

Descriptive Study: Distribution of Age, Education, and Occupation of Postpartum Mother's with Baby Blues

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Abstract: The postpartum period is a critical transition period for the mother, baby and family both psychologically, emotionally, and socially. During psychological adaptation, a women will adjust to her role as parent (mother). Changes during the postpartum period can contribute to happiness but can also cause emotional stress. This period can be a risk factor for triggering complications baby blues. Based on BKKBN data in 2024, as many as 57% of mothers in Indonesia experienced symptoms baby blues, namely mild depression after childbirth. This percentage makes Indonesia a country with a high risk of baby blues the highest in Asia. This research method is descriptive research with a sample of 40 respondents. The results of the distribution based on age are 38 respondents age 20-35 years (95%), the number of multiparous parity is 21 people (52,5%). Distribution based on education there are 18 postpartum mothers who are high school graduates (45%). Distribution based occupation there are 21 respondents as housewives (52,5%). Baby blues is more experienced by mothers in young adulthood with multiparous status, secondary education level, and do not work outside the home. Suggestions for midwives are able to perform early detection of postpartum mothers who have the potential to experience baby blues.

Keywords: age, parity, education, occupation, knowledge, baby blues, postpartum

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Introduction

The postpartum periode is the periode after childbirth, lasting up to six weeks, or until the reproductive organs return to normal. During this period, a women will experience both physical and psychological adaptations. Psychologically a women will as adjust to her role as a parent (mother) (Purwati & Noviyana, 2020). Changes during the postpartum period can contibute to happiness but can also cause emotional stress. This period can be risk factor triggering miscarriage baby blues, and if not handled properly will become postpartum depression and even postpartum psychosis (Davies, 2017).

Postpartum blues can show symphom such as crying for no reason, feeling anxious easily, being easily irritated, feeling guilty, sleep disturbance, etc (Wayan sugandini, 2023). Various factors can contribute to postpartum blues, such ase age, occupation, socioeconomic status, education, parity and knowledge (Arrouf et al., 2024). Meanwhile, mothers experiencing symptoms of depression ten to ignore their condition and choose not to seek help from healthcare. professionals, despite frequent contact with them. Most of these women also don't seek help from friends or family. They tend to suppress their feelings. More than 50% of women experiencing postpartum depression don't know where to seek help.

Based on BKKBN data as many as 57% of mothers in Indonesia experienced symptoms baby blues, namely mild depression after childbirth. This percentage makes Indonesia a country with a high risk of baby blues the highest rate in Asia (BKKBN, 2024). Furthermore, the Indonesian Ministry of health (Kemenkes RI) notes that postpartum blues occurs in approximately 50% of women within 4-5 days of giving birth. This condition is temporary and usually occurs in the first week after delivery (Kemenkes RI 2024).

Baby blues syndrom can be cause by varous factors including age, occupation, sosioeconomic factors, education, parity, knowledge, attitudes, type of delivery, husband and family support and hormonal factors such as changes in estrogen, progesteron, prolactin, estriol levels that are to low. Other causes include fatigue from caring for the baby, fatigue during the labor, excessive anxiety and fear of being unable to care

for the baby (Sulistia et al., 2023). Based on the 2018 basic health research (Riskasdas 2018), the prevalence of depression in Indonesia reached 6,1% and is spread throughout Indonesia, both in urban and rural areas. Based on gender, 7,4% of women experience depression and 5,8% of women of childbearing age (age 10-54 years) experience depression (wurisastuti & Mubasyiroh, 2020).

The government has made considerable efforts to support the health of mother, babies nad families. One such initiative is stipulated in law number 4 of 2019 concerning midwifery. Which mandates midwife to provide counseling services to mother during pregnancy, childbirth and the postpartum periode. Article 18 of the Minister of Health Rulation number 28 of 2017 states that midwife have arole in providing communication, information and education aimed at empowering the community, particularly mother, husband and families, to assist mother throught the postpartum period and to prevent psychological disorders in pospartum mothers (Apriyanti & Aini, 2023).

Method

This research using a quantitative descriptive method, this observational study examines the characteristics of postpartum mothers with baby blues. The population and sample of this study included 40 mothers who had just given birth from December 2024 to January 2025 at the Citra Insani Maternity House in Semarang. Mother who met the inclusion and exclusion criteria set by researcher, namely postpartum mothers within the period of 0-14 days after delivery and potentially experiencing baby blues. The researcher chose this design because this study focused on one group with a descriptive technique sampling purposive. In this research data was collected by conducting interviews with mother using questionnaires.

Result and Discussion

The result of the study on the distribution of the characteristic of age, education, and occupation of postpartum mother with baby blues. The data obtained will be presented in tabular and descriptive form.

Responden Characteristics

Table 1. Distribution characteristics of postpartum mother with baby blues in Rumah Bersalin Citra Insani Semarang in December 2024 – January 2025 (n=40)

Characteristics	Results	Frequency	Percentage %
Age	< 20 years	1	2.5
	20 - 35 years	38	95.0
	> 35 years	1	2.5
Parity	Primipara	18	45.0
	Multipara	21	52.5
	Grandemultipara	1	2.5
Education	Elementary school	3	7.5
	Junior high school	12	30.0
	Senior high school	18	45.0
Work	housewife	21	52.5
	Swasta	16	40.5
	ASN	3	7.5

Source: Primary data 2025

Based on the results of the table 1 the distribution of respondents based on age is a follows namely from 40 people there are respondents age <20 years as many as 1 person (2,5%), aged 20-35 years as many as 38 people (95%) and age >35 years as many as 1 person (2,5%). The distribution of respondents based on parity is a follows, namely from 40 people there are respondents showing that the total number of primiparaous postpartum mother is 18 people (45%), the number of multiparas 21 people (52,5%) and the number of grandemultiparas is 1 person (2,5%). The distribution of respondents based on education is a follows from 40 respondents there are 3 postpartum mother with elementary school education (7,5%), 12 people with junior high school education (30%), 18 people with high school education (45%) and 7 people with college education (17.5%). In this study the majority of respondents had high school education, namely 18 people. The

distribution of respondents based on education is as follows of the 40 respondents, 21 postpartum mothers (52.5%) were housewives, 16 postpartum mothers (40.5%) worked in the private sector, and 3 were civil servants (7.5%). The majority of respondents were housewives or unemployed.

Postpartum maternal age is closely related to a mother's mental readiness to undergo marriage and childbirth. Mothers under 20 years old still have not optimal reproductive organ development for childbirth and are still emotionally unstable (Ani, 2024). The age of mothers who are <20 years old and >35 years old during their first pregnancy is one of the factors causing complications in childbirth, where the condition of the uterus is not yet mature for the fertilization process, iron deficiency, abortion, premature rupture of membranes, and the condition of the mother who is easily tired due to being too old when pregnant, these conditions will make the mother's condition psychologically unstable which will lead to the occurrence of baby blues (Syahda, 2018).

According to Yuniwati's research, age is a risk factor for postpartum blues. Postpartum blues sufferers aged usia <20 years or >35 years are known to be at 3,5 times greater risk than sufferers aged 20 to 35 years (Marwiyah et al., 2022). Being too young makes it difficult to care for a baby and manage a household simultaneously. Adolescence is a time when someone begins to be interested in the environment outside the family. Teenage mothers at this time certainly have different activities compared to before becoming mothers. This situation can cause teenage mothers to experience emotional stress due to being busy with a small baby, making teenage mothers vulnerable to postpartum blues or even postpartum depression (Liani et al., 2022)

Increasing maternal age increases emotional maturity, which increases involvement and satisfaction in parenting and forms optimal maternal behavior patterns (Saraswati, 2018). Wulansari (2017) stated that the safe age for pregnancy and childbirth within a healthy reproductive period is between 20 and 35 years. Postpartum mothers aged 20-35 years are mentally and physically mature. They are ready to build a household, so their mindset is ready to take on the role of motherhood with better emotional control. However, according to the results, respondents aged 20-35 years are still at risk of experiencing postpartum blues. This may be related to the pregnancy status, whether primiparous or multiparous.

Mothers over 35 are considered at high risk for pregnancy complications that could endanger the health of the fetus and for the mother's health after delivery. Maternal health begins to decline over the age of 35, resulting in a greater risk of having a child with disabilities, prolonged labor, and hemorrhage. Other complications that may arise include abnormal placental position, placenta previa, dystocia, and prolonged labor. During the fertilization process, egg quality also declines compared to healthy reproductive age groups, namely 20-30 years (Ani, 2024). Furthermore, postpartum mothers over the age of 35 tend to have psychological burdens, such as declining physical health and anxiety about their condition, making them susceptible to postpartum blues (Anjeli et al., 2023).

Primiparous mothers are at higher risk of postpartum blues. This is consistent with research conducted by Sari et al., (2021) as the experience of being a primiparous mother is new to them, as they lack experience in caring for children, are confused about their new role, and are unable to fulfill their role as mothers effectively (Kusumah et al., 2024). Primiparous respondents often experience fear, anxiety, and restlessness due to a lack of explanation regarding the labor and postpartum period. This can lead to a lack of self-confidence and an inability to care for themselves and their babies (Wahyuni et al., 2023)

A mother's birth experience, or the number of births she has had, influences her level of knowledge about postpartum blues. Mothers with previous birth experience tend to have broader insights and are encouraged to seek additional information. However, mothers who have given birth several times are still at risk of experiencing postpartum blues, especially if their knowledge level is still low and accompanied by less supportive environmental and social conditions or the mother has other conditions that can affect the mother's feelings (Halima et al., 2022). Mothers with more than one child (multipara and grandemultipara) can also experience postpartum blues, this is caused by too close spacing of children, trauma from complications during the birth process, and the loss of family support in caring for the baby (as opposed to the birth of the first child) (Kusumah et al., 2024)

Mothers who have two or more children, known as multiparous mothers, may have a better adjustment to motherhood and are more experienced in caring for infants. However, they can also experience postpartum blues due to new challenges, such as balancing caring for a new baby with caring for older children. Furthermore, feelings of stress due to additional responsibilities and economic uncertainty can also affect multiparous mothers (Wulandari & Josphine, 2024). Mothers' understanding of this condition

can be improved through various efforts, such as counseling, health education, or attending pregnancy classes.

Education is an effort to persuade or educate the public so they want to take action to maintain (address problems) and improve their health. Education levels significantly influence emotional intelligence. Mothers with higher levels of education will have a more rational way of thinking and will be more receptive to information. Mothers who do not receive adequate information about pregnancy and childbirth will generally have difficulty adjusting to their new roles and activities, which can lead to psychological disorders such as baby blues. The higher the education level, the better the mother's knowledge, because it will. A lot of information is obtained, with formal education resulting in good behavior by individuals, so that mothers do not feel anxious and are able to take care of their babies well (Aryani et al., 2022).

Education significantly influences emotional intelligence, fostering rational thinking and increasing receptiveness to information. Postpartum mothers are more informed through village midwife programs and social media, enabling them to adapt to motherhood and manage their emotions effectively, thus preventing baby blues (Wulan et al., 2023). This is in line with research conducted by (Febriyanti, 2021), which found that 25% of respondents with a high school education or higher experienced postpartum blues 25%.

Work is the act of performing an activity to earn income. A person who works will have a broader knowledge base than someone who doesn't, as they gain a wealth of information and experience. While work doesn't directly influence a person's knowledge level, it is because work is closely related to social and cultural interactions, while social and cultural interactions are closely related to the exchange of information. This, in turn, influences a person's knowledge level (Solama & Handayani, 2022).

The mother's heavy workload during pregnancy can lead to baby blues because she cannot rest, which can affect the pregnancy and the fetus she is carrying. Important issues at home include nutritional intake, the pregnant woman's workload, and pregnancy planning. Many mothers have heavy workloads until full-term pregnancy. Excessive workload, especially more than 5 hours per day, is an indirect risk factor for antepartum hemorrhage. Physical exhaustion can trigger baby blues. The addition of new roles and responsibilities for mothers in caring for their babies can ultimately lead to emotional disturbances if the postpartum period does not go well. After conducting this research, mothers can prepare themselves to face their dual roles as a mother and wife, or when mothers have jobs outside of homemaking, so they can manage their time and mental well-being during the postpartum period (Syarif et al., 2024).

Conclusion

Baby blues is more common in young adult mothers who are multiparous, have a secondary education, and do not work outside the home. Midwives are advised to be able to detect postpartum mothers who are at risk of experiencing baby blues early.

Authors' Contribution

All authors contributed equally to every aspect of this research, from the initial study design and data collection to the analysis, interpretation, manuscript preparation, and critical revisions. All authors have read and approved the final version for submission.

Conflict of Interests Statement

The authors declare no conflict of interest.

Data Availability

The dataset presented in the study is available on request from the corresponding author during submission or after publication.

Informed Consent

Written informed consent was obtained from the participants.

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