



RELATIONSHIP BETWEEN MANAGEMENT OF FAMILY FUNCTIONS AND MARRIAGE SATISFACTION WITH THE EVENT OF POSTPARTUM BLUES IN POSTPARTUM MOTHERS IN THE WORK AREA OF KRAMATWATU PUBLIC HEALTH CENTER

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ABSTRACT

The postpartum blues are still considered as something worth considering canceled neglected. Family as a Mother-Against Environment that Protects Mother's Development. The function of the family in providing support and satisfaction in the relationship between husband and wife must be optimized properly because it can improve itself as a wife in her new role as a mother. This study discusses family relationships and marital satisfaction with the incidence of postpartum blues in postpartum mothers in the Puskesmas Kramatwatu. This research was conducted using quantitative methods using cross sectional. The sample in this study was obtained proportionally randomly with 69 randomly selected postpartum mothers. The results of the study stated that there was a relationship between family and postpartum blues (P value = 0.016) and there was no correlation between marital satisfaction and postpartum blues (P value = 0.674). Mothers who improve postpartum blues must be helped by, because the mother's role is very opposed to children's development also in opposing the role of mother in the family.

Keywords: family function, marriage satisfaction, postpartum blues, postpartum

Introduction

Postpartum is the period since the baby is born and the placenta comes out of the uterus, until the next six weeks, accompanied by the recovery of the uterine organs, which undergo changes such as injuries and so on related to the birth process. Postpartum is the most important phase in life for mothers after childbirth and newborns. Often emotional highs decrease rapidly after birth. The levels of estrogen and progesterone in the body drop. The patient will be exhausted from childbirth, and experience perineal pain, breast engorgement, and afterpain. Mothers will feel depressed and may cry for things they do not understand (Suherni, 2007).

A mother will definitely experience post-delivery fatigue. The response to fatigue can sometimes be interpreted through feelings of displeasure that are difficult to accept the presence of a baby. This is called the postpartum blues. Postpartum blues is a mild depression experienced after the mother gives birth, usually experienced by the mother for 3-4 days after giving birth, but disappears after a few weeks. Symptoms include emotional disturbances such as frequent crying, moodiness, panic, irritability and accompanied by symptoms of depression such as sleep and appetite disturbances, as well as impaired concentration due to hormonal changes (Pieter and Lubis, 2010).



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, 2014).

Mothers who experience postpartum blues must be handled adequately, because the role of the mother is very influential on the development of the child as well as in relation to the role of the mother in the family. For this reason, a mother who is in a post-natal condition needs to get support from the people around her. The family as the smallest environment around the mother greatly influences the psychological development of the mother. Mothers who lack support will certainly find it easier to feel worthless and less cared for by their husbands and families, so mothers who lack support during the postpartum period are more prone to depression (Sujiyanti, 2010). The function of the family in providing support must be optimized and run well because according to the results of Megasari's research (2016) there is a relationship between family function and the occurrence of postpartum blues.

Families have various functions in providing support to postpartum mothers. In the affective and coping functions, the family will devote love to each family member so that warmth will be formed between family members. If the postpartum mother does not get love and attention, it is likely that the mother will experience the postpartum blues (Muhlisin, 2012). In the socialization function, a postpartum mother experiences changes and developments because she has had children so she must be able to adapt so as not to experience postpartum blues (Sujiyanti, 2010). In reproductive function, one of the causes of postpartum blues is preparation for childbirth and motherhood. If the child is born not in accordance with the mother's expectations, it can cause postpartum blues (Muhlisin, 2012). Based on economic function, economic needs will increase if family members increase and if not fulfilled, it can trigger mothers to experience postpartum blues (Atus, 2008). Likewise in the health care function, a mother can experience postpartum blues due to anxiety about the health of herself and her baby when the family is unable to carry out its functions (Ayu and Marwiyah 2019) (Muhlisin, 2012).

Jeli (2015), said that 70% of mothers who did not get social support could experience postpartum blues. The husband as the main source of support must be able to provide social support to his wife before other parties provide it, because the husband will be the first person to see and realize the physical and psychological changes that occur in his partner. Satisfaction in a relationship between husband and wife, especially towards the fulfillment of the wife's needs by the husband, can accelerate a wife's adjustment to her new role as a mother. The amount of benefits felt by individuals on their marital relationship and has a positive influence on this psychological aspect is called marital satisfaction (Baumeisher, 2007). Shirjang (2013), said that postpartum mothers who have satisfaction with their marriages will tend to have low levels of postpartum depression because good communication creates harmony and mutual love and respect so that husbands are able to understand the psychological changes of their wives after giving birth.

The incidence of postpartum blues in the world is quite high and varies widely between 26-85%. Globally, it is estimated that 20% of women giving birth suffer from postpartum blues. Meanwhile in Indonesia, one in 10 mothers who have just given birth have a tendency to post partum blues (Depkes RI, 2008). 50-70% of women giving birth experience the postpartum blues, and this can progress to postpartum depression with numbers varying from 5% to more than 25% after the mother gives birth (Bobak et al., 2005). A case that recently occurred includes a 35-year-old mother with the initials "W" in Purwakarta, West Java, who had the heart to bury her 5-month-old baby alive. Mrs. W is suspected of having depression since she was



7 months pregnant. Mrs. W was depressed because when she was 7 months pregnant, the position of her child's head was above, there was writing in the book that such a position was dangerous. It made Mrs. W think constantly and could not sleep. "One night he only slept for 1 hour," said Mr. S, who is Mrs. W's husband (Detiknews, 2019). In addition, the incident of a mother who committed suicide by carrying her child on the Maos River Serayu bridge, Kesugihan District, Cilacap Regency, captured public attention. Mrs. S, aged 30, is known to be carrying her 4-month-old child. Before deciding to commit suicide, apparently Mrs. S was known to be quiet since she was pregnant with a baby (Tribunjateng.com, 2019).

Banten with its thick culture makes some postpartum mothers bound by rules that often trigger psychological problems after giving birth. For example, postpartum mothers are not allowed to move and can only put their feet together so the stitches don't tear, what will happen is that the recovery process will take longer due to obstruction of blood circulation. In addition, postpartum mothers are prohibited from consuming marine fish and eggs because they cause breast milk to smell fishy, even though these foods contain high protein and help accelerate the wound healing process. Based on the results of interviews with Banten Province Health Service Officers, not many studies related to postpartum blues have been conducted in Banten. This happens because the psychological problems of postpartum mothers are considered normal so that there is no percentage of postpartum blues or other psychological problems in postpartum mothers.

Based on data from the Serang District Health Office, the highest birth rate is in the working area of the Kramatwatu Health Center. The number of postpartum mothers was 173 people. The high birth rate is expected to be inversely proportional to the incidence of postpartum blues in order to represent the psychological quality of postpartum mothers in Serang Regency. The results of interviews conducted by researchers with one of the health workers of the Kramatwatu Health Center, a psychologist specialist, said that at the Kramatwatu Health Center there was no work program related to psychological problems in postpartum mothers. However, there have been problems with postpartum mothers who experienced depression or fear because the mother was 16 years old.

The results of interviews conducted by researchers to 7 postpartum mothers, 3 of whom said that they felt anxious and worried, lacked love in their families and were not satisfied with the help or support provided by their families, and 4 mothers said does not feel anxious or worried, can do some of the housework and is quite satisfied with the help and support provided by his family. In addition, data obtained that 6 out of 7 Post Partum mothers said they were happy to be married to their partners, 5 out of 7 Post Partum mothers never blamed themselves at all when something didn't go as it should. We don't realize that this psychological disorder is starting to show a fairly large percentage, the research is still rare, so it is necessary to do research related to the postpartum blues. Based on this, the researcher will identify the relationship between family function and marital satisfaction with the incidence of postpartum blues in postpartum mothers in the Kramatwatu Health Center Work Area.

Method

The design of this study was carried out using quantitative methods with a cross sectional approach. This research was conducted in the Kramatwatu Health Center Work Area. Sampling with Proportional Random Sampling technique. To facilitate this sampling in each village, the sampling is based on proportions. The divisor to determine the proportion is taken from the total population of postpartum mothers who are in the working area of the Kramatwatu Public Health Center, Serang Regency, as many as 173 people divided into 15 villages. Based on the Slovin formula, the number of samples used in this study was 69 postpartum mothers who were selected randomly.



The source of data used in this study is the primary data source. Primary data sources obtained from the results of filling out the questionnaire. The selection of appropriate and appropriate instruments will provide valid results and can reduce research bias. The procedures related to data collection began with licensing to the Kramatwatu Health Center in connection with data collection activities, determining research samples with calculations and sampling techniques and explaining to prospective respondents about the purpose and process of filling out the questionnaire. The data that has been obtained is then collected for processing and analysis.

Results

The family function of postpartum mothers in the working area of the Kramatwatu Health Center consists of 3 categories, namely very high family function, medium family function, and low family function, which can be seen in table 1 below:

Table 1.
Frequency Distribution of Family Functions to Postpartum Mothers in the Kramatwatu Health Center Work Area.

Family Functions	Frequency	Percentage (%)
Low family function	29	42,0
Medium family function	39	56,5
Very high family function	1	1,4
Total	69	100

Marital Satisfaction on Postpartum Mothers in the working area of the Kramatwatu Health Center consists of 2 categories, namely satisfied and dissatisfied, can be seen in table 2 below:

Tabel 2.
Frequency Distribution of Marital Satisfaction to Postpartum Mothers in the Kramatwatu Health Center Work Area.

Variable	Frequency	Percentage (%)
Satisfied	36	52.2
Dissatisfied	33	47.8
Total	69	100

The level of postpartum blues in postpartum mothers was divided into 3 categories, namely no signs of depression risk, moderate risk of depression, and severe risk of depression. The results of data collection regarding the distribution of postpartum blues levels in postpartum mothers can be seen in table 3 below:

Table 3.

Frequency Distribution Postpartum Blues Level for Postpartum Mothers in the Kramatwatu Health Center Work area.

Level of Postpartum Blues	Frequency	Percentage (%)
no signs of depression risk	9	13,0
moderate risk of depression	13	18,8
severe risk of depression	47	68,1
Total	69	100

Based on table 4, the results obtained from 29 respondents who have low family functions, almost all respondents, namely 24 postpartum mothers (82.8%) have a risk of severe depression. Based on the results of the Chi square test, it shows that the p value = 0.016 < (0.05). So, it can be concluded that statistically there is a relationship between family function and the level of postpartum blues.

Table 4.

The relationship between family functions and the level of postpartum blues in postpartum mothers in the working area of the Kramatwatu Health Center.

Family function category	Level of <i>postpartum blues</i>						Total	P value
	no signs of depression risk		moderate risk of depression		severe risk of depression			
	F	%	F	%	F	%		
Low family function	3	10,3%	2	6,9%	24	82,8%	29	0,016
Medium family function	5	12,8%	11	28,2%	23	59,0%	39	
Very high family function	1	100%	0	0,0%	0	0,0%	1	
Total	9	13,0%	13	18,8%	47	68,1%	69	

Based on table 5 of 36 respondents who have a feeling of satisfaction with their marriage, almost most of the respondents, namely 21 (58.3%) have a risk of major depression. From the results of the chi square test, the p value = 0.674 > alpha 0.05, it means that there is no relationship between marital satisfaction and the level of Post Partum Blues in Post Partum mothers in the Kramatwatu Health Center Work Area.

Table 5.

Distribution of the correlation between marital satisfaction and the level of Post Partum Blues in Post Partum mothers in the Kramatwatu Health Center Work Area.

Marital Satisfaction	Post Partum Blues			Total	P Value
	no signs of depression risk	moderate risk of depression	severe risk of depression		
Satisfied	7 (19,4%)	8 (22,2%)	21 (58,3%)	36 (100%)	0.674
Dissatisfied	4 (12,1%)	7 (21,2%)	22 (66,7%)	33 (100%)	
Total	11 (15.9%)	15 (21.7%)	43 (62.3%)	69 (100)	

Discussion

Based on the results of the study, most of the respondents had moderate family functions. This is in line with the results of research conducted by Megasari (2016) that the highest frequency distribution of family functions is in the category of poor family functions. In addition, based on the results of research conducted by Retwin (2016), postpartum mothers who experience postpartum blues say that 3-14 days after giving birth they feel sad and afraid to take care of their babies, mothers who experience postpartum blues also say that there is less love in their family. Meanwhile, postpartum mothers who did not experience the postpartum blues said they were happy with the presence of their babies and received full love and support from their families. The results of this study are supported by Atus (2008) which states that one of the causes of postpartum blues is the lack of emotional or moral support. So, this is where the important role of family functions, if love and attention are not obtained by a postpartum mother, it is likely that postpartum mothers will experience postpartum blues.

According to Sutikno (2012), the family is the smallest part of society and the social environment that surrounds it greatly influences it, for example the relationship that occurs between the family and its neighbors, active or not in participating in events in the community. In addition, the family is also influenced by local culture, religion and adherence to that religion. Family function is also influenced by education and economic status. If the economy is good, the function of the family will be healthy, because family members will not find it difficult to find a healthy place to live, good education, eating nutritious food, and quality health services will make a good quality of life for each family member.

The description above can be concluded that the function of the family is the most important thing for postpartum mothers, because a mother will definitely experience postpartum fatigue. Therefore, they need help or support from their family and closest friends to help with all the needs of postpartum mothers, both in terms of caring for their babies or accompanying mothers' activities if they need assistance.



Based on the results of the study, most of the respondents had marital satisfaction. This is in line with the research of Wijaya and Indrawati (2016), some of the respondents experienced marital satisfaction in the high category. This situation occurs because most of the subjects get support from their husbands in work and family. This study is supported by research conducted by Suharto, et al (2013), that husband's support affects the positive values of work, family and marital satisfaction. Positive values of work and family affect marital satisfaction and job satisfaction. This shows that working mothers need husband's support to increase positive values.

The results of research conducted by Suroso (2017), in general, have answered the previous problem that there is a relationship between social support and marital satisfaction with postpartum blues. The more social support and satisfaction that is always given, it will minimize the impact of the emergence of Post Partum Blues symptoms. The research conducted by Fatimah (2009) also strengthens the results of this study that marital satisfaction is shown in the behavior of the husband who often helps his wife in caring for the baby, accompanies the breastfeeding wife, helps lift the baby to bed, changes diapers, washes baby and wife's clothes. Dirty is very helpful for creating a positive atmosphere when the wife feels the tiring days at the beginning of postpartum. Therefore, the positive attitude of the partner will provide its own strength for postnatal mothers, especially in the birth of their first child.

In this study, most postpartum mothers had a severe risk of depression. This happens because postpartum mothers who are in the working area of the Kramatwatu Public Health Center often have thoughts or feelings of restlessness, anxiety and worry for no apparent reason, some postpartum mothers also feel that everything feels difficult to do and almost every time they are unable to do it, it can be seen from the questionnaire that Researchers have shared, some postpartum mothers feel unhappy and unable to laugh and feel unpleasant things. This is supported by research by Suherni (2007) that in Polindes Rapa Laok Omben-Sampang, most of the respondents experienced post partum blues because most mothers feel anxious, sad, and mood disorders after the birth of their baby so that it can cause mothers to be less attentive in caring for their babies. The results of research conducted by Irawati and Yuliani (2013) found that more respondents experienced the post partum blues. This is because the incidence of postpartum blues can be caused by many factors, one of which is supported by the characteristics of the respondents which indicate that there is an influence of demographic factors (age, parity, education) on the occurrence of postpartum blues in the postpartum ward of RSUD R.A. Bosoeni Mojokerto. In a study conducted by Wahyuni, Murwati, & Supiati (2014) explained that there are internal and external factors that affect postpartum stress. The internal factors are maternal age at marriage and pregnancy less than 20 years or more than 30 years and primipara (Wahyuni, S., Murwati, & Supiati, 2014) and external factors, namely whether or not they are ready to accept a new family unit including skills or knowledge of educating and take care of the baby. Based on the description above, that a woman who has just given birth can experience psychological stress or emotional disturbances. Many women feel happy with the birth of their baby, but not all feel it, but things may happen such as mood disturbances, feelings of sadness and pressure experienced by a woman after giving birth.

In line with the results of research conducted by Megasari (2016) that most respondents whose family functions are good, do not experience postpartum blues and respondents whose family functions are not good all experience postpartum blues. So, it can be concluded that there is a significant relationship between family function and the occurrence of postpartum blues. According to him, family functions can have an effect because a mother who is about to give birth definitely needs help from medical personnel. If the family is not able to carry out this health care function, a mother will be anxious about the health of herself and her baby, causing postpartum blues. This is not in line with the results of Oktaputring, Susandi and Suroso (2017), regarding the relationship between social support and marital satisfaction with



the Post Partum Blues tendency which states that marital satisfaction has an influence on the occurrence of Post Partum Blues. This can happen because some respondents are at risk of severe depression after giving birth, one of which is due to the matchmaking made by their parents so that the respondent feels dissatisfied with their marriage. It is different with respondents who are in the working area of the Kramatwatu Health Center, most of whom say they are satisfied with their marriages, but there are still many who are at risk of experiencing postpartum depression. This can occur because of other factors that cause postpartum blues.

Conclusion

There is a significant relationship between family function and postpartum blues (p value < 0.016) and there is no significant relationship between marital satisfaction and postpartum blues (p value < 0.674). The results of this study recommend the need for the family as the closest person to the mother, especially the husband, to be able to fully support postpartum mothers by carrying out their functions properly. Each family member is expected to be able to carry out their respective roles and assist mothers in caring for the baby until the mother recovers.

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