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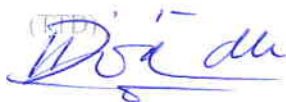
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1. Health Worker Learning Strategy
2. Health Service
3. Community Health
4. Child and Mother Health
5. Midwifery Profesionalism

PREFACE

Akademi Kebidanan Yogyakarta produces this proceedings as the compilation of research and community service activities report presented in The International Midwifery Conference on Strategies to Improve the Quality of Research, Teaching, and Community Service in the era of ASEAN Economic Community (AEC). Academics, practitioners and students in the health sector both in domestic and overseas attended this conference.

Since the implementation of AEC, countries in Southeast Asian region are open to each other's security, social, cultural and economic affairs. AEC serves as a gate of goods trade, services, assets and investment, free-marketed in ASEAN countries. The community creates the countries in the region as a single market that promotes economic growth and high competition. Professional health workers in ASEAN countries have opportunity to have jobs in other countries. AEC provides opportunities to have competitive jobs markets. Indonesian health worker training institutes should be able to use this momentum to compete in improving the quality of education so that graduate from colleges here can take the jobs at the regional level. Cooperation in this international seminars provides an opportunity for teachers of health professional education improve their capacity to produce quality students.

The 2009 Constitutional Law Number 44 states that hospital managements can hire foreign professionals based on local needs and their absorption considering the interests of science and technology and local availability of health workers. The health workers in Indonesia should improve their self-competencies to compete in both hard skill and soft skill. Indonesian National Qualification Framework (KKNI) could meet the standard of education competencies.

The context of AEC put higher education within a crucial role in developing human resources capable of creating a global society. The government should create integrated education policy that is consistent with the interests of the job market in the ASEAN countries. Government should follow regional standard in health workers training so that graduates gain enough skills as needed in the changing environment.

This international conference was held as an effort to develop the quality of education through Tri Dharma of Higher Education then could compete in the era of AEC. Encourage academics to conduct high-quality research and community service that support the education process, meet the demand on health quality service in the era of AEC.

We give the highest appreciation for our national and international collaborators that make this International Conference possible, and this proceeding published. Special thanks are given to Ms. Gita Maya Koemara Sakti MD MHA, the MOH's Director for Women's Health Affairs, Ms. Paristiyanti Nurwandani PhD., the Director for Learning Department from the Ministry of

Research, Technology and Higher Education, Dr.dr. Mubasysyr Hasanbasri, MA, the Director for Department of Epidemiology and Population Health from Gadjah Mada University. Ms. Deborah Davis, Professor of Midwifery from University of Canberra, Ms. Aine Alam, International Midwifery Practitioner, Educator and Researcher, and Prof Dr Senol, Dean from Turgut Ozal University Turkey.

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4. POST PARTUM BLUES IN KOJA PUBLIC HOSPITAL AND ITS ASSOCIATED FACTORS

Lisa Trina Arlym

Abstract

Background. Postpartum blues is a temporary psychological disorder, which is characterized with an increased emotion in the first week after delivery, or mood disorders which lasted for three to five days and attacked in the span of 14 days after delivery. The incidence of postpartum blues are 50-70% of women after childbirth. The purpose of this study was to analyze factors associated with the incidence of postpartum blues in RSUD Kojakarta. **Objectives.** This cross sectional study conducted on 90 postpartum mother at June 2015. Instrument used by kuesioner. Data analysis were using chi square test with significance ($p < 0,05$). **Results.** Seventy five percent of respondents experiencing postpartum blues and 24.4% did not experience any postpartum blues. Bivariate analyzes showed that factors significantly associated are the age, parity, economic status and social support ($p < 0,05$) while the education level is not significantly associated ($p > 0,05$). **Conclusions.** Variables that were significantly associated with the incidence of postpartum blues are age, parity, economic status and social support. Efforts should be made to improve counseling, assisting and understanding postpartum mothers.

Key word: postpartum blues, age, education, parity, economic status, social support

BACKGROUND

Postpartum blues is a state of mild depression and temporary which generally occur within the first week or more after delivery, is characterized by symptoms such as depression/sad/ dysphoria, crying, irritability, anxiety, unstable feeling, tend to blame themselves, sleep disorders and appetite disorders(1)(2)(3). Research in Sweden, Australia, Italy and Indonesia by using EDPs (Edinburg Postnatal Depression Scale) in 2011 showed 73% of women experience postpartum blues(4). The incidence of postpartum blues in Asia is quite high and varies between 26-85%, while in Indonesia the incidence of postpartum blues between 50-70% of women after childbirth(5). Originally it was lower than other countries, this is due to the culture and nature of the Indonesian people who tend to be more patient and able to accept what happened, whether it was a happy occasion and depressing. Maternal age, birth experiences, family conflict, low self-esteem and social support in the ability of

caring for a baby can increase the incidence of postpartum blues(6)(7)(8).

METHODS

This study was a cross-sectional observational study, the variables are age, education level, parity, economic status and social support. Data were collected using a questionnaire in June 2015. Subjects were, postpartum mothers postpartum treated in Kojakarta Hospital Jakarta in June 2015 as many as 90 people. Samples were taken using cluster sampling technique. Bivariate analysis to determine the relationship of postpartum blues with age, education level, parity, economic status and social support using chi-squared test. Data collected by using primary data obtained through interviews with the questionnaire.

RESULTS

Table 1 shows that from 82 post partum mothers with susceptible age, as many as 65

(79.3%) had postpartum blues, whereas 17 (20.7%) did not experience postpartum blues. While 8 postpartum mother with no susceptible age as many as three people (37.5%) had postpartum blues, while 5 (62.5%) did not experience postpartum blues. Statistical test obtained P value $< \alpha$ (0.019 $<$ 0.05), it means there is a statistically significant relationship between age and incidence of postpartum blues.

Results shows from 72 postpartum mother with susceptible parity as many as 60 (83.3%) had postpartum blues, whereas 12 (16.7%) did not experience postpartum blues. While 18 postpartum mother with no susceptible parity as many as eight people (44.4%) had postpartum blues, whereas 10 (55.6%) did not experience postpartum blues. Statistical test obtained P value $< \alpha$ (0.001 $<$ 0.05),

Table 1 shows the incidence of risk factors of postpartum blues in Koja Hospital Jakarta

Risk Factors	Postpartum Blues				Total	P Value
	Yes		No			
	n	%	n	%		
Age						
Susceptible (< 20 and > 35 years)	65	79,3	17	20,7	82	0,019
Not Susceptible (20-35 years)	3	37,5	5	62,5	8	
Education Level						
Low (No School – Junior High)	64	77,1	19	22,9	83	0,226
High (Senior High – University)	4	57,1	3	42,9	7	
Paritas						
Susceptible (<i>primi</i> and <i>grandemulti</i>)	60	83,3	12	16,7	72	0,001
Not Susceptible (child number 2 – child number 4)	8	44,4	10	55,6	18	
Economic status						
Poor (< Rp 2 millions)	65	80,2	16	19,8	81	0,006
Rich (\geq Rp 2 millions)	3	33,3	6	66,7	9	
Dukungan Sosial						
Not Support (< 2 family member)	63	84,0	12	16,0	75	0,000
Support (\geq 2 family member)	3	33,3	10	66,7	15	

Explanation. χ^2 = Chi Square Test

The table shows from 83 post partum mothers with low education as many as 64 (77.1%) had postpartum blues, whereas 19 (22.9%) did not experience postpartum blues. While 7 postpartum mothers who has high level of education, as much as 4 people (57.1%) had postpartum blues, while 3 (42.9%) did not experience postpartum blues. Statistical test obtained P value $> \alpha$ (0.226 $>$ 0.05), meaning that there is no statistically significant relationship between age and incidence of postpartum blues.

meaning that there is a statistically significant relationship between parity with the incidence of postpartum blues.

Results shows of the 81 poor postpartum mothers as many as 65 (80.2%) had postpartum blues, whereas 16 (19.8%) did not experience postpartum blues. While 9 rich postpartum mother as many as 3 people (33.3%) had postpartum blues, whereas 22 (24.4%) did not experience postpartum blues. Statistical test obtained P value $< \alpha$ (0.006 $<$ 0.05),

meaning that there is a statistically significant relationship between economic status with the incidence of postpartum blues.

Results shows of the 75 postpartum mothers who do not have family support as many as 63 (84.0%) had postpartum blues, whereas 12 (16.0%) did not experience postpartum blues. While 15 postpartum mother who have family support as many as three people (33.3%) had postpartum blues, whereas 10 (66.7%) did not experience postpartum blues. Statistical test obtained P value $< \alpha$ (0.000 < 0.05), meaning that there is a statistically significant relationship between social support and the incidence of postpartum blues.

DISCUSSIONS

Age. Age is the age individuals starting at birth until her birthday. Along with increasing the age, individual will be more mature in thinking, work and more experienced. In terms of public trust, someone more mature will be more trustworthy than people who have not grown up. The age factor is more synonymous with experience in dealing with life(9). Postpartum mothers with under 20 years could be expected to encounter obstacles in the process of adaptation/adjustment both physically and mentally. Meanwhile, post partum women with over 35 years are more at risk in the facing pregnancy, childbirth and the postpartum period so that the possibility of experienced postpartum blues is greater. This is consistent with meta analysis Reid (2007) that young postpartum mother are more susceptible to postpartum blues(7) .

Education. Education is the process of changing attitudes and procedures for a person or group of people in an effort to mature human being through teaching, training, processes,

and manufacturing educational way(10). The higher educational level will facilitate a person or a community to absorb the information and implementing it in behavior(9). Research Irawati (2010) and Latipun (2001) says that education levels associated with the incidence of postpartum blues, but this research has not been proven(11)(12). This may be because the number of respondents who are highly educated unbalanced.

Parity. Parity is the number of pregnancies that produces life birth. Mothers who often give birth have a risk to her health and for the health of their children. The number of parity was associated with the experience of pregnancy, childbirth, postpartum and parenting process. Increased hormone during pregnancy can cause increasingly severe anxiety and worry. The process of long labor until complications experienced after childbirth can affect psychological of the mother(13)(2). According Bobak, mothers who experience emotional disturbance are primiparous mothers who have not experienced in childcare. It is lead to the risk of postpartum blues.

Economic Status. Socio-economic conditions often create psychological disturbed for mother. Families who are able to overcome the expenses to cover maternal care during labor and the presence of additional new family members may not feel the financial burden, but a family who accept the presence of a new family member with a financial burden may have increased stress. This stress can disrupt the behavior of the parents thus making transition to enter into a parental role will become more difficult(2). According to some research found that a low income contribute to the occurrence of postpartum blues (3)(6) (7) .

Social Support. Support given effect in reducing postpartum blues. Mothers who feel loved, appreciated and cared by her husband and family would feel confident. Mothers who has lack of support will be felt worthless and more easily occur postpartum blues.(14) Provide good care and support and convinced that the mother is people who are important in the family, and most importantly to provide adequate rest. Positive support will help her to restore confidence in her ability(15). Social support can provide physical and psychological comfort to the individuals that affect the incidence and effects of anxiety. Lieberman (1992) suggests that theoretically, social support can reduce the incidence that leads to anxiety. If a reaction occurs, the interaction with others can modify or alter individual perception on the incident and will reduce the potential for the emergence of anxiety.

CONCLUSION

There was significant relationship between age, parity, economic status and social support to the incidence of postpartum blues. Midwives are expected to provide health services appropriate role, by preparing women for childbirth and childcare ranging from antenatal examination. Midwives are expected to provide postpartum counseling to mothers and families, help, understanding and support to the mother postpartum. This research is expected to improve the knowledge and quality of education and forms the basis for further research to be expanding the number of samples and change the data analysis and research methods used.

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