


## **The Role of Family Support Towards Perinatal Depression in Medan**

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Article Info	ABSTRACT
<p><b>Article history:</b></p> <p>Received December 31, 2023 Revised January 05, 2024 Accepted January 17, 2024</p> <hr/> <p><b>Corresponding Author:</b></p> <p>Nopitayanti Sitorus Prodi D3 Kebidanan, Sekolah tinggi Ilmu Kesehatan Flora, Indonesia Email: <a href="mailto:nopistr27@gmail.com">nopistr27@gmail.com</a></p>	<p>Perinatal depression, commonly known as postpartum depression, is a serious complication of childbirth that can have significant adverse effects on both the mother and baby. It typically occurs 4-6 weeks after giving birth. Mothers require family and social support to cope with stress during the postpartum period, which is caused by sudden hormonal changes that affect mood swings, the burden of household work, and caring for the baby and mother. This can result in fatigue and lack of sleep. The research aims to analyze the impact of family and social support on the occurrence of depression. The study employed an analytical observational method with a cross-sectional approach to examine the population of postpartum mothers aged 0-6 weeks in the Sukoharjo District Health Service work area. The sample size consisted of 160 respondents selected through Multistage Random Sampling. The study utilized family support questionnaires, social support, and EPDS (Edinburgh Postnatal Depression Scale) as instruments. Logistic regression and Odd Ratio were used for data analysis. The data analysis results for family support yielded a P-value of <math>0.027 &lt; (0.05)</math> and an OR value of 5.787. The analysis for social support resulted in a P-value of <math>0.025 &lt; (0.05)</math> and an OR value of 5.693. These results indicate a significant influence of family and social support on the occurrence of DEPRESSION. Mothers who lack family and social support are at a higher risk of experiencing DEPRESSION, with a risk 5.787 and 5.693 times higher, respectively. Healthcare professionals should prioritize the significance of family and social support for postpartum mothers, providing both emotional and technical assistance. This includes aiding mothers in caring for their babies, self-care, and household tasks to mitigate the risk of postpartum depression.</p> <p><b>Keywords:</b> perinatal, depression, family</p> <p>This article is licensed under a <a href="https://creativecommons.org/licenses/by-sa/4.0/">Creative Commons Attribution 4.0 International License</a>.</p> 

### **1. INTRODUCTION**

Pregnancy and childbirth can have significant physical and psychological effects on a woman, making it important to prepare for these changes. The perinatal period refers to the time before and after birth, and it is crucial for ensuring a joyful experience for the mother and the entire family. The duration of this 'period' is uncertain; it is commonly believed to last between four and six weeks. While the postpartum period is less complex than pregnancy, it is marked by various physiological changes. Although some of these changes may not be significant to new mothers, major issues can arise. [1]

Mothers commonly undergo physical and psychological changes during the postpartum period, which lasts approximately six weeks from the birth of the placenta until the uterine organs return to their pre-pregnancy state. This period can be a challenging transition for both the mother and her family. Physical changes refer to changes in the reproductive organs and other body organs. A mother's ability to adapt is significantly impacted by factors such as age, socioeconomic status, ethnicity, culture, and demographics. Nurses play a crucial role in improving the adjustment abilities of both mothers and other family members.[2]

Perinatal depression affects 11% to 20.4% of women who give birth, and it is a serious complication of childbirth that has significant adverse effects on both mother and baby. Depression can cause mental and physical

symptoms that affect the quality of life and productivity of mothers. It can also interfere with mother and baby interaction, attachment bonding, breastfeeding, and the quality of the baby's sleep. [3]

The symptoms of postpartum depression are similar to those of major depression and typically occur during the first trimester until 4-6 weeks after giving birth. These symptoms include loss of interest in recreational activities, sleep disturbances, appetite disturbances, low energy levels, feelings of unease, worthlessness or guilt, decreased concentration, reduced anger, anxiety, and thoughts of suicide. Pregnancy and childbirth are crucial milestones in a woman's life. They mark a transition into new roles and responsibilities. The postpartum period is a critical time when women are at high risk of experiencing perinatal depression, a serious mental health issue. According to the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-V), depression is a significant subset of depressive disorders. Perinatal depression is defined based on symptoms using the Edinburgh Postnatal Depression Scale (EPDS).[4]

The prevalence of depression in developing countries varies from 5.2% to 74%, with the lowest prevalence in Pakistan and the highest in Turkey. In Indonesia, 14 million people experience depression and anxiety disorders. Untreated depression can lead to various problems in children, including low cognitive function, behavioral disorders, emotional dysregulation, violent behavior, and mental and medical disorders during adolescence. For mothers, untreated depression can result in issues such as excess weight, alcohol and drug consumption, social relationship problems, breastfeeding difficulties, or prolonged depression compared to those who receive therapy.[5]

Postpartum depression can be caused by inadequate social support. Social support for pregnant women can come from various sources and can be measured at different stages of pregnancy. It is important to distinguish social support from different sources at specific times during pregnancy to prevent postnatal depression. The lack of family support is a significant factor in postnatal depression.

Social support refers to information or feedback from others that demonstrates love, care, appreciation, respect, and involvement in a network of communication and mutual obligations. In postpartum mothers, social support, particularly strong family support (excluding husbands), has been shown to reduce symptoms of depression compared to those who lack support.[6]

Additionally, peer support via telephone has been found to be effective in preventing postnatal depression. Social support has been found to have an impact on the incidence of depression in teenage mothers. Telephone support enables postpartum mothers to share their feelings and concerns with other mothers, reducing their emotional burden. In Indonesia, it is common for women who have given birth within the last three months to receive special attention and support from their families. For the first two months after giving birth, the mother and baby will receive support from older sisters and in-laws. They will meet the needs of the mother and baby and help with household matters such as cleaning, washing diapers and baby clothes, and caring for the baby at home and in health care facilities.

Family support refers to the attitudes, actions, and acceptance of supportive family members who are always ready to provide help and assistance if needed. In this case, the mother will feel supported and loved by others. The husband's support is a significant factor in the occurrence of postpartum depression, along with the burden of caring for the baby and unmet gender expectations. Mothers with low self-esteem and inadequate spousal support are more likely to experience depression during the first two months after giving birth. Mothers who are dissatisfied with their relationship with their spouse during the postpartum period are at a threefold risk of experiencing depression compared to those who are satisfied.[7]-[8]

Examples of support include emotional, self-esteem, gadget, knowledge, and social network support, which can be provided by a spouse, parents, or other close family members. Full family support is crucial for mothers who are about to give birth, especially from their husbands. During this time, the wife's attitude may change and she may become more emotional, nervous, afraid, or agitated, with sudden changes in mood. Husbands should be prepared for their wives to ask and demand different things from them. It is important to be patient and understanding, as the wife may get lost in her emotions and cry frequently. Women may experience a sense of calm and inner satisfaction with the support of their family, particularly their partner.

Family support is an interpersonal interaction that involves attitudes, actions, and acceptance of family members. It can take the form of informational, evaluative, instrumental, or emotional support. It is important to maintain objectivity and avoid biased language when discussing family support. Family support is an interpersonal interaction that involves attitudes, actions, and acceptance of family members. The goal is to make family members feel heard and valued.[9]

Family assessment support involves aiding individuals in comprehending depression, including its origins and coping mechanisms for managing stressors. This support also encompasses expressing positive evaluations of individuals. Individuals have someone to talk to about their problems. This happens when they express positive hopes for others, offer encouragement, approve of someone's ideas or feelings, and make positive comparisons between individuals, such as with those who are less fortunate. Family support can improve individual coping methods by providing alternative techniques based on experience that emphasize positive traits.

Meanwhile, instrumental support involves providing physical and material assistance to solve practical problems, including direct aid such as giving or lending money, helping with daily chores, providing transportation, and caring for sick or injured individuals. Effective assistance can greatly benefit individuals and alleviate depression. Family support can be a valuable source for achieving realistic goals.[15]

Additionally, informational assistance can provide communication networks and shared responsibility, including problem-solving, advice, direction, suggestions, and feedback. Families can provide valuable information by recommending specialists, medications, and specific actions to help individuals deal with stressors. Those suffering from depression can overcome their difficulties with the help of their families by receiving feedback. The family serves as both an information collector and provider in this support system. Emotional support can provide individuals with comfort, affection, empathy, trust, and attention, making them feel valued. Families can provide a safe haven and encouragement through emotional support.

Several factors can influence depression in pregnant women, including: Age is defined as the length of time a person has existed, measured according to chronology. It is determined by the degree of anatomical and physiological development. The term 'maturity' comes from the Latin word 'adultus', which means to have reached full strength or size, or to have become an adult. Early adulthood is the period between the ages of 18 and 40 years when physical and psychological changes occur, which may accompany a decline in reproductive ability. Additionally, education is an important aspect during this stage of life.,

## 2. METHOD

This study employs an analytical observational research design with a cross-sectional approach. Data was collected through questionnaires and direct interviews over a period of three months in Sukoharjo Regency. The independent variables of the study are social support and family support, while the dependent variable is the incidence of postpartum depression. The sample size for this research was 160 respondents. Multistage Random Sampling was used as the sampling technique in this research [27]. The inclusion criteria were postpartum mothers who were 1-6 weeks postpartum, literate, and had no previous history of mental disorders. Exclusion criteria included mothers who were not willing to be respondents. The research instrument used was the Edinburgh Postnatal Depression Scale (EPDS) screening tool to measure depression in postpartum mothers. The study commenced with data collection on postpartum mothers in the Sukoharjo District Health Service Community Health Center's work area. The subsequent stage involved visiting the postpartum mothers' homes. Logistic regression was used to analyze the data at a significance level of 0.05 to determine the OR value of this variable.

## 3. RESULT & DISCUSSION

Tabel 1. Respondent Indicator

No	Indicator	Freq	Percentage (%)
1	Age		
	< 20 years & >35 years	66	41.4
	20 – 35 years	94	58.6
2	Occupation		
	Housewives	97	60.6
	Entrepreneur	63	39.4
3	Education		
	Low	45	28.1
	High	115	71.4

According to Table 1, the majority of respondents were between the ages of 20 and 35, with 94 respondents (58.6%) falling within this range. In terms of occupation, the majority of respondents were housewives, with 97 respondents (60.6%) falling into this category. Additionally, a high level of education was reported by 115 respondents (71.4%).

Tabel 2. Categories of Perinatal Depression

No	Perinatal Depression	Freq	Percentage (%)
1	Not depressed	129	80.6
2	Having depression	31	19.4

Table 2 shows that 129 respondents (80.6%) did not experience postpartum depression (PPD), while 31 respondents (19.4%) did.

Tabel 3. Family Support

No	Family Support	Freq	Percentage (%)
1	Not getting support	47	29.4
2	Get full support	113	70.6

Table 3 indicates that 113 respondents (70.6%) received adequate family support, while 47 reported inadequate support. Table 4 shows that 128 respondents (80%) received adequate social support, while 32 felt they received insufficient social support.

Tabel 4. Community Support

No	Community Support	Freq	Persentase
1	Not getting support	32	20
2	Get full support	128	80

Based on Table 5 below, the logistic regression test results indicate a significant influence between family support and the incidence of postnatal depression (PPD) with a P-value of  $0.027 < (0.05)$ . The OR value of 5.787 suggests that mothers who receive family support are 5.787 times less likely to experience PPD.

Tabel 5. Hypothesis Test

No	Variable	P – Value	Exp(B)=OR
1	Family Support	0.027	5.787
2	Community Support	0.025	5.693

The statistical test results indicate a significant influence between social support and the incidence of PPD, with a P-value of  $0.025 < (0.05)$ . The OR value of 5.693 shows that mothers who receive poor social support are 5.693 times more likely to experience depression. Perinatal depression can be caused by various physical and emotional factors. According to the US Department of Health and Human Services [19], mood swings occur in mothers after childbirth due to the rapid drop in estrogen and progesterone hormone levels in their postpartum bodies. Symptoms of depression can be exacerbated by poor quality sleep and fatigue caused by a lack of rest during childbirth.

Despite years of research aimed at identifying the causes of depression and developing effective methods of screening, prevention, and treatment, the incidence of depression has not decreased. It affects between 7 and 20% of women after giving birth [20]. Researchers speculate that depression is caused by sudden changes in the reproductive hormones estradiol and progesterone before and immediately after giving birth.

While some studies have suggested an association between sudden changes in reproductive hormone levels and depression, others have found no clear relationship between hormone concentrations and symptoms. For example, cross-sectional human studies comparing differences in ovarian hormone levels and depressive symptoms between groups during the puerperium found no association between absolute estrogen and progesterone concentrations and depression. In contrast, studies that have treated PPD with estradiol have been successful in reducing depressive symptoms. Additionally, animal studies have shown that withdrawal of estradiol and progesterone can trigger depressive-like behavior.[19]

While there is extensive research on the factors that affect hormonal levels, interpersonal variables also play a significant role in the incidence of depression. Family support is one such contributing factor, as it can help reduce emotional burdens and the demands of baby care and self-care that require significant time and energy. Families provide mental support by offering a space to share burdens and ask questions about childbirth and baby care. They also assist with household tasks such as cleaning, washing baby diapers, providing food during birth and postpartum, as well as facilitating health checks and vaccinations for the baby.

The mother's workload and thoughts, which are the main sources of fatigue and discomfort, become lighter when her family supports and helps her. However, family support alone is often insufficient, especially if the mother lives separately from other families. In such cases, mothers have to take on more postnatal and baby care responsibilities due to inadequate family support. It is important for mothers to communicate their feelings and needs to their families. Mothers may experience a heavy emotional burden due to sudden hormonal changes. It can be difficult for them to find someone to help alleviate this burden.[20]

The mother's reduced emotional burden from housework and baby care can prevent the release of stress hormones such as cortisol and adrenaline. These hormones can negatively affect the cardiovascular system by increasing blood pressure, heart rate, and blood fat levels (cholesterol and triglycerides). Additionally, they can cause increased blood glucose levels at night and loss of appetite. This can increase the risk of heart disease, atherosclerosis, stroke, obesity, and diabetes. Additionally, high levels of cortisol and adrenaline in the blood can cause anxiety, depression, sleep disorders, and a lack of interest in physical activity, memory, and decision-making. Controlled levels of stress hormones in the mother's blood can reduce the risk of perinatal depression.

Lack of family support can have negative effects on a mother's physical and emotional well-being. For instance, when a mother does not receive assistance with household chores and caring for her baby, she may become fatigued, sleep-deprived, and emotionally drained. These conditions can lead to the release of cortisol and adrenaline into the bloodstream. Mothers may experience symptoms of depression, including loss of interest in enjoyable activities, sleep and appetite disturbances, loss of energy, feelings of worthlessness or guilt, decreased concentration, irritability, and anxiety.

Consistent with the findings of this study, Alavi and Jannati investigated the correlation between perceived social support and self-esteem. They discovered that social support, particularly from family members, has a significant impact on the development of self-esteem. Self-esteem and social support are crucial for mental well-being and improving the quality of social support. Additionally, Urbayatur found that family support significantly reduces the incidence of perinatal and postnatal depression. [21]

According to these results, sufficient family support enhances mothers' self-esteem. The hypothesis test results indicate a significant influence of social support on the incidence of PPD. The P-value of  $0.025 < (0.05)$  confirms this. The OR value of 5.693 suggests that mothers who receive inadequate social support are 5.693 times more likely to experience depression.[23]

According to Vaezi, Soojoodi, Banihashemi & Nojomi, there is an inverse relationship between social support and postpartum depression after adjusting for confounding variables such as history of depression, baby's illness, and medications taken during pregnancy. This means that higher quality social support is associated with a lower risk of depression.[40]

Other research supports the findings of Milgrom, Hirshler, Reece, Holt, and Gemmill, indicating a significant relationship between social support and stress related to baby care. Specifically, two aspects of social support - strengthening maternal self-esteem and the desire to be reliable - were strongly associated with depression and anxiety in the first eight months. It is worth noting that neighbors are often the closest people that mothers interact with on a daily basis. During the postpartum period, constructive interactions with neighbors can increase a mother's self-esteem, especially if they also give positive attention to the baby.

Additionally, research by Demiroz & Tastan suggests a close relationship between social support and postnatal depression. A woman who has little social support, poor health, and high stress is more likely to experience depression. Lack of social support can negatively impact postpartum mothers, leading to unhealthy emotional interactions with neighbors and increased emotional burden. This can result in a decline in cognitive function and poor self-care. Emotions are closely related to the release of stress hormones such as adrenaline and cortisol, which can affect the cardiovascular, digestive, and nervous systems, ultimately leading to poor health.

Another form of social support provided by the community is offering information that new mothers need during the postpartum period and inviting them to participate in community activities such as recitations and meetings. First-time mothers often lack experience and information about caring for a newborn, which can cause stress and anxiety. First-time mothers can benefit from seeking advice and guidance from experienced peers in order to promote the growth, development, and health of their babies.

In Medan, monthly meetings are held for women to share information on topics such as family, childbirth, women's reproductive health, and mental health. Attending this meeting can increase the knowledge of mothers, particularly first-time mothers. However, some mothers may be unable to attend due to postpartum healing processes, including recovery from natural birth or caesarean section, as well as psychological developments such as attachment and separation. It is important for neighbors to understand that mothers who are unable to attend meetings during their early postpartum period should still receive support and not be ostracized at the next meeting.

Lack of social support can make a mother feel isolated, rejected, and lonely, which is not conducive to a healthy community. Lack of social support can make a mother feel isolated, rejected, and lonely, which is not conducive to a healthy community. Therefore, it is important to ensure that all mothers feel included and supported. The mother's cognitive function is negatively impacted when lacking social support from neighbors, leading to negative thoughts about herself and her condition. These negative thoughts, combined with the increasing workload of caring for herself and her baby, can lead to a negative spiral of depression.[30]

Researchers discovered that the pain of social rejection is comparable to physical injury. This has significant implications for individuals and society as a whole, affecting emotions, cognition, and physical health. Mothers who experienced regular exclusion had worse sleep quality and weaker immune systems than those with strong social support.

In Indonesia, social support is a crucial aspect of fulfilling basic emotional needs for mothers. Women feel secure when they have reliable social support. In Sukoharjo Regency, socio-cultural practices dictate that during important times such as the postpartum period, mothers expect their neighbors to visit their homes to offer well wishes and blessings for the health of their newborns. These visits also signify that the mother and her family are valued members of the community. Mothers may experience hopeful and optimistic emotions through this practice.

Additionally, social support is available not only after giving birth but also during pregnancy. Mothers and families hold thanksgivings in the third and seventh months of pregnancy by inviting neighbors. The presence of neighbors indicates that the mother and family are well-received by the community. This practice can bring positive emotions to the mother during pregnancy, potentially reducing the levels of stress hormones in the blood.

#### **4. CONCLUSION**

The study results indicate a significant correlation between family support, social support, and the incidence of depression. Mothers who received less family support had a 5,787 times higher risk of experiencing PPD. Similarly, mothers who lacked family support had a 5,693 times higher risk of experiencing depression. Health workers should

prioritize emphasizing the significance of family and social support for postpartum mothers. This support can be in the form of emotional and technical assistance, such as helping with baby care, self-care, and household work. Additionally, health workers should facilitate access to medical services to reduce the risk of perinatal depression..

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