



Association between psychosocial factors and postpartum depression in South Jakarta, Indonesia

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ABSTRACT

Objective: To investigate the association between psychosocial factors and postpartum depression.

Methods: A cross-sectional design was used. The sample consisted of 166 postpartum mothers recruited by cluster sampling from two public health centers in South Jakarta, Jakarta Province, Indonesia, during February to April 2016. Data collection was through home visits. Instruments employed were: the Edinburgh Postnatal Depression Scale (EPDS); the Childcare Stress Inventory; the Postpartum Support Questionnaire to measure social support; the Dyad Adjustment Scale to measure marital satisfaction; the Rosenberg Self-esteem Scale; and the modified Life Events Questionnaire to measure stressful life events. Data analysis consisted of linear regression.

Results: The prevalence of postpartum depression was 19.88%. Childcare stress, marital satisfaction and stressful life events were associated with postpartum depression ($R^2 = 0.298$, $F = 16.794$, p -value < 0.001). Stressful life events explained the most variance in EPDS scores ($\beta = 0.220$, P -value < 0.001), followed by marital satisfaction ($\beta = -0.321$, P -value < 0.01) and childcare stress ($\beta = 0.008$, P -value < 0.01).

Conclusion: The results of this study can be used to inform the screening of vulnerable sub-groups for postpartum depression and to develop nursing interventions that might alleviate postpartum depression.

Introduction

Postpartum depression (PPD) is the most common serious mental disorder after delivery and has become a considerable public health problem. The most common symptoms of PPD are extreme sadness, feelings of hopelessness and inadequacy, gloominess, inability to feel joy with the baby, severe anxiety, loss of appetite, poor concentration and memory, sleep disturbances, prolonged weariness, social isolation, suicidal thought and thoughts of harming the baby. PPD occurs at least four weeks after birth, [1] which differentiates it from postpartum blues, which can begin in the first or second week postpartum [2].

PPD has negative effects on the mother herself, but also on her children and family [3]. Mothers who experience depression during the postpartum period tend to experience cognitive deficits [4] and sleep disturbance [5,6]; relapse is common over the next 11–12 years [7]. The negative effects on their babies include impaired intellectual and motor development, poor social-emotional development within the first 2 years of life, less secure attachment to the mother, and lower levels of self-esteem [8,9], as well as infant sleep problems [10–12] and feeding problems [11,12]. Furthermore, PPD is associated with the partner's

negative mood, such as anxiety, fatigue, distress, worry, frustration, powerlessness, guilt and despair [13,14], family conflict [15] and depression [16–18].

The prevalence of PPD globally ranges from 10% to 20% [19–21]. The World Health Organization (WHO) [22] found that the incidence of depression in the postpartum period is three times greater than in other periods of a woman's life. In Indonesia, the prevalence of PPD has been estimated at 22.3% [23]. According to Basic Health Research, Ministry of Health, Republic of Indonesia [24], depression affects 14 million people aged 15 years or more.

Some studies in Indonesia have addressed the risk factors for PPD, including demographic factors [23,25], complications during pregnancy and delivery and after birth, first birth and low birthweight [23]. Although PPD is considered to be a mental health problem, its psychosocial risk factors have been little studied, and this information is urgently needed by practitioners (such as nurses) and researchers alike. The purpose of the present study was to investigate the psychosocial factors that may contribute to PPD, including childcare stress, marital satisfaction, self-esteem, life stress, and social support, in South Jakarta, Indonesia.

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