		
Primipara	13	34.2
Multipara	25	65.8
Type of Labor		
SC	18	47.4
Normal	20	52.6
Lives with the		
Immediate Family and or Husband	29	76.3
Extended Family	9	23.7
Breast milk problems		
No Problem	14	36.8
Little Milk Production	20	52.6
Sinking Nipples	4	10.5
Total	38	100

Based on table 1 above, it can be seen that based on age, the majority of respondents are around 20-35 years old, as many as 30 respondents (78.9%). Meanwhile, based on education, the majority of respondents have the last education of SMK / SMA, as many as 25 respondents (65.8%). Based on work, the majority of respondents did not work, as many as 24 respondents (63.2%). Based on parity, the majority of respondents experienced second child pregnancy, as many as 25 respondents (65.8%). Based on the type of labor, the majority of respondents experienced normal labor, as many as 20 respondents (52.6%). Based on living with the majority of respondents chose to live with nuclear family and/or husband, namely 29 respondents (76.3%). Meanwhile, based on breastfeeding problems, the majority of respondents

experienced problems with low milk production, as many as 20 respondents (52.6%).

Table 2 Results of Univariate Analysis of Family Function and Incidence of Postpartum Blues (n = 38)

Category	Frequency	%
Family Functioning		
Moderately dysfunctional	26	68.4
Highly Functional	12	31.6
Postpartum Blues		
Postpartum Blues	27	71.1
Normal	11	28.9
Total	38	100

Based on table 2 above, it can be seen that based on family function, the majority of respondents were categorized as moderately dysfunctional, namely 26 respondents (68.4%). Meanwhile, based on the incidence of postpartum blues, the majority of respondents were categorized as postpartum blues, namely 27 respondents (71.1%).

Based on the results of family function research, it was found that there were 26 postpartum women (68.4%) had moderate dysfunctional family functions. This identifies that family function is not going well. This study is in line with research conducted by Megasari & Rahayuningsih (2018) which found that family function is related to postpartum blues in the moderate dysfunctional category. This happens because family functions are not going well and there is a lack of support between families.

The family is the smallest unit of society and the social environment around it can affect a family function. Family function is to ensure appropriate environmental conditions for family members. Good family functioning means that there is support between family members, helping each other and taking care of each other in various ways.

According to research by Megasari & Rahayuningsih (2018) factors that affect family function include education, economy and family factors. Education and economy can also affect family function. A good economy can make the family function healthy, because

family members will have no difficulty in getting a healthy place to live, good education, nutritious food, and health services that can make a good quality of life for each family member.

Living with one's nuclear family and/or husband can promote good family functioning. The husband is the first and main person to provide encouragement or support to the wife. The husband is also the first person who can realize the changes in his partner. The husband's involvement in providing assistance in the form of presence can be useful for the wife in controlling anxiety levels and can reduce the pressures on her. This is supported by the characteristics of the respondents, the majority of postpartum mothers have a history of high school or vocational high school education, postpartum mothers who do not work, live with nuclear family and / or husband.

Based on the results of the study, it was found that there were 27 postpartum mothers (71.1%) who experienced postpartum blues. This is in line with research by Siallagan (2022) that of the 46 respondents most (56.5%) experienced postpartum blues. The results of research by Samria & Indah Haerunnisa (2021) stated that 40 respondents mostly (62.5%) experienced postpartum blues. In addition, research by Salat (2021) of 13 respondents (77%) experienced postpartum blues.

Postpartum blues is a condition that occurs in postpartum mothers where there are changes in mood at any time after the mother gives birth. Symptoms that appear in mothers who experience postpartum blues, namely feeling tired and feeling burdened, fear and panic, blaming themselves, feeling sad, feeling like a failure, feeling anxious and worried, unhappy and having sleep disturbances, and crying easily. According to Sari (2020) factors that influence postpartum blues include age, education, parity, occupation, type of delivery, living with family, and the presence of breastfeeding problems.

In this research, the characteristics of the majority of respondents aged ≥ 20 -35 years are productive age. Age 20-35 years where a woman is still productive both in problems related to physical needs and plays an active role in the family, so that the inherent role and lack of family support can trigger mothers to experience postpartum blues (Saraswati, 2018). The majority of education in this study is high school (65.8%), according to research by Sari (2020) low education is more at risk of experiencing postpartum blues because someone with a high education has a different way of thinking and perspective on changes in himself and the surrounding environment in responding to the process during the postpartum period compared to those with low education.

The majority of breast milk problems in this study had breast milk problems with little milk production (52.6%), breast milk problems in postpartum mothers can cause anxiety and worry for mothers. The smooth production of breast milk experienced by postpartum mothers can increase the mother's confidence and ability to breastfeed so that the mother will not experience anxiety (Sari & Utami, 2019). In the research characteristics of respondents, the majority of mothers did not work (62.3%) and mothers with multiparous parity (65.8%), in the opinion of researchers, mothers who do not work and have more than one child can experience postpartum blues because in addition to taking care of household affairs, mothers also feel tired taking care of their children.

Living with the nuclear family and or husband was found by the majority of respondents (76.3%) can also increase the burden on the mother because there are no other family members who help in taking care of housework and children. Postpartum mothers need good mental preparation before giving birth and during the postpartum period and family support is needed, especially husbands, so that mothers avoid the possibility of postpartum blues.

Table 3 Relationship between Family Function and the Incidence of Postpartum Blues (n = 38)

Family Function	Incidence of Postpartum Blues						P Value
	Postpartum Blues		Normal		Total		
	F	%	F	%	F	%	
Medium Dysfunctional	25	65.8	1	2.6	26	68.4	0,000
Highly Functional	2	5.3	10	5.3	12	31.6	
Total	27	71.1	11	28.9	38	100	

Table 3 shows that there is a relationship between family function and the incidence of postpartum blues, with a significance value in the results showing ($p = 0.001 < 0.05$). So the hypothesis which states that "There is a Relationship Between Family Function and the Incidence of Postpartum Blues" is accepted.

Based on statistical tests of the relationship between family function and the incidence of postpartum blues in postpartum mothers tested using the Fisher Exact Test, it was found that there was a relationship between family function and the incidence of postpartum blues in postpartum mothers. This is in line with the research of Megasari & Rahayuningsih (2018) which found that there is a relationship between family function and the incidence of postpartum blues. Family function has a very important role in providing support to postpartum mothers.

Support provided by the family, especially the husband, is a big factor in triggering postpartum blues. Family support, especially husbands in providing attention and affection, will greatly help postpartum mothers not experience postpartum blues. This is in line with the research of Samria & Indah Haerunnisa (2021) which found that there is a relationship between husband support and the incidence of postpartum blues. The research of Salat (2021) found that there was a relationship between family support and the incidence of postpartum blues.

Family function is important in providing support to postpartum mothers because this period is a period when a mother must adjust to new conditions so that love and attention are

needed. The husband has an important role because the husband is the closest person who can provide assistance and support both financially and affection and attention so that the mother can go through the adaptation period after giving birth well. In addition to support from husbands, family and closest people are also very influential in overcoming the symptoms of postpartum blues in postpartum mothers (Siallagan *et al.*, 2022).

In the tabulation table, there are 2 respondents who get good or very functional family functions but experience postpartum blues. This happened because 2 respondents included mothers with the birth of their first child (primipara) and worked. This is in line with research conducted by Qonita (2021) which states that there is a relationship between parity and employment status on the occurrence of postpartum blues.

The experience of childbirth plays an important role in the incidence of postpartum blues. First-time mothers will be more likely to experience postpartum blues. Mothers who have just given birth for the first time will adapt to changes in themselves, both role changes and physical changes that have never been through before, so that it can make mothers experience postpartum blues. Mothers who work or have a career find it very difficult to give up their organized attitude in caring for their babies. Mothers may think they can handle the baby, but when the baby makes a hassle with constant crying, irregular hunger, unclear schedules and sleep deprivation, mothers are generally more prone to postpartum blues. Mothers who work and have higher education will face role conflict and social pressure between the demands of being a working mother and a housewife. (Qonita *et al.*, 2021).

Conclusion and Suggestions. Based on the results of research conducted at PKU Muhammadiyah Bantul Hospital, it can be concluded that there is a relationship between family function and the incidence of postpartum blues (p value 0.000). Suggestions for patients are expected that patients before giving birth can prepare themselves in the process before

delivery and can seek information through internet media or books related to the health of postpartum women so as not to experience postpartum blues. Suggestions for families are expected that family functions can be carried out properly and optimize the role and support of other family members so that the mother can adapt to her condition after childbirth so as to minimize the occurrence of postpartum blues. Suggestions for nurses are expected to provide more education to postpartum mothers in the role and changes in postpartum mothers so as not to experience postpartum blues. Suggestions for future researchers are that the results of this study can be used as additional data in further research. Future researchers should add other variables that can affect the incidence of postpartum blues in postpartum mothers.

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