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Is Depression After Childbirth Correlated by The Number of Children in The Family?



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Abstract

The postpartum blues are frequently disregarded, which makes early diagnosis difficult. As a result, postpartum mothers are more likely to develop emotional disorders, which may affect their ability to be good mothers. The aim of this research was to find out whether there was a relationship between the number of children and the incidence of postpartum blues. With a cross sectional design, this research was analytical in nature. The sample of this research was parts of postpartum women with purposive sampling. at the Ernita Midwife Independent Practice based on the inclusion criteria, which had 35 respondents. The results of the examination of the connection between parity and postpartum depression showed a strong correlation between the two, with a p value of 0.002 ($p = 0.05$) for postpartum maternal parity. Families should consider the number of children, especially toddlers, while planning their next pregnancy, suggests the researcher.

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INTRODUCTION

A woman's childbearing parity is indicated by the phrase. Since it's possible for a pregnancy to end without giving birth, we need to distinguish between the number of pregnancies and the number of children and births. The parity parameter is considered in daily clinical practice in obstetrics in order to assist with the process of pregnancy, childbirth, and, in particular, the puerperium period (Martínez-Galiano et al., 2019). The incidence of postpartum depression is correlated with parity. Parity is one of the elements affecting postpartum depression. The incidence of postpartum depression is affected by parity. A mother with just one child will undoubtedly have less experiences than a mother with two or more kids. When a mother has just one child, she is less likely to be familiar with how to care for both the newborns and herself as a mother (Ambarwati & Listiyani, 2014).

One of the most frequent postpartum complications and a major cause of disability worldwide is postpartum depression (Glavin & Leahy-Warren, 2013). The term "postpartum blues" refers to temporary and self-limited symptoms of mild depression and poor mood. Postpartum blues might manifest due to a number of risk factors. A higher number of pregnancies over the course of a woman's lifetime, a history of significant depression or dysthymia, a history of mood changes related to the menstrual cycle or changes in mood brought on by pregnancy, or a family history of postpartum depression are some examples. Low socioeconomic status, ethnic or racial background, gravidity status (primiparous vs. multiparous), planned vs. unplanned pregnancy, natural pregnancy vs. IVF, type of delivery (vaginal vs. cesarean), family history of mood disorders, or earlier postpartum depression are the factors that, when present, do not predispose a patient to the development of postpartum blues (Howard et al., 2014).

Postpartum depression (PPD) and postpartum blues syndrome, sometimes referred to as "the baby blues," are the two main varieties of postpartum depressive disorders.¹ Anxiety, irritability, mood swings, and sleep issues are signs of the infant blues. According to estimates, 300–750 moms per 1,000 worldwide have postpartum depression (Fiala et al., 2017). The first week after delivery is when, on average, 50% (15.3–85%) of new moms suffer the symptoms of postpartum blues. As long as the mother can handle the condition, the postpartum blues, which include mood swings, uncontrollable crying, decreased appetite, anxiety, and irritability, will pass

quickly (Akbarzadeh et al., 2017; O'Hara & Wisner, 2014). In Indonesia, between 50 and 70 percent of new mothers experience the postpartum blues, compared to Asia's relatively high incidence of 26 to 85%. According to the EPDS (Edinburg Postnatal Depression Scale) results reported at Dustira Cimahi Hospital, 52.1% of moms had postpartum depression (Prasetyo, 2015).

Poor social support, unhappiness in marriage, domestic abuse, economic insecurity, and inadequate maternal care throughout infancy have all been identified as risk factors for the maternity blues. Postpartum blues have also been linked to lower rates of prior births, husbands working in the private sector, and years of marriage (Ntaouti et al., 2020). The hormonal changes (decreased progesterone, cortisol, estrogen, and increased prolactin) that cause postpartum depression manifest between the first and fourteenth day following giving birth, peaking between days three and five (Kaźmierczak et al., 2017; Maliszewska et al., 2016). Experience with labor is one of the reasons of postpartum depression. Unpleasant labor can have an impact on postpartum psychological changes. Age, parity, and birth experience are a few characteristics that contribute to postpartum depression. Depression after childbirth and problems with breastfeeding are both significantly increased by postpartum blues. Although postpartum depression and anxiety disorders are not permanent, they can persist if they are not treated effectively (Miller et al., 2017). Results analysis of the variables relating to primiparous parity yielded a p value of 0.007 (p 0.05), with RP=1.94 indicating that primiparous moms have a 1.94-times greater likelihood of experiencing postpartum depression than multiparous mothers. Mothers who are primiparous frequently experience the most prevalent postpartum blues. Primiparous women are just starting out in motherhood, but it doesn't rule out the chance that it could also happen to mothers who have already given birth, particularly if the mother has a history of postpartum blues. (Fatmawati, 2015).

In comparison to primiparas, women with previous children reported considerably reduced PDS across all age categories (p = 3.4E-290). Women who had several pregnancies were less likely to report depressive symptoms than first-time mothers within each age group (p 0.0001) (Bradshaw et al., 2022). New mothers and mothers who have never given birth will struggle more to fulfill their obligations. Most of their mothers would feel unhappy that they can't fulfill their function as a mother well because they are

still uncertain or worried that something will happen to their kid because they don't have the experience of being a mother. Additionally, postpartum can have an impact on mothers who have already had many children, among other things. The mother had too many children and they were too close in age to one other (Sari et al., 2021). The problems found above; the researcher is interested in researching” Is depression after childbirth correlated by the number of children in the family?

METHODS

Cross-sectional research design techniques are applied in a quantitative research approach. The research was carried out from 29 June to 31 July 2022 at Midwife Ernita's Independent Practice. Purposive

sampling is the approach used for sampling. The number of samples in this research was 35 respondents. The inclusion criteria are postpartum mothers who have returned home after giving birth for 1-2 weeks, mothers who are willing to be respondents, mothers who can and want to read and write. For exclusion criteria, namely criteria where research subjects cannot be representative because they do not meet the requirements as a sample, including postpartum mothers > 2 weeks old, mothers who cannot be found, mothers who are not willing to be respondents, and mothers who cannot read and write. Questionnaires are used as research measurement tools. Two data analysis methods, univariate and bivariate, were used in this research.

RESULTS

Table 1 Frequency Distribution of Respondents Characteristics

Demographic Data	Σ	%
Age		
Under 20 years old	8	23
20 to 35 years old	22	63
Upper 35 years old	5	14
Total	35	100
Level of Education		
Elementary school	2	5.7
Junior high school	5	14.3
Senior High School	26	74.3
College	2	5.7
Total	35	100
Knowledge level		
Good	7	60.0
Enough	11	13.3
not enough	17	20.0
Total	35	100
Parity		
Primigravida	17	20
Multigravida	12	31.4
Grande multipara	6	48.6
Total	35	100
Postpartum blues		
Postpartum blues	16	45.7
no postpartum blues	19	54.3
Total	35	100

Table 2 The connection between parity and the postpartum blues

Parity	Postpartum blues						p
	Present		No		Amount		
	N	%	N	%	N	%	
Primipara	17	100	0	0	17	100	0,000
Multipara	2	16	10	94	12	100	
Grandemultipara	0	0	6	100	6	100	

DISCUSSION

A type of emotional disturbance brought on by adjusting to the arrival of a baby, postpartum blues can emerge anywhere between the first and fourteenth day after delivery, with symptoms peaked on the fifth day. (Ward & Hisley, 2016). The conclusions drawn from the analysis take the form of a description of the respondents' characteristics as well as the importance and strength of the link between the independent and dependent variables. The findings of a study conducted on 80 postpartum mothers in the working area of the Yogyakarta City Health Center revealed that nearly half, or as many as 37 people (46%) had postpartum blues and 43 people (54%) did not. Incidence of postpartum blues is significantly influenced by risk variables, according to the study's findings.

Age, parity, and husband's social support are the three risk factors that significantly affect the incidence of postpartum depression, according to bivariate analysis, while the other five risk factors—education, mother's employment status, delivery method, unplanned pregnancy, and family economic status—statistically have no bearing, which is substantial when considering the prevalence of postpartum depression at the Yogyakarta City Health Center. According to the results of a multivariate analysis, the incidence of postpartum depression is most strongly correlated with the maternal age of the mother. (Fatmawati, 2015). Sixteen pregnant women with grandmultiparous parity and ten mothers with multiparous parity were found to have postpartum symptoms, according to the findings of the research that was conducted. Mothers with multiple children have more time to care for the family, especially new babies.

In addition to other factors, postpartum can affect mothers who have several children. They were too similar in age and the mother had too many kids. The results of this study are different from other studies where this research shows that the most frequent incidence of postpartum blues occurs in primiparous mothers. Research results indicate that the mother is primiparous has a 1.94 chance of experiencing postpartum blues compared with multiparous mothers (Fatmawati, 2015). Parity and family support were related to psychological adjustment throughout the postpartum period.

It is anticipated that suggestions for research sites will help in providing postpartum mothers with health education about psychological adaptation and working with the Public Health Center to offer counseling regarding psychological adaptation and

teach how to deal with psychological issues that arise during this time (Afriana et al., 2023).

CONCLUSION

The findings presented that out of the 35 postpartum women who gave birth at the Independent Practice of Midwife Ernita, 16 (45.7%) women experienced postpartum. Details of the 10 (62.5%) multiparous moms and the 6 (37.5%) mothers with grandmultiparous mothers were also revealed. There is a correlation between parity and the risk of developing postpartum blues, as evidenced by the statistical tests' p value of 0.000 with determined using Chi square analysis.

SUGGESTION

All mothers who have given birth are susceptible to postpartum depression. The number of kids the mother has to take care of in the family makes postpartum blues a worse condition. In order to ensure the mother's psychological wellbeing while raising children, it is intended that the husband and family will lighten the load of home chores she typically handles. In the hopes that the mother won't become weary of raising children, including already-born babies, family planning programs can be used to plan the number of children for young moms over a five-year period. Practicing midwives are required to give moms social support from pregnancy through postpartum by offering advice on psychological changes that occur during pregnancy and after delivery.

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CONFLICTS OF INTEREST

There is no conflict of interest stated by the authors. The study's design, data collecting, data analysis, paper writing, and publication decision were all carried out by the authors without the involvement of any other funders.

AUTHOR CONTRIBUTIONS

The primary author observes the phenomena that arise as a result of the mismatch between the spatial ideal and the actual events. The primary author begins creating and compiling the theoretical framework, which establishes theoretical concepts and research hypotheses, gathers articles, performs analysis, presents data, carries out critical manuscript writing revisions, and makes the final decision on the version to be published. The co-authors developed research designs and analytical tests using data processing software, carried out data retention and data interpretation, and evaluated the applicability of the theoretical concepts used. They also designed research instruments and evaluated their suitability for implementation in accordance with accepted practices and research frameworks. The principal investigator kept an eye on the study's progress and talked with the other authors. The researcher analyses the study findings in light of the hypothesis to expand on the research discussion. The research associate collected the data and made sure the sample was accurate and the data was legitimate.

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