

**THE EVENT OF MATERNITY BLUES BEEN REVIEWED FROM PARITAS IBU
NIFAS IN BPM NANIK CHOLID SIDOARJO**

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ABSTRACT

Childbirth is an event important because make a woman serves whole in his life .Some woman successfully settled in , but there are others not successful conform and has postpartum blues .Research aims to understand the incident maternity blues in terms of parity mother parturition in BpmNanikCholidSidoarjo .The kind of research used is analytic with the approach cross sectional .Population s 35 mother parturition age 1-10 day .Sample of 32 respondents , taken using a technique simple random sampling .The independent variable is of parity , dependent variable is the incident maternity blues .Data collection use questionnaire . Data processing of editing , scoring , coding and tabulation .Analysis data using statistical tests Mann Whitney with the interpretation rate of $\alpha = 0,05$.The results of research showing most (68.8 %) respondents of primipara, most (75 %) happened maternity blues. $p = 0,023 < \alpha (0,05)$ Means there is a connection between the parity with the maternity blues on the puerperium age 1-10 day at the BPM NanikCholid Surabaya.From the research known that primipara more vulnerable to maternity blues than multipara, it is expected of health workers increase counseling to prepare mentally mom was starting pregnant until puerperium to avoid maternity blues.

Keywords: Parity mother, Maternity blues.

PRELIMINARY

Childbirth is an important event that most women look forward to being a fully functional woman in her life. Some of the necessities that a woman needs in the form of activities and her new role as a mother in the first few weeks or months after giving birth, both physically and psychologically. Some women manage to adjust well, but there are some things that cannot adjust and overcome psychological disorders (Herawati, 2014)

According to Masreha (2013) maternity blues more happens to women primipara .Woman primipara tended to be successfully settled in on the activities of and role of his new like mothers and experienced pollution of psychological

called by maternity blues , but in reality are not that just woman primipara that experienced maternity blues , often found woman with of parity a multiparous mammal even grandemultistill experienced a psychological disorder as easy cry, sensitive, and lack of confidence to its ability become a mother, it is largely because pregnancy an unplanned or distance pregnancy too close .

The incidence of maternity blues in Asia is quite high and varies greatly between 26-85% (Iskandar, 2007), whereas in Indonesia the number of maternity blues infants between 50-70% of post-natal women (Hidayat, 2007). The results of research conducted in Jakarta by Irawati showed 25% of 580 mothers who became respondents experienced maternity blues

syndrome. The research was conducted in east java discovered that 45 % experienced maternity blues (masreha , 2013) .Data or rekapan patient visits in bpmnanikcholid august until september 2014 that of 20 mother parturition who visited found by 8 (40 %) mother parturition experienced maternity blues , and by 12 (60 %) mother parturition experienced maternity blues , maternity blue happened to 4 (33,33 %) primipara , 5 (41,67 %) a multiparous mammal , and 3 (25 %) grandemulti.

Factors that affects maternity blues is a factor hormonal , physical discomfort experienced mother parturition could cause an emotional disorder , age , of parity , experience in the delivery process , background psikososal , socioeconomic , stress in family , fatigue after childbirth , changes in the role of experienced mother , a sense of belonging baby too deep so arising fear excessive will lose the baby , and the problem kids for after the birth the possibility of arising jealousy of children so that this situation can disrupt emotional mother (Vivian, 2011). According to Pitt (2008) primipara women are less able in the process of adaptation. If you used to think only of yourself, after the baby is born the mother does not understand the role, the mother will be confused while the baby must be treated. Maternity blues have some impact, the impact on the relationship of marriage, the birth of a baby can usually change a couple relationship and can make long rifts appear and many new rifts also (Marshall, 2005), some mothers need help from others to care for the baby because he feels no Able to care for the baby so bounding attachment is not formed immediately which then affects the baby, Peace (2011) maternity blues affects postpartum depression is mood changes, sleep disturbances and diet, mental changes, self-harmful fears or infants, when postpartum depression Not immediately addressed will lead to more serious disorders of postpartum psychosis.

Handling of postnatal psychic disorders such as maternity blues requires an opportunity to express thoughts and feelings from unpleasant situations, mothers also need help from friends and family to organize and reorganize routine day-to-day activities or eliminate some activities tailored to their concept of motherhood and care baby. Efforts that can be done by the midwife or health personnel is to provide counseling, as well as allowing families to accompany when the mother performs a pregnancy examination so that the family understands how to always motivate the mother during pregnancy until childbirth. Motivation and emotional support from midwives and families conducted from pregnancy to postpartum by giving mothers an explanation of good self-preparation during pregnancy, childbirth, and childbirth can prevent postpartum blues.

METHOD

Design research used is analytic, which design research arranged to analyze, define the connection between variables of parity with the genesis maternity blues. By using the method approach “cross sectional” that was between the independent variable (of parity and dependent variable this story maternity blues) measured at the same.populationi to research this is all the mothers parturition day to 1-10 in bpmnanikcholid surabaya in december 2014 of 35 people in this research, sample used is one mother parturition day to 1-10 in bpmnanikcholid surabaya in december 2014. Large sample in this research is 32 respondents by using probability of sampling, where any subject have an occasion that same of being selected or persons not elected in the sample. And the sampling technique using Simple Random Sampling, that is by making a lottery in accordance with visit number of parturition mother. Independent variables in this study

parity, and the dependent variable is the occurrence of maternity blues. Instrument research used questionnaire. Data processing with editing, scoring, coding, and tabulating. To find out whether there is a relationship between parity with maternity blues event on postpartum, then data analysis using Mann Whitney statistical test done with significance level = 0,05. With a decision rule statement if probability <0.05 then H0 rejected means there is a relationship between parity with the incidence of maternity blues.

THE RESEARCH RESULT

Characteristics of respondents by Age

Table 5.1 Distribution of frequency of respondents by age of respondents in BPM NanikCholid Surabaya December 2014

No.	Age (years)	Frequency	Percentage (%)
1	12-20	13	40,6
2	21-30	12	37,5
3	31-50	7	21,9
Total		32	100

Source: Primary data December 2014

Based on Table 5.1 shows that of 32 respondents almost half (40.6%) aged 12-20 years.

Characteristics of respondents by Education

Table 5.2 Distribution of frequency of respondents based on respondents' education in BPM NanikCholid Surabaya December 2014

No.	Education	Frequency	Percentage (%)
1	Elementary school	15	46,9
2	High School	12	37,5
3	Higher Education	5	15,6

Total	32	100
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Source: Primary data December 2014

Based on Table 5.2 shows that out of 32 respondents almost half (46.9%) have basic education.

Characteristics of respondents by Work

Table 5.3. Distribution of frequency of respondents based on the work of respondents in BPM NanikCholid Surabaya December 2014

No.	Work	Frequency	Percentage (%)
1	Work	14	43,8
2	Don't have work	18	56,2
Total		32	100

Source: Primary data December 2014

Based on Table 5.3 shows that out of 32 respondents most (56.2%) Not working.

Characteristics of respondents by Revenue

Table 5.4. Distribution of frequency of respondents based on family income / month of respondents in BPM NanikCholid Surabaya December 2014

No.	Family Revenue / Month	Frequency	Percentage (%)
1	< 2.700.000	2	9,4
2	2.700.000 - 5.000.000	18	53,1
3	> 5.000.000	12	37,5
Total		32	100

Source: Primary data December 2014

Based on Table 5.4 shows that of 32 respondents most (53.1%) have family income 2.700.000-5.000.000 /month.

Characteristics of respondents by Birth Distance

Table 5.5. Distribution of frequency of respondents based on the birth distance of respondents in BPM NanikCholid Surabaya December 2014

No.	Birth Distance	Frequency	Perscentage (%)
1	≤ 1 tahun	4	40
2	≥ 1 tahun	6	60
Total		10	100

Source: Primary data December 2014

Based on table 5.5 shows that out of 32 respondents most (60%) primipara or have never given birth before.

Characteristics of respondents based on Complications during labor

Table 5.6. Frequency distribution of respondents based on complications or complications during delivery at BPM NanikCholid Surabaya December 2014

No.	Complication at labor	Frequency	Percentage (%)
1	Yes	10	31,2
2	No	22	68,8
Total		32	100

Source: December 2014 primary data

Based on Table 5.6 shows that out of 32 respondents (68.8%), there were no complications during childbirth.

Characteristics of respondents by Birth Planning

Table 5.7. Frequency distribution of respondents based on pregnancy planning at BPM NanikCholid Surabaya December 2014

No.	Pregnancy planning	Frequency	Percentage (%)
1	Planned pregnancy	14	43,8
2	Unplanned pregnancy	18	56,2
Total		32	100

Source: December 2014 primary data

Based on Table 5.7 shows that out of 32 respondents (56.2%) mostly have a history of unplanned pregnancy.

Characteristics of respondents by Parity

Table 5.8. Distribution of frequency of respondents by respondent parity in BPM NanikCholid Surabaya December 2014

No.	Parity	Frequency	Percentage (%)
1	Primipara	22	68,8
2	Multipara	7	21,9
3	Grandemultipara	3	9,4
Total		32	100

Source: December 2014 primary data

Based on Table 5.8 shows that of 32 respondents most (68.8%) primipara.

Event Maternity Blues

Table 5.9. The frequency distribution of respondents based on the occurrence of maternity blues respondents in BPM NanikCholid Surabaya December 2014

No.	Event Maternity blues	Frequency	Percentage (%)
1	Have maternity blues	24	75
2	Not Have maternity blues	8	25
Total		32	100

Source: December 2014 primary data

Based on Table 5.9 shows that of 32 respondents most (75%) occurred postpartum blues.

Cross tabulation between parity and maternity blues events

Table 5.10 above shows that of 22 respondents primipara almost (86.4%) experienced maternity blues, of 7 multiparous respondents (57.1%) experienced maternity blues, of 3 respondents grandemultipara most (66,7%) not Experienced maternity blues.

Table 5.10 Cross tabulation between parity and maternity blues occurrences on respondents in BPM NanikCholid Surabaya December 2014

No.	Parity	Event <i>maternity blues</i>		Total N (%)
		Have N (%)	Not Have N (%)	
1	Primipara	19 (86,4)	3 (13,6)	22 (100)
2	Multipara	4 (57,1)	3 (42,9)	7 (100)
3	Grandemult ipara	1 (33,3)	2 (66,7)	3 (100)
	Total	24 (75,0)	8 (25,0)	32 (100)

Based on statistical test results Mann Whitney with significance level $\alpha = 0.05$. Then analyzed with the help of computer calculation SPSS 20.0 for windows, got result = $0,023 < \alpha (0,05)$ which means H_0 rejected means there is relationship between parity with maternity blues occurrence on postpartum day to 1-10 in BPM NanikCholid Surabaya.

DISCUSSION

Parity

Based on the research done , in table 5.8 the majority (68.8 %) respondents primipara .Primipara are women which was the first to have a son and new state of being a mother .Some mother primipara usually any desire to be able to take care of the baby .Of parity very influential once to revenue a mother to experience. According to Friedman the factors that affecting the amount of children between other is education , work , the state of the economy , cultural backgrounds , and experience.

Based on the results of the research in Table 5.2 shows that from 32 respondents almost half (46.9%) basic education. A person's educational level is a process whereby people are exposed to environmental influences, especially those

coming from school so that they can gain or experience the development of social abilities and optimal individual abilities. The explanation of a good age to start planning for pregnancy and the number of children should always be emphasized in terms of family education especially in adolescence because education greatly affects one's behavior. Mothers with a different education have different perceptions and tend to be less knowledgeable about the right age to plan for pregnancy, early marriage so that pregnancy occurs at a young age, mentally mother is not ready to accept her new role as a mother and tend to be more selfish, and Believes in the belief that many children have a lot of luck. According to Friedman (2009) the higher level of one's education, the easier it is to obtain information, so that the mother's ability to think more rationally. Mothers who have higher education will be more rational thinking.

Maternity Blues

Based on the results of the research, in table 5.9 shows that of 32 respondents (75%) mostly experienced maternity blues. They experience symptoms of maternity blues such as mixed feelings ranging from anxiety, restlessness, anger, to a sense of worthless after childbirth. Many mothers do not care, do not want to touch their children, and some even think of his son as something that sucks. In general, mothers who suffer from maternity blues cannot give love to others, even though the person is his own child. According to Vivian (2011) Factors that affect maternity blues are hormonal factors, physical discomfort experienced by postpartum can cause emotional disturbance, age, parity, experience in labor process, psychosocial background, socioeconomic, family stress, postpartum fatigue, Changes in the role experienced by

the mother, the sense of having a baby that is too deep, and the problem of children.

Based on Table 5.1 shows that of 32 respondents almost half (40.6%) aged 12-20 years. It is this factor that encourages maternity blues in the puerperal mother in BPM NanikCholid Surabaya. Judging from the physical and psychic, having children at a young age is not ready to accept the changes that occur in themselves and their psychology has not been able to think carefully. So that age will affect the process of thinking and leading to a more mature thinking patterns. Under 20 years of age belong to adolescence, which has not been able to think logically. This is very different from that of an adult person, where their mindsets, actions and decisions about the number of children are based on rationality. This is in accordance with the opinion of Nursalam (2007) that the level of maturity of a person is affected by age. Teenage and early adulthood are The period in which every thought and decision is still affected by the circumstances around and have not been able to decide their own decisions, but the more mature one's age, the more mature also someone in thinking and receiving information so as to give decisions based on rational thinking.

Based on Table 5.7 shows that out of 32 respondents (56.2%) mostly have a history of unplanned pregnancy. The problem that will arise is the change in the role experienced by the mother, namely the conflict about the ability of women to be a mother, mothers who do not plan a pregnancy can be based on several reasons, such as marriage at a young age who actually did not want to have children or failure in contraceptive use. The desired pregnancy will have a good effect on the mother because physically and psychologically the mother is more able to adapt well from pregnancy to childbirth, whereas unplanned pregnancy will make it difficult for mom to accept the fact that she should accept her new role as mother, this must be balanced with Understanding

provided by health care workers and families so that the mother can adapt well with her new role as a mother. This is in accordance with the statement from Vivian (2011) that the mother needs the support of the family so she can understand about the problems related to postpartum anxiety.

Influence of Parity on Maternity Blues

Based on statistical test results Mann Whitney with significance level $\alpha = 0.05$. Then analyzed with the help of computer calculation SPSS 20.0 for windows, got result = $0,023 < \alpha (0,05)$ which means H_0 rejected means there is relationship between parity with maternity blues occurrence on postpartum day to 1-10 in BPM NanikCholid Surabaya.

In Table 5.10 about cross tabulation between parity and maternity blues events. Of the 19 respondents with primiparity parity, obtained almost entirely (86.4%) experienced maternity blues. Generally, women who experience labor first susceptible to experiencing the incidence of maternity blues. This is due to the absence of experience and unpreparedness of the mother in receiving pregnancy until childbirth. Review of the physical, fatigue due to childbirth can also cause the mother did not want to care for her baby. In addition, the lack of knowledge primipara mother to care for her baby. Another cause is that primiparous women are less capable of adaptation, the mother is still confused about her new role while the situation demands her to adapt quickly because her baby must be treated.

Some adjustments are needed by a woman in dealing with her activities and her new role as a mother. The mother's adaptation with her baby should occur after childbirth. At times like this the best time the mother to know her baby is closer and give her affection. According to Herawati(2014) adaptation is a self adjustmentTo an assessment. In this case the mother's response to a change that exists in the self and its environment that

can affect the body both physiologically and psychologically in adaptive behavior.

The first mother to experience the birth process is in need of psychological support from the people closest. Lack of support from nearby people can cause maternity blues. Maternity blues usually occur when a person's stress does not go away. A person experiencing maternity blues often feels himself easy to cry, anxious without worry and feel guilty. According to Iskandar (2007) maternity blues occur because of lack of support for the adjustment needed by a woman in the face of activities and her new role as a mother after childbirth.

From the results of the above research it is known that primipara mothers are more vulnerable to maternity blues than multiparous mothers. Parity greatly affects a mother's acceptance of experience. With experience then someone can understand how to care for a good baby.

CONCLUSION

Based on the results of the study can be concluded that postpartum aged 1-10 days in BPM NanikCholid Surabaya most primipara, postpartum aged 1-10 days in BPM NanikCholid Surabaya mostly experienced maternity blues. There is a relationship between parity with the occurrence of maternity blues on postpartum day to 1-10 in BPM NanikCholid Surabaya.

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