Social and Religious Support for Postpartum Blues During Covid-19 Pandemic in Cangkringan

Sumarni DW[1]*, Santi Y[2], Ronny TW[1], Prima DR[3], Diannisa IES[4], Siti NR[1]
{bu_sumarnidw@yahoo.com}

Department of Psychiatry, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia[1]
Psychiatrist and Clinical Educator, Prof. Dr. Soerojo Psychiatric Hospital, Magelang, Jawa Tengah, Indonesia[2]
Department of Biostatistics, Epidemiology and Health Population, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia[3]
Department of Obstetrics and Gynecology, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia[4]

Abstract. Managing postpartum blues during COVID-19 pandemic must be prioritized. Postpartum women are highly vulnerable to mental disorders during the pandemic including postpartum blues. Pregnant and postpartum women fear and worry about themselves and their babies getting infected. Economic difficulties, family conflicts, and domestic violence during the pandemic can exacerbate postpartum blues. The culture of visiting newborns without practicing safe, health protocols, and a culture of over-criticizing and lack of appreciation for postpartum women's mothering skills constitute additional stressors. Late management of postpartum blues can lead to postpartum depression and postpartum psychosis with mothers at risk of committing suicide and infanticide. This study aims to analyze effectiveness of social and religious support by husbands and midwives on managing postpartum blues in the Cangkringan Health Center area. This is a quasi-experimental, pre-test and post-test control study, conducted from March to June 2021. Research subjects were postpartum women who delivered at three Midwifery Clinics in Cangkringan Health Center area, their husbands and midwives. Husband and Midwife Social and Religious Support Modules and the Edinburgh Postnatal Depression Scale (EPDS) were used. T-test was analysed. After training midwives and husbands on how to provide social and religious support, average EPDS scores in postpartum mothers significantly decreased from 12.20 to 3.93 ($p=0.000005$) and 12.80 to 7.13 ($p = 0.00022$) in the intervention and control groups respectively. In conclusion, midwives' and husbands' social and religious support can significantly reduce the average postpartum depression score in postpartum women during the COVID-19 pandemic in Cangkringan.

Keywords: midwife, religious support, social support, postpartum blues, husband

1 Introduction

Managing postpartum blues during the COVID-19 pandemic is very important and must be prioritized. This research supports 2 goals of SDGs no. 3 and 5. This study supports Sustainable Development Goals (SDGs) 5.1 and 5.2 for gender equality, aiming to reduce maternal and infant mortality and eliminate all forms of discrimination and violence against

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women. This study also supports SDG 3.4, aiming to reduce premature deaths due to noncommunicable diseases, through prevention, treatment and promotion of mental health and well-being and increasing access and coverage of services for mental disorders including depression. One of the causes of the high maternal mortality rate (MMR) and infant mortality rate (IMR) is mental health problems. Severe psychiatric disorders after childbirth can increase the risk of suicide up to 70 times compared to other causes, especially in the first year after delivery. More than 50% of women who die by suicide are due to mental disorders after childbirth (Oates, 2002).

Postpartum blues is the feelings of sadness and tearfulness experienced by postpartum women shortly after birth but can decrease over the first 2 weeks of giving birth. Women with postpartum blues mostly recover quickly, but it can progress to postpartum depression and even postpartum psychosis, which can negatively impact mothers and babies and the relationship between mothers and babies. Postpartum mothers are very vulnerable to mental disorders due to the COVID-19 pandemic and are very susceptible to infection. COVID-19 is a highly contagious and rapidly spreading infection that can be and is dangerous for some individuals.

The results of Nanjundaswamy's research (2020) stated that pregnant and postpartum women during the COVID-19 pandemic expressed very high anxiety about visiting the hospital by (72.65%), the safety of their babies (52.14%), anxiety about contracting an infection by 40.68%, and social media-related anxiety (39.83%). The COVID-19 pandemic affected pregnant and postpartum women with 35.4% of women experiencing postpartum depression. In the study of Ostacoli et.al. (2020) it was found that 42.9% of postpartum women experienced depression during the COVID-19 pandemic.

The results of the research by Davenport et.al (2020) found that 40.7% of postpartum women experienced postpartum depression during the COVID-19 pandemic. The research by Liang et.al (2020) shows that 30% experiencd postpartum depression, and the results of research by Nanjundasmy et.al. (2020) it was found that 35.4% experienced postpartum depression due to the COVID-19 pandemic. The COVID-19 pandemic will provide a heavy and prolonged stressor burden and aggravate the mental disorders of postpartum mothers.

Additionally, the prevalence of postpartum blues in Indonesia is quite high, at 50-70% (Bobak et.al., 2005). Sumarni's research (2013) showed that the prevalence of postpartum blues in East Sumba is 80%. Research conducted at the General Hospital in Bandung City showed that 35% of postpartum mothers experienced severe postpartum blues (Fitriana and Nurbaeti, 2015). Research in the Blora Health Centerarea showed that postpartum mothers experienced postpartum blues as much as 48.6% (Wijayanti, et. al., 2013). Another study conducted in the working area of the Yogyakarta City Health Center showed that the incidence of postpartum blues was 46% (Fatmawati, 2014).

Research in Huntap Cangkringan District (permanent relocation homes after eruption) found that 60% of postpartum mothers experienced postpartum blues after childbirth (Sumarni, 2013). In the Jetis sub-district, Bantul Regency, after the earthquake, it was also found that 52% of postpartum women experienced postpartum blues (Hadianto and Sumarni, 2014).

During the COVID-19 pandemic, pregnant and postpartum women experience very heavy and prolonged stressors that can exacerbate the postpartum blues experienced. One effort to deal with postpartum blues is for the husband and midwife to provide social and religious support to postpartum mothers. Sumarni (2012) found that social support and religious support can reduce depression and improve cognitive function in the elderly after the Merapi eruption at Gondang Cangkringan Huntara.

In Cangkringan Huntap, after the Merapi Volcano eruption, it was found that lack of husband's support could increase occurrence of postpartum blues in postpartum mothers (Sumarni, 2013). Another study in Jetis Health Center and Dlingo Health Center in the period following the Yogyakarta earthquake, showed that the lack of social support from husbands and midwives could affect the severity of postpartum blues in postpartum mothers (Sumarni, 2014). However, Ismangoen and Sumarni (2016) research in Purwobinangun, Pakem Village in Sleman, showed that husband's social support in overcoming postpartum blues is still very low (37.10%). Further, in this study it was found that husbands and midwives had not provided a touch of social, religious support during the delivery and post-partum process for postpartum mothers.

Postpartum women during the COVID-19 pandemic living in the vicinity of the Cangkringan Sleman Health Centre may be experiencing stressors that can put them at risk of developing postpartum blues, postpartum depression and the most dangerous condition of postpartum psychosis.These conditions can have a negative impact on both mother and baby. In the worst condition, mothers are at risk of hurting their own babies and commit suicide. Husbands and midwives can provide social and religious support for postpartum mothers to overcome postpartum blues.

A community-based intervention of training husbands and wives to provide social and religious support of postpartum mothers is thought to be able to decrease depression scores in postpartum mothers. Supporting postpartum women and preventing postpartum blues, postpartum depression and postpartum psychosis will contribute towards the attainment of SDGs 5.1 and 5.2 for gender equality and SDG 3.4, aiming to reduce premature deaths due to noncommunicable diseases.

2 Research Questions

The main research question of this study is what is the change in average postpartum depression (EPDS) scores in postpartum women in Cangkringan Health Area before and after husbands and wives received training on how to provide social and religious support to postpartum women?

3 Purpose of the Study

This study aims to analyze the effectiveness of social and religious support by husbands and midwives on managing postpartum blues in mothers in the Cangkringan Health Center area.

4 Research Methods

This type of research is a quasi-experimental research with a pre-test and post-test control design. The subjects of this study consisted of 16 midwives and 30 husbands and 30 postpartum mothers who were then divided into 2 groups. The intervention group or Respondent Group 1 (KR-1) consisted of 15 husbands and 15 mothers who gave birth in

March 2021 to early June 2021 at Kriti Arum, Lanjar and PKU Muhammadiyah Cangkringan Midwifery Clinics and the control group or Respondent Group 2 (KR-2) consisting of 15 husbands and 15 mothers who gave birth in March 2021 to early June 2021 at Azizah Midwifery Clinic.

Research tools included a midwife's social and religious support module and a husband's social and religious support module for husbands and midwives' training. Postpartum blues and depression scores were measured with EPDS (Edinburgh Postnatal Depression Scale). Observation questionnaires were used to collect data on skills and knowledge of midwives and husbands on providing social and religious support to postpartum mothers.

In the intervention group, midwives and husbands were provided training to provide social and religious support to postpartum mothers. While in the control group, training was conducted only to midwives to provide social and religious support for postpartum mothers. The intervention in the implementation of social and religious support training in postpartum response to the impact of the COVID-19 pandemic was carried out 3 times for each Midwifery Clinic and PKU Muhammadiyah Cangkringan Clinic via Zoom. Interventions for the implementation of social support training, husband's religious support were carried out via cellphoneand Whatsapp Call.

Husbands were given social and religious support training 3 times: first, when the husband was waiting for his wife to give birth, second, when the wife was preparing to go home after childbirth care and third, after postpartum care at home. Training to midwives was provided online by Zoom and training to husbands were done twice via phone calls and once in-person in the clinic. The analysis technique is descriptive quantitative and qualitative, and the statistical analysis technique used is T-test with α = 5%.

5 Findings

The study was conducted on all husband-and-wife couples who gave birth at the Maternity Clinic and Midwifery Clinics in the working area of the Cangkringan Health Center. Cangkringan is one of the Kapanewonor sub-districts located in the northern part of Sleman Regency, about 19 km from Gadjah Mada University, and is one of the sub-districts located in the danger area of Mount Merapi or the Merapi Disaster Prone Area. Maternity clinics and Indeprendent Midwifery Clinics located in the Cangkringan area include Azizah Midwifery Clinic, Kisti Arum Midwifery Clinic and PKU Muhammadiyah Cangkringan clinic. The study participants were 30 postpartum women and their husbands who were then divided into 2 groups.

The intervention group consisted of 15 husbands and 15 mothers who gave birth in March 2021 to early June 2021 at the Kriti Arum and Lanjar Midwifery Clinics and PKU Muhammadiyah Cangkringan Clinic, in which the husbands also received training on how to provide social and religious support to postpartum women. The control group consisted of 15 husbands and 15 mothers who gave birth in March 2021 until early June 2021 at Azizah Midwifery Clinic, in which the husbands did not receive training on how to provide social and religious support to postpartum women. Midwives of postpartum women in both intervention and control groups received training on how to provide social and religious support to postpartum women

Based on the data obtained, most of the husbands in this study were in the 20-30 years age group, with most having a high school education level. The majority worked as private

employees such as factory employees, tour guides, and shop employees. In addition, most of the others worked as entrepreneurs or sand miners. On the other hand, the majority of postpartum mothers were also 20-30 years old, with most having a high school education level. The majority of women (56.67%) were housewives. Most of the women (60%) in this study were primiparas or women who had just given birth to her first child.

5.1 Changes in Average EPDS Postpartum Blues Score in Kapanewon Cangkringan, Sleman Before and After Training for Midwives and Husbands

The average score of postpartum blues in postpartum women living in the subdistrict Cangkringan changed after the midwife and her husband received social and religious support intervention. The intervention was provided after midwives and husbands received training on how to deliver social and religious support. The changes are shown in table 1.

Table 1. Changes in Mean Postpartum Blues EPDS scores in the Intervention Group and Control Group in Kapanewon Cangkringan between Before and After Training

Change in Average Postpartum Blues score Before and After Training	Average Score			T- Test	*p*
	Before	**After**	**Change**		
Intervention Group	12.20	3.93	7.34	7.0968	0.000005
Control Group	12.80	7.13	4.07	4.9319	0.00022

Source : Primary Data, 2021

The average change in the postpartum blues EPDS score before and after training and after being given social support and religious support in the intervention group was a decrease in score by 7.34. In the intervention group, the average EPDS score before training decreased from 12.20 to 3.93 after training. Meanwhile, in the control group, the average EPDS score before training decreased by 4.07 from 12.80 to 7.13 after training. Based on statistical analysis, there was a significant decrease in the EPDS Postpartum blues score before and after being given training in both groups indicated by p value <0.05, namely in the intervention group p = 0.000005 and in the control group p = 0.00022.

6 Findings

Midwives and husbands who have provided social support and religious support to postpartum mothers to manage postpartum blues significantly decrease the average EPDS score in postpartum mothers. Midwives have been able to provide empathetic social support, appreciation support, and can give praise to mothers who give birth and give praise to mothers for success in caring for children during postpartum. In addition, midwives can provide religious support by playing murotal, sholawat, dhikr, guiding prayers and offering prayers to reduce pain. Social and religious support provided by midwives in both the control group and the intervention group can provide a feeling of calm, comfort, and safety to postpartum mothers so that they can reduce postpartum blues.

In the intervention group, it was shown that the provision of social and religious support provided by the midwife as well as the husband reduced the EPDS score for postpartum blues more significantly than only being given social and religious support by the midwife. Postpartum mothers in the intervention group stated that after participating in social support and religious support training, their husbands' behavior change.

Husbands became more attentive, helped mothers care for babies, gave massages and caresses when mothers felt tired, and provided informational support such as reminding mothers more often on how to take care of their babies and implement health protocols to prevent COVID-19 infection. Husbands invited mothers to pray frequently together, and husbands can better understand the symptoms of the postpartum blues, such as when mothers feel sad. The social and religious support provided by the husband makes the mother feel calm, happy, safe, comfortable, and reduces fatigue while taking care of the baby. Through training sessions, midwives and husbands became aware of the importance of providing social and religious support. Listening to Quranic recitation may have similar benefits to listening to music and can provide calmness and reduce pain (Rosmiarti, 2020).

Some other effects of social support are that it can reduce anxiety levels, reduce general disorders, reduce somatization disorders, reduce depression, and reduce or delay death (Sarafino, 1990). In providing social support activities, mothers get a feeling of satisfaction and calm which will increase dopamine, have a feeling of being appreciated which increases serotonin, a feeling of trust in their ability to increase the hormone oxytocin, feelings of pleasure that increase endorphins in the body (Stahl, 2008). Close family and health workers can provide social support.

Based on Sumarni's research (in 2013 and 2014), the social support of husbands and midwives can reduce the degree of postpartum blues in postpartum mothers after the earthquake in Bantul and after the eruption of Merapi in Sleman. Strong social support from health workers will improve quality of life, physical health and reduce blues depression. Social support from midwives can reduce blues depression in postpartum women in Huntap Cangkringan (Sumarni, 2013). Training on early detection of postpartum blues and depression will further empower midwives and further increase the knowledge and skills of midwives to study the symptoms that appear in postpartum women within the first 1-10 days (Sumarni, 2013; Hadianto, 2016).

Early detection of postpartum blues and depression can decrease progression to more complicated illness such as postpartum psychosis, putting both mother, baby and family at risk of harm. The results of Sumarni's research (2018) state that social support from midwives and husbands can reduce postpartum blues. The results of research by Gumussoy, et.al (2020) stated that social support can protect pregnant women from anxiety and prevents the occurrence of mental disorders after childbirth. Social support is also a factor that affects a person's perception of where he or she will feel safe and comfortable during pregnancy and childbirth during the COVID-19 pandemic (Yue, et.al, 2020).

Religiosity can reduce susceptibility to depressive symptoms by various mechanisms. Religiosity will affect individuals' social support, which can be a protector against depression (Koenig et al., 2001). Religiosity provides a positive force that counters suicidal thoughts in those who are depressed, lose hope in life and experience stressful events (Pasiak, 2012). Research by Sumarni (2012) shows that religious support can reduce depression and improve the cognitive function of the elderly after the eruption at GondangSleman Shelter. Religious practice may exert a strong antidepressant effect due to increases in serotonin and dopamine (Sumarni, 2018).

Religious support that husbands and midwives can give is that they can guide mothers to pray. The husband can accompany the delivery process and pray for the wife to reduce her pain and fear. Husbands and midwives can say a prayer of gratitude for the safety and success of the mother's delivery. The husband can also provide a touch of post-delivery assistance and pray for his wife when taking medicine, breastfeeding the baby, praying for the time to calm and put a fussy baby to sleep, and praying for the recovery of the mother's health after childbirth (Sumarni, 2018).

The results of research by Nodohudsan et. al (2020) state that religious experiences cause a person to become calmer and more confident in dealing with anxiety during the COVID-19 pandemic to prevent mental disorders during pregnancy and childbirth. In addition, prayer and the Qur'an provide many benefits, including reading the Qur'an can be used as non-pharmacological therapy to reduce anxiety, a study with 20 pregnant women showed that Murotal Al-Quran can reduce anxiety and pain scale in pregnant women during pregnancy. childbirth, listening to the reading of the Qur'an cause a relaxation response of calm and peace (Ghiasi, 2018; Rhosmiati, 2020; Istiqomah, 2021).

7 Findings

The results of this study support prior studies showing the benefits of social support and religious support for pregnant women. In conclusion, this study showed that postpartum blues prevention training on social and religious support of both midwives and husbands can significantly decrease the average depression scores of postpartum mothers in Cangkringan during the COVID-19 pandemic. The reduction in average depression scores was greater when both midwives and husbands were trained compared to training midwives only.

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