

MATERNAL MENTAL HEALTH: STUDY OF COPING STRATEGIES MOTHERS WITH EXPERIENCING POSTPARTUM BLUES

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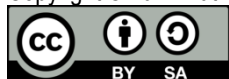
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ABSTRACT

Postpartum blues is an uncomfortable feeling experienced by mothers after giving birth. The incidence of postpartum blues in Indonesia is quite high, between 50-70%. This research aims to explore coping strategies for postpartum blues sufferers using qualitative research methods with case studies. Two participants who experienced postpartum blues were selected by purposive sampling technique. Method Data collection was carried out through in-depth interviews. Researchers used open questions with a grid of questions about coping strategies for dealing with postpartum blues and The Edinburgh Postnatal Depression Scale (EPDS). Data verification process was carried out by triangulating data and sources (husbands and people closest). Research results known that the strategy used by respondents to overcome postpartum blues is Emotional Focused Coping. Other things can do to overcome postpartum blues include doing fun activities (me time), a spiritual approach, telling stories and being sincere. Based on evidence, it is known that distress due to breastfeeding problems (nipple pain) can cause postpartum blues syndrome. The new thing found in this research is that having sexual relations with husband can be a way to overcome postpartum blues. A good social support system needs to be built by all parties to support maternal mental health

Keywords :Postpartum blues, coping strategies, Emotional Focused Coping

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INTRODUCTION

The period of pregnancy and childbirth in women places them in a condition that is vulnerable to psychological disorders, because of the changes experienced at various stages that affect their mental health. Nearly one in five pregnant women is affected by mental health problems during the pre-natal and postpartum period (Ministry of Health, 2022).

Postpartum blues or often called maternity blues or baby blues are changes in feelings experienced by mothers consisting of feelings of sadness, difficulty sleeping and rapid mood changes experienced by mothers after giving birth, lasting 3-6 days in the first 14 days. The incidence of postpartum blues in Asia is quite high and varies

between 26-85%, while in Indonesia the incidence of postpartum blues is between 50-70% of postpartum women (Ministry of Health, 2019).

Postpartum blues appear when a mother fails to adapt to changes in life patterns during pregnancy, childbirth and postpartum. This research is important because postpartum blues, which is known as a mild form of depression, can develop into moderate or even severe postpartum depression if not treated properly.

Pregnancy are a time for a significant psychological change for both parents. Such psychological changes during pregnancy help in the preparation and adaptation for parenthood, self-identity, couple relationship and parent-infant attachment. Moreover, the psychological state of the pregnant woman is dynamic and changes/

fluctuates during every trimester. (Gangopadhyay, Lopez, & Jawad, 2024)

The birth of a child causes challenges in the structure of family interactions. For a mother, giving birth to a baby is a very happy event as well as a difficult event, full of challenges and anxiety. Nearly 70% of mothers experience sadness or baby blues/postpartum blues syndrome, most mothers can recover quickly and achieve stability, but 13% of them will experience postpartum depression (Shinaga in Machmudah, 2015).

Every woman has different emotional reactions when facing pregnancy, childbirth and postpartum. Each reaction that arises really depends on each mother's personality, past experiences, life crises that have been experienced, education, knowledge and so on (Suryati, 2008).

Experiences in the process of pregnancy, childbirth and postpartum also have different meanings felt by each prospective mother and her family. For the majority of women, the process of pregnancy and childbirth is perceived as a pleasant/happy process and has a positive impact on their lives as well as a transitional stage in a stressful life. If a prospective mother is in an uncomfortable zone, the response that arises is feelings of discomfort so that she is in a crisis condition which results in stress (Ningrum, 2017).

The psychological condition in the form of stress in mothers giving birth is called baby blues syndrome, namely the feeling of sadness and anxiety experienced by women after giving birth and is worse around the third or fourth day after giving birth. Primiparous mothers are the group most vulnerable to experiencing postpartum depression compared to multiparous or grandemultiparous mothers. Postpartum blues can be triggered by feelings of not being ready to face the birth of a baby and/or the emergence of awareness of increasing responsibilities as a mother (Machmudah, 2015).

The emotional disorder most often encountered in mothers who have just given birth is postpartum blues. Some mothers can experience various emotional disorders with various symptoms, syndromes and risk factors. Various factors are predicted to trigger postpartum blues, including biological, psychological and social stressors, as well as coping responses. Factors such as coping

strategies, internal factors, and external factors are factors that need to be considered to see how the symptoms of this disorder can be reduced until they disappear completely and help individuals make healthy adjustments, or vice versa, increase and develop into a more serious disorder, more severe with a longer duration (Pratiwi & Rusinani, 2024).

Based on observations and interviews with 12 health workers (midwives) and community health centers in Yogyakarta, it shows that the priority services provided are health checks and other examinations that focus on the physical health of mothers and babies. Meanwhile, psychological services receive less attention. In fact, health facilities have been trained on how to detect psychological disorders in mothers, but due to limited human resources and the large number of patients, screening is often missed

This research is important to carry out because postpartum blues disorders in postpartum mothers are still considered a normal thing and are often ignored and not treated properly.

Postpartum blues is still considered a natural thing so that it is often neglected, undiagnosed and not intervened as it should. Mothers feel reluctant to share the symptoms they feel, this happens because the health care provider usually considers the mother's problem to be just hormonal activity or sees it as a temporary postpartum blues and will go away on its own. Lack of attention to the psychological aspect causes this problem to become more complex, such as the occurrence of severe depression and psychosis (the desire to commit suicide or kill the baby) which has an impact on marriage problems with husbands and the growth and development of their children (Marmi in Ayu et al, 2022)

Psychological factors and social stressors that trigger the growth of emotional disorders, a person's coping response can increase or decrease the severity and duration of episodes of disorders. Factors such as coping strategies, internal factors, and external factors are factors that need to be considered to see how the symptoms of this disorder can be reduced until they disappear completely and help individuals make healthy adjustments, or vice versa, increase and develop

into a more serious disorder. weight with a longer duration (Remes, Mendes & Templeton, 2021)

Based on the background, recognizing postpartum blues as a form of emotional disorder that carries a risk of postpartum depression with various accompanying impacts is very important. The mother's physical and psychological health is determined by efforts to overcome emotional problems and adjustments

do as a new mother. The formulation of the problem in this research is "What are the coping strategies for mothers who experience postpartum blues?"

METHOD

This research is qualitative research with a phenomenological approach. The determination of respondents in this study was carried out purposively, namely mothers who experienced postpartum blues after giving birth. Participant were obtained by screening mothers after giving birth using several data collection methods such as checking patient status obtained by researchers from interviews and observations. Researchers also used tools in the form of a ten-item scale that was created specifically to identify postpartum emotional disorders, especially postpartum depression. The instrument used is The Edinburgh Postnatal Depression Scale (EPDS) is standard measuring instrument set by Cox, J.L., Holden, J.M. and Sagovsky, R, a measuring tool that has been patented and tested for validity and was developed specifically to identify women who experience postpartum depression. The data collection technique in this study used in-depth interviews and questionnaires to measure the level of postpartum depression using The Edinburgh Postnatal Depression Scale (EPDS).

The determination of respondents in this study was based on the EPDS score inclusion criteria with a cut of point > 10

total 30. EPDS has a sensitivity value of 64% and specificity of 85% in detecting presence depression (Gondo, 2024)

The in-depth interview process was carried out directly by the researcher. The recording of interview results was assisted by two enumerators. Data verification and validation in this research was carried out using a data and source triangulation

process of 4 people who understood the situation and conditions of the respondents. (The data triangulation process for respondent 1 came from the husband and mother) and the data triangulation process for respondent 2 came from the respondent's husband and close friends).

RESULTS

Based on analysis of in-depth interviews with respondents and their husbands (results of data triangulation), it is known that the mother actually wanted the presence of her baby because the pregnancy was planned. However, along the way, various obstacles arose which affected the mother's emotional condition.

The signs and symptoms of mothers experiencing post partum blues based on respondents' statements in the field were explained by respondents as follows:

Respondent 1's answer:

".....Yes sis, so at first I didn't realize that I had post partum syndrome, in fact the first person to realize my condition was my husband. My condition at that time was really strange, I was often crying incoherently, I cried while breastfeeding, I cried while my husband was working, I felt very lonely, if my mother and husband work I wanted them to come home quickly, my mood was messy, I didn't want to be alone, It just felt strange at the time. My husband also definitely felt my oddities and he said "it's like you have post partum syndrome." I was also like "how can that be", even though I teach subjects postpartum, I know the theory and I understand all of Rubin's theories. It's written in the book and that it happened to me, I felt it. I don't know whether at that time I was not mentally prepared to become a mother or whether I also didn't understand, even though I was pregnant at a mature age, my financial readiness was also very sufficient, my husband was also caring, not the type of husband who was indifferent, my first child was also expected, The family is also fine, yes everything was fine while I was pregnant, but how come I still have post partum syndrome. People say being a mother is fun, how can people be so happy? I don't feel that, it's not fun,

I haven't felt the joy yet, it's even more difficult, my freedom is being taken away, I wake up often, I don't even feel like I'm sleeping enough, How can anyone say that being a mother is good and fun....." (Mrs E)

Source triangulation answers from respondent 1's husband:

...."My wife at that time was really strange, often crying incoherently, crying while breastfeeding, always crying when I was going to work. who clearly doesn't want to be left alone....."

Source triangulation answers from respondent 1's mother:

"....after giving birth he looked strange, was often sad for no reason, often cried and didn't want to be left alone...."

Information from Respondent 2 (NY TS):

".....I remember that time every time I breastfed I always cried, sometimes I wanted to hit, I wanted to pinch, sometimes I felt like I wanted to strangle my baby. Moreover, I live at home with my in-laws. can imagine how I felt at that time..... So all I could do at that time was just cry....."

".....oh sis, I felt so confused, so at that time what I did was to get closer to my husband, I tell to him... because I don't have parents anymore..."

Source triangulation answers from respondent 2nd husband:

"....At that time he wanted to always be close to me, my wife often cried, was always sad and more sensitive...."

Source triangulation answers from respondent 2nd close friend:

"....At that time he was often sad over trivial things, he often wanted to get angry for no apparent reason, he always wanted to hear his story...."

It can be concluded that the signs of postpartum blues include feeling confused, often crying for no reason, crying in pain when breastfeeding, fear of being left behind/wanting to always be accompanied, feeling lonely, and drastic changes in mood. Breastfeeding problems can be a trigger factor for postpartum blues. Breastfeeding with a little breast milk makes mothers always cry, sometimes they want to hit them, they want to pinch them, sometimes they feel like they want to strangle their babies.

The description of the psychosocial conditions of the mother and family which can influence the occurrence of postpartum blues in this case is not in accordance with theory. Based on literature studies, it is known that low socio-economic status can be a trigger factor for maternal mental problems, however, based on field studies, respondents come from families with middle to upper socio-economic status. Various other factors are thought to influence the incidence of baby blues syndrome, including breastfeeding problems (sore nipples and low breast milk production). This is in accordance with the literature review theory that there is a relationship between smooth breast milk production and Postpartum Blues Occurrence (Suparwati, Murwati & Suwanti, 2018)& (Sari, Utami, 2019).

The lack of forms of social support (support system) provided by husbands and those closest to the respondent's family is explained as follows:

".....I'm definitely tired, sis, we hope to have a husband to pay attention to us but instead we don't get attention, plus in-laws who can't take care of their daughter-in-law's feelings at all..... Oh sis, if you remember what happened at that time, you might not be able to stand it anymore if you are told to repeat what happened again....." (Mrs TS)

Based on field studies and data triangulation results, it can be concluded that respondents have

different social support. Mrs E has good social support (husband, in-laws, parents and family who understand how to respond and provide support to mothers who experience postpartum mental problems so as to speed up healing, while Mrs TS does not get good social support, support and attention that she hopes to get from her husband was not felt, so that Mrs TS' healing process was quite hampered.

Mother's coping strategy in dealing with postpartum blues by the first respondent (Mrs E) in this way:

".....I overcome the feeling of discomfort with me time, I put my child away from me first, I hand my child over to the nanny for a while and I make me time by playing on my cell phone or at the salon, basically to relieve stress for a while, and to overcome negative feelings maybe it's just controlling emotions, managing self-control so that my children and husband are not affected, not influenced by the past and controlling myself..." (Mrs E)

".....I need people who share the same feelings as me so that I don't feel like I'm alone, then there I learned a lot, sometimes there are mothers who don't have a high level of education but because of their experience, they understand better than us. But not only from the community, I was also accompanied by my husband and parents so that was quite helpful..." (Mrs E)

".....efforts to deal with pressure, try to accept the current situation, make peace with yourself, me time..." (Mrs E)

".....I do what I can do, if I can only cry I will cry, sometimes I cry while hugging my child, sis, I cry while hugging him, besides that I will divert my mind from things that trigger me to be sad and depressed, sometimes if I feel like my child is causing me to be sad, I push him away, I don't hug him, so basically I divert my mind from things that bother me...." (Mrs E)

Based on Mrs E's experience when experiencing postpartum blues, her coping strategy was to do fun activities (me time), leaving her baby for a while with

family or a caregiver to try to relieve the distress she was experiencing. Apart from that, joining a community that has had the same experience can also help in finding solutions. Based on the respondent's experience, it is very important to have people close to you when experiencing depression, because loneliness in the mother will make the mother's negative emotions worse. Apart from that, the presence and support of people closest to you makes the mother feel cared for and listened to, making it easier to overcome the problems she is experiencing. In general, it can be concluded that Mrs E's coping strategy is emotionally focused coping with good acceptance of problems.

Based on a study of the problem with the second respondent (Mrs TS) by:

"..... So at that time what I did was to get closer to my husband, I tell him... because I don't have parents anymore..."

".....So all I could do at that time was just cry, sis. If I'm in front of my in-laws, I can only cry, be quiet, because I doesn't dare to fight back, especially with her in-laws. If I continues to resist, mother-in-law will turn mother back. I confuse Who do i to live with? I don't have parents anymore, I also doesn't have a job, who will support me and my children in the future..."

".....At first I avoided it, because I didn't know that I had a psychological disorder. But after I found out, it turned out that I had been crying all this time, and sometimes wanted to strangle, tease and hit the child because he was fussy, this was a psychological disorder. So I chose to improve myself, started learning how to control my emotions..."

".....If you ask me how to solve the problem, I don't know, sis, but at that time, thank God, I always did this, sis, I intended to pray five times a day, especially I just stayed at home. So it's good if you want to pray five times a day, the most difficult thing is if your child is fussy. Then I also often watches YouTube in my room about pregnant women, mothers who have just given birth, how to educate

children, raising children, and then there are also videos about baby blues, so from there I am convinced that this mother is actually baby blues. Apart from that, my mother often listens to Ustad's lectures on YouTube. It just feels calmer when you listen to Islamic lectures like that, because you can be more humble, you feel that we can't control people's comments about us, but what we can control is ourselves. Don't you allow their words to hurt you, or do you focus on yourself and your child..."

".....I usually drinks the most, and then takes deep breaths so she doesn't get too emotional. "Because if you want to cry and drink water, suddenly you won't want to cry..."

".....So I usually always manage my thoughts, I always speak in my hearts, you have to be patient, you have to be strong for the sake of your children. After all, you're not completely wrong, they're the only ones whose minds are still old-fashioned. If you think like that, you won't think too often about what your in-laws say and do....."

".....perhaps behind the suffering that felt at that time, maybe Allah has an extraordinary plan for my life. I also believe that God will not test his servant beyond the abilities of that servant, so if Allah allows me to experience problems, that means Allah know I can and can get through it all..."

".....so yes, I often engage my husband for making love because when i have making love it feels like the burden on my mind is a little relieved, even though after that you will definitely think about it again. And apart from that, I likes watching my favorite shows on TV, eating what I wants to eat..."

A study shows that people who have sex with a partner cause cortisol hormone levels to drop to normal levels.

The hormone Oxytocin and endorphins released by the body during sex can help reduce cortisol levels (Kia-Rai Prewitt in Sulistyowati, 2022).

".....Yes, as I said at the beginning, I pray and pray and sometimes while praying, I often cry, but I

believe that Allah will not remain silent when he sees his servant asking for his help..."

".....The effort is to discipline myself to be able to pray 5 times a day, except during menstruation, then I also try to fast twice a month, usually I fast Monday and Thursday, so that's like once every 2 weeks, and at least do my work. house or taking care of the children, I watching lectures from the ustad...."

".....I will definitely get closer to Allah more often pray every day, 5 times a day with lectures every day too..."

Based on Mrs. TS's experience, due to the lack of a good support system (husband and in-laws who do not understand and do not provide the support needed), the coping strategy that can be used when experiencing postpartum psychological problems is through spiritual efforts, the mother tries to get closer to herself. Allah by praying 5 times a day, and trying to release negative emotions by means of emotionally focused coping.

DISCUSSION

Based on analysis of the respondents' experiences, the coping strategies used are: Emotional Focused Coping, namely the individual's efforts to control emotional responses to conditions that are very stressful (Folkman in Ben Z Hur, 2020). This coping strategy is defensive, because individuals respond to stress emotionally. Emotion Focus Coping is often seen as a balancing factor in efforts maintain individual adjustment to their environment. Folkman Defines it as coping that individuals use by focusing in an effort to eliminate emotions related to stressful situations, though the situation itself cannot be changed. Emotion Focused Coping is a form of effort- Individual efforts to reduce or eliminate the stress they feel are not by facing it directly, but rather by trying to maintain it affective balance.

Taylor in Amponsah et al (2020) said that Coping is a transaction between individuals and their resources, values and commitments with demands in the environment, so that the relationship between Coping and stressful events is

a dynamic process. Coping is a process where individuals try to manage the distance that exists between demands, both those originating from the individual and demands originating from the environment, and the resources they use to deal with stressful situations. Coping includes managing the ability to act on the environment and managing cognitive emotional disturbances and psychological reactions. According to Arifin (2019) Coping is not a single event because it involves a continuous process with the environment. Lazarus & Folkman describe coping into two forms, namely: a). Coping that focuses on emotions (Emotion Focus Coping) is an individual's efforts to find and gain a sense of comfort and reduce the pressure felt, including: Repression, an individual's attempt to get rid of frustration, inner conflict, nightmares and things that can cause anxiety. Projection, individuals using this projection technique, are usually very quick to reveal personal characteristics that others do not have liked and what can be noticed tends to be shared. Identification, that is an individual's effort to equate oneself with someone who is considered successful in life. b). Coping that focuses on problems (Problem Focused Coping) is individual efforts to overcome problems, pressures and challenges by changing difficulties in relations with the environment.

The emotion-focused coping carried out by the first respondent was supported by the results of triangulation with her husband and close friends, namely accepting the problems she felt, trying to be sincere and trying to entertain herself with fun activities. Emotion Focused Coping from the second respondent and the results of triangulation information from the respondent's friends, how to deal with problems is done by trying to accept reality, trying to be sincere, diverting attention with pleasant things and getting closer to God.

Emotion Focused Coping has a significant effect on reducing levels of depression, this is in accordance with research by Tuasikal & Retnowati (2018) that emotion-focused coping is positively correlated with a tendency to depression. The research results showed that emotional maturity and emotion-focused coping were proven to influence the tendency to postpartum depression.

CONCLUSION

Based on the results of data analysis and triangulation, it can be concluded that the respondents in this study succeeded in overcoming the psychological problem of baby blues syndrome by focusing more on Emotionally Focused Coping. Things that mothers can do to overcome problems include doing me time, leaving their children for a moment to do fun things, getting closer to God, increasing spirituality, fasting and trying to be sincere. The new thing found in this research is that having sexual relations with husband can be one way to overcome baby blues syndrome. Apart from that, the support system plays a very important role in helping mothers overcome the psychological problems they face. A good social support system needs to be built by all parties to support maternal mental health.

Preventive efforts in order to mentally prepare mothers for pregnancy, childbirth and postpartum must be attempted since preparing for the wedding/bride. The government can provide learning related to maternal mental health which should be included in educational materials for prospective brides and grooms. When serving patients, health workers should not only focus on physical health but also on the patient's mental health.

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