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ANALYSIS OF POSTPARTUM DEPRESSION INCIDENCE IN GORONTALO

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ABSTRACT
The physiological and psychological processes experienced by mothers in the first week after giving birth affect the mother's mental health and increase the risk of postpartum depression. Mothers who have just given birth usually have symptoms of mild depression which will increase 2-5 days after giving birth and subside within 2 weeks. If detection is not done quickly and treatment is done too late, then depression that was initially mild will develop into postpartum depression. This study aimed to describe postpartum depression in postpartum mothers in Gorontalo. This research uses a quantitative descriptive research design. A total sample of 59 respondents was obtained using total sampling techniques. Data analysis used univariate analysis with the EPDS questionnaire instrument. The results of the study showed that the number of postpartum mothers who did not experience postnatal depression was 32 respondents (54.2%), and those who experienced postnatal depression were 27 respondents (45.8%). These results illustrate that the rate of postpartum depression in postpartum mothers in one of the Gorontalo areas is quite high.

Keywords: depression; gorontalo; postpartum; postpartum depression

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INTRODUCTION

The postpartum period (puerperium) is the period that begins after the placenta is born and ends at 6 weeks. During the postpartum period, all reproductive organs will recover to their original state before pregnancy within 3 months after giving birth (Murtiyarini, Suryanti, & Wuyandari, 2020). Postpartum is also called a critical period for postpartum mothers because they experience changes in their bodies and experience physical, psychological, mental, and spiritual unpreparedness in facing this period, which will make the postpartum period run abnormally (Kusbandiyah & Puspadewi, 2020). Postpartum mothers begin to adjust in the first week or so after giving birth, and mothers begin to learn to be independent in their activities. This adjustment period is an important stage in the process of psychological change for postpartum mothers. This postpartum period requires additional care for both mother and baby (Khatun, Lee, Rani, Biswash, & Kim, 2018).

The physiological and psychological processes experienced by mothers in the first week postpartum affect the mother's mental health and increase the risk of postpartum depression (PPD) (Guvenc, et, al, 2021). About 70% of mothers who have just given birth usually have symptoms of mild depression which will increase 2-5 days after giving birth and subside within 2 weeks. If detection is not carried out quickly and treatment is carried out too late,

then depression that was initially mild will develop into postpartum depression (Stewart & Vigod, 2016).

The prevalence of postpartum depression in the world reaches 17.22% (Wang, et, al, 2021). In Indonesia, the prevalence of postpartum depression ranges from 2.5% to 22.3% (Nurbaeti, Deoisres, & Hengudomsub, 2019). In Gorontalo itself, mental health problems, especially postpartum depression, have received little attention from various parties, where this is proven by the fact that there is no recorded data regarding postpartum depression in the City and Provincial Health Services, based on Riskesdas Gorontalo (2018), there is only data regarding baby blues, namely the number 1.33%.

Postpartum depression is characterized by depressed mood, loss of interest and pleasure, reduced energy leading to increased fatigue and reduced activity, feelings of worthlessness and guilt accompanied by the inability to carry out important daily activities and persist for more than two weeks (Desta, et al., al, 2021). Some other signs and symptoms include reduced appetite, difficulty sleeping, feeling weak, feeling useless, difficulty concentrating, and even having suicidal thoughts (Sari, 2020).

The transition period that a woman experiences when becoming a mother is a period that has many challenges, and during this period a woman will be very vulnerable to experiencing mental health disorders (Liang, Wang, Shi, Liu, & Xiong, 2020). Depression that is not handled properly will result in postpartum psychosis which results in drastic mood changes and often triggers extreme actions such as suicide and killing the newborn baby. Postpartum depression not only has a big impact on the condition of the mother but also her child. The difficulty of interaction between a mother who has experienced depression and her child increases the risk of behavioral disorders and cognitive disorders and can even endanger the child (Dewi, 2014).

Mothers who are depressed will feel overwhelmed by their role in parenting, which will lead to thoughts of wanting to kill their child. Setiawati, et, al (2020) researched mothers giving birth with a sample of 311 people in Bogor Regency. The results showed that 59.2% of respondents experienced depression and there was a significant relationship between the mother's age, history of complications, mother's job, husband's income, husband's support, and marital problems with the incidence of postpartum depression, and the dominant factor influencing the incidence of postpartum depression was husband's support.

Low social support is a causal factor in postpartum depression (Negron, Martin, Almog, Balbierz, & Howell, 2013). Social support includes 4 main dimensions, namely information, material, emotional, and partner and family. These support aspects will support the mother's mental health after childbirth (Gjerdingen, McGovern, Attanasio, Johnson, & Kozhimannil, 2014). The results of research by Nasri, Wibowo, & Ghozali, (2018) conducted on 38 postpartum mothers in East Lombok Regency stated that the majority of mothers who experienced postpartum depression were mothers aged 20-35 years, had basic education, did not work, were multiparous, had lower incomes. Regency/City minimum wage, lack of knowledge, poor family support, and mother with travel time to health services in the range of 5-15 minutes. Family support is the most dominant factor influencing the occurrence of postpulmonary depression. This study aims to determine the incidence of postpartum depression in mothers in Gorontalo.

METHOD

This research is a quantitative descriptive research conducted in one of the districts in the Gorontalo city area. This study has a single variable, namely Postpartum Depression, which involved 59 pregnant women using total sampling as the sample method. This research uses the EPDS questionnaire in Indonesian Version which contains 10 self-report questions who have validity 0,98 and Cronbach's alpha reability 0,80. Meanwhile, other data collected include the mother's age, parity, type of delivery, support in caring for the baby, and employment. All analysis data using frequency distribution

RESULTS

This research analyzes the characteristics of respondents first to obtain descriptive data on the characteristics of respondents at the research site. The characteristics of the respondents in this study are described in the following table.

Table 1.
Characteristics respondent

Information	f	%
Age		
17-25 years old	12	20,3
26-35 years old	42	71,2
36-45 years old	5	8,5
Parity		
Primipara	23	39
Multipara	36	61
Type of labor		
Normal	20	33,9
Sectio Caesarea	39	66,1
Support in caring for the baby		
Yes	36	61
No	23	39
Work		
Working	17	28,8
Not working	42	71,2

From these results, it is known that the majority of respondents were of productive age and had experience of giving birth more than once. The most common type of delivery is caesarean section, and most respondents have support in caring for the baby and most of them work as housewives. This research also provides information regarding the number of incidents of postpartum depression according to the data presented in the following table.

Table 2.
Incidence of Postpartum Depression in mothers in Gorontalo

Incidence of Postpartum Depression	f	%
Depression	27	45,8
Not depression	32	54,2

These results show that the majority of postpartum mothers experience postpartum depression after giving birth. These findings will add information regarding the incidence of Postpartum Depression in postpartum mothers in Gorontalo.

DISCUSSION

Based on the research results, show that of the 27 respondents who experienced postpartum depression, most of them occurred in the 26-35 year age category, 16 respondents (59.2%). So it can be seen that mothers with postpartum depression are more likely to be in the productive age range, namely 26-35 years, which can be influenced by hormonal factors that are active in that age range, resulting in postpartum maternal mood disorders. Comparable to the theory

which explains that the age range of 26-35 years is the productive age for a woman, one of which is marked by the active reproductive hormones. Reproductive hormones such as estrogen and progesterone have a suppressive effect on the activity of the monoamine oxidase enzyme, an enzyme that works to inactivate both adrenaline and serotonin which play a role in mood disorders and depression. Estradiol and estriol are active forms of estrogen. Estradiol functions to strengthen neurotransmitter function by increasing the synthesis and reducing the breakdown of serotonin, so theoretically, the decrease in estradiol levels due to childbirth plays a role in causing postpartum depression (Thompson & Fox, 2010). The results of this study are in line with research conducted by Anggriani (2019) that postpartum mothers who experience postpartum depression are dominated by the 20-35 year age category, amounting to 71.4%.

The results of this study showed that of the 27 respondents who experienced postpartum depression, the majority of respondents who experienced postpartum depression were in the Not Working employment status category, 21 respondents (77.8%). These results indicate that postpartum mothers who experience postpartum depression are dominated by the Not Working category. Postpartum depression experienced by postpartum mothers is closely related to the level of anxiety they feel. The anxiety felt by mothers who do not work tends to be related to limited funds for daily needs. According to Andry (2012), one of the things that is closely related to postpartum depression is low economic level. Apart from that, mothers who only work at home taking care of their children can experience a crisis and experience emotional disturbances because of the tiredness and exhaustion they feel. Housewives who take care of all household affairs will feel that they have more burdens carrying out their responsibilities as a wife and as mothers (Hutagaol 2010). This is supported by research by Suparman, Saprudin, & Mamlukah (2020), revealing that mothers who do not work have the highest proportion with a rate of 62.3% who tend to experience depression.

Based on the research results, 14 respondents (51.8%) of mothers who experienced postpartum depression were multigravida mothers. Iwata, et al (2016) stated that multigravida mothers can have a greater tendency to experience postpartum depression because multigravida mothers also have to care for their other children, so it is closely related to social support factors in the form of assistance or support received in caring for their children. Multiparous mothers who experience postpartum depression can be related to costs, as the number of children increases, the costs required to care for these children will increase (Sinaga, 2014). In addition, multiparous mothers can experience depressive symptoms thought to be related to bad experiences of previous births, discomfort experienced and fatigue after giving birth and reports of low levels of social support and marital satisfaction (Sockol & Battle, 2015).

In line with the research results of Ririn, Nurdianti, & Astutui (2016), the type of delivery has a significant influence on the risk of postpartum depression. Mothers who give birth via cesarean section have a greater risk of postpartum depression than mothers who give birth via normal or vaginal delivery. This is also supported by research conducted by Sinaga (2014) which also shows that the highest percentage of mothers who experience postpartum depression are mothers who undergo cesarean section delivery, namely 76.9%. Mothers with birth complications are more likely to experience postpartum depression compared to mothers with normal births. Mothers are at risk of experiencing pregnancy complications so cesarean births take longer to recover than normal births, which can delay the mother's recovery for daily activities and in turn increase the likelihood of postpartum stress and depression.

The results of this study showed that the majority of respondents who experienced postpartum depression received support in caring for their baby, 16 respondents (59.3%). A small portion did not have support, namely 11 respondents (40.7%). These results indicate that mothers who receive support in caring for their babies are more likely to experience postpartum depression.

Lesmana & Setiawan, (2017) also stated that there are four forms of social support, namely emotional support, instrumental support, informational support and friendship support in the form of the availability of other people to be with the individual in carrying out their activities. Providing social support is adjusted to the individual's circumstances so that it is more effective and useful. These results are supported by research conducted by Wiyanto & Ambarwari (2021) which states that there is no negative relationship between social support and postpartum depression in Javanese mothers after giving birth. This means that social support has no influence on the occurrence of postpartum depression in Javanese mothers. Therefore, other factors influence mothers who have the potential to experience postpartum depression, namely: biological factors, personality factors, self-efficacy, and unplanned or desired pregnancy factors.

32 respondents (54.2%) did not experience postpartum depression and 27 respondents experienced postpartum depression (45.8%) from a total of 59 samples. So it can be concluded that the rate of postpartum depression in Kota Barat District is quite high. This can be seen from the answers to the questionnaire which stated the feelings of postpartum mothers in the last week on the question item "I blame myself if something doesn't go well," there were 10 respondents who answered all the time, and 18 respondents who answered sometimes out of the total 59 respondents. Furthermore, in the question item "I feel anxious or worried for no reason," there were 5 respondents who answered very often and 36 respondents who answered sometimes out of a total of 59 respondents. In the question item "I feel scared or panicked for no apparent reason," there were 6 respondents who chose the answer quite often. Another question item was "I feel so sad that I have difficulty sleeping," there were 4 respondents who answered all the time and 12 respondents who answered sometimes.

Based on the results of the researcher's observations when collecting data using home visits, the 27 respondents who experienced postpartum depression appeared less expressive and had difficulty concentrating when communicating with the researcher. From his appearance, he also appeared to be less neatly dressed. Based on theory, several other signs and symptoms of postpartum depression include reduced appetite, difficulty sleeping, feeling weak, feeling useless, and difficulty concentrating, even (Sari, 2020). About 70% of mothers who have just given birth usually have symptoms of mild depression which will increase 2-5 days after giving birth and subside within 2 weeks. If detection is not carried out quickly and treatment is carried out too late, then depression that was initially mild will develop into postpartum depression (Stewart & Vigod, 2016). On crucial question items such as "I felt sad so I cried," 6 respondents answered quite often. Likewise, with question number 10 "I have thoughts of hurting myself," there were 7 respondents who answered sometimes and 3 respondents who answered rarely out of a total of 59 respondents.

In more severe situations, postpartum depression can be characterized by more intense symptoms such as feelings of sadness, easy crying, and in some cases even hallucinations resulting in attempts by the mother to harm the baby, herself, or others. Usually, these symptoms appear after the 2nd week postpartum and can even continue for up to 2 years or throughout the woman's life (Reeder, Martin & Griffin, 2012). The results of this study showed that there were 32 respondents (54.2%), postpartum mothers who did not experience

postpartum depression, this can be seen from the answers to the questionnaire which stated the feelings of postpartum mothers in the last week in the question item "I can laugh and see the funny side of things certain" there were 41 respondents (69.5%) who answered as much as I could. In another question item, namely "I feel afraid or panicked for no apparent reason," there were 26 respondents who chose the answer never at all and 16 respondents who answered not very often.

Based on the results of the researcher's observations when collecting data utilizing a home visit, the 32 respondents who did not experience postpartum depression appeared to concentrate well when communicating with the researcher, that is, they easily understood the directions from the researcher regarding the procedures for filling out the questionnaire. Biological factors and social factors create interrelated factors that can make women vulnerable or even avoid postpartum depression. Aspects of biology and environmental factors, such as related lifestyle factors, are involved in the incidence or prevention of postpartum depression through direct and indirect impacts on serotonin levels in the brain and its function. Apart from that, many environmental factors such as socio-economic, and social support in the form of husband and family support are needed by postpartum mothers to carry out their duties and roles as wives and mothers (Ghaedrahmati, Kazemi, Kheirabadi Ebrahimi, Bahrami, 2017).

Mothers who will go through the maternity period to the postpartum period will usually experience difficulty in adjusting to their new role. So, to balance and adapt, coping behavior is needed that can help postpartum mothers get through this critical period, so that they do not experience disturbances in the developmental stages of becoming postpartum depression or even postpartum psychosis (Hasjanah, 2013). Stress coping is the mother's ability to deal with stressors after giving birth. There are two types of forms and functions of coping, namely Problem Focused Coping (PFC) which is directed at reducing the demands of stressful situations, and Emotion Focused Coping (EFC) which is directed at regulating emotional responses to stressful situations (Ningrum, 2017). Sari (2015) said that the husband's support is manifested in marital satisfaction, shown by the husband providing financial and non-financial support which can influence the condition of a mother after giving birth. This is due to the husband's loving and patient nature and being able to fulfill the wife's needs, making the wife feel that she is not alone in taking care of the baby so that feelings of being loved and appreciated come from within the wife.

CONCLUSION

This research shows that many mothers who experience postpartum depression are aged between 26-35 years, do not work, are multigravida, gave birth by cesarean section, and have support in raising children. Apart from that, of the 59 respondents studied, 32 respondents experienced postpartum depression and 27 respondents did not experience postpartum depression.

REFERENCES

Andry. (2012). *Depresi Pasca Melahirkan*. Jakarta: Gramedia Pustaka

Anggrani, I, A. (2019). Faktor-faktor Yang Berhubungan Dengan Depresi Postparum Di Praktik Mandiri Bidan Misni Herawati, Husniyati dan Soraya. *Jurnal Kebidanan Vol. 8 No. 2*

Desta, M., Memiah, P., Kassie, B., Ketema, D. B., Amha, H., Getaneh, T., & Sintayehu, M. (2021). Postpartum depression and its association with intimate partner violence and

inadequate social support in Ethiopia: a systematic review and meta-analysis. *Journal of Affective Disorders, 279,* 737–748. https://doi.org/10.1016/j.jad.2020.11.053

Ghaedrahmati, M., Kazemi, A., Kheirabadi, G., Ebrahimi, A., & Bahrami, M. (2017). Postpartum depression risk factors: A narrative review. *Journal of Education and Health Promotion*

Gjerdingen D, McGovern P, Attanasio L, Johnson PJ, Kozhimannil KB. (2014). Maternal depressive symptoms, employment, and social support. *The Journal of the American Board of Family Medicine*. 27(1): 87-96

Guvenc, G., Yesilcinar, I., Ozkececi, F., Oksuz, E., Ozkececi, C. F., Konukbay, D., Karasahin, K. E. (2021). Anxiety, depression, and knowledge level in postpartum women during the COVID-19 pandemic. *Perspectives in Psychiatric Care*, *57*(3), 1449–1458. https://doi.org/10.1111/ppc.12711

Hasnajah, Y. (2013) Coping pada ibu yang mengalami baby blues syndrome. *Skripsi*. Yogyakarta: Fakultas Psikologi Universitas Ahmad Dahlan.

Hutagaol, E. T. (2010). *Efektivitas intervensi edukasi pada depresi postpartum. Fakultas Ilmu Keperawatan*. Universitas Indonesia: Depok, Jakarta

Iwata, H., Mori, E., Sakajo, A., Aoki, K., Maehara, K., Tamakoshi, K., (2016). Prevalence of postpartum depressive symptoms during the fi rst 6 months postpartum : Association with maternal age and parity. *Journal of Affective Disorders 203, 227– 232.*

Kusbandiyah, J., & Puspadewi, Y. A. (2020). *Pengaruh Postnatal Massage Terhadap Proses Involusi Dan Laktasi Masa Nifas Di Malang Jiarti. 65–72*

Khatun, F., Lee, T. W., Rani, E., Biswash, G., Raha, P., & Kim, S. (2018). The Relationships among Postpartum Fatigue, Depressive Mood, Self-care Agency, and Self-care Action of First-time Mothers in Bangladesh. Korean *Journal of Women Health Nursing*, *24*(1), 49. https://doi.org/10.4069/kjwhn.2018.24.1.49

Lesmana, R., & Setiawan, J. L. (2017). Hubungan antara Social Support dan Resilience Efficacy pada Remaja Atlet Bulutangkis di Surabaya. *Psychopreneur Journal, 1(1), 35–45*

Liang, P., Wang, Y., Shi, S., Liu, Y., & Xiong, R. (2020). Prevalence and factors associated with postpartum depression during the COVID-19 pandemic among women in Guangzhou, China: a cross-sectional study. *BMC Psychiatry*, *20*(1), 1–8. https://doi.org/10.1186/s12888-020-02969-3

Marmi. (2014). Asuhan *Kebidanan Pada Masa Nifas "Peuperium Care".* Yogyakarta: Pustaka Pelajar.

Murtiyarini, Ika., Suryanti, Yuli., Wuyandari, A. G. (2020). *"Pemberdayaan Kader Dalam Deteksi Dini Komplikasi Masa Nifas Di Desa Penyengat Olak*." 1(1): 5–9

Nasri, Z., Wibowo, A., & Ghozali, E. W. (2018). Faktor determinan depresi postpartum di Kabupaten Lombok Timur. *Buletin Penelitian Sistem Kesehatan, 20(3), 89-95.*

Negron R, Martin A, Almog M, Balbierz A, Howell EA. (2013*).* Social support during the postpartum period : Mothers' views on needs, expectations and mobilization of support. *Maternal and Child Health Journal*. 17(4): 616± 623.

Ningrum, S. P. (2017). Faktor-Faktor Psikologis Yang Mempengaruhi Postpartum Blues. *Psympathic : Jurnal Ilmiah Psikologi, 4(2), 205. https://doi.org/10.15575/psy.v4i2.1589*

Reeder, S.J., Martin, L.L., & Griffin, D.K. (2012). *Keperawatan maternitas: Kesehatan wanita, bayi dan keluarga* (edisi 18.) EGC: Jakarta.

Ririn, A., Nurdianti, D. S., & Astutui, D. A. 2016. Pengaruh Jenis Persalinan Terhadap Risiko Depresi Postpartum Pada Ibu Nifas. *Jurnal Kebidanan Dan Keperawatan*

Sari, R. A. (2020). Literature review: Depresi postpartum. *Jurnal Kesehatan, 11(1), 167–173. doi:10.26630/jk.v11i1.1586*

Sari, D.M, Eko H. (2015). Dukungan Sosial Suami Pada Ibu Dengan Depresi Postpartum Pasca Melahirkan Anak Pertama. *Jurnal Psikologi Vol 3. No-1.*

Setiawati, D. N., Purnamawati, D., Dainy. N. C., Andriyani., Effend, R. (2020). Faktor-faktor yang mempengaruhi kejadian depresi postpartum di Kabupaten Bogor Tahun 2019. *Muhammadiyah Public Health Journal*

Sinaga, R. (2014). Gambaran Skrining Depresi *Postpartum* Pada Wanita *Postpartum* Dengan Menggunakan Edinburgh Postnatal Depression Scale (EPDS) Di RSUP H. Adam Malik Dan RSU DR. *Pirngadi Medan. Sumatera Utara: USU*

Sockol, L.E., Battle, C.L. (2015). Maternal Attitudes, Depression, And Anxiety In Pregnant And Postpartum Multiparous Women. *Arch Womens Mental Health*. https://doi.org/10.1007/s00737-015-0511-6.

Stewart, D. E., & Vigod, S. (2016). Postpartum depression. *The New England Journal of Medicine, 375*(22), 2177–2186. doi:10.1097/01

Thompson, K.S. & Fox, J.E. (2010). Postpartum depression: a comprehensive approach to evaluation and treatment. *Ment Health Fam Med.*

Wang, Z., Liu, J., Shuai, H., Cai, Z., Fu, X., Liu, Y., … Yang, B. X. (2021). Mapping global prevalence of depression among postpartum women. *Translational Psychiatry*, *11*(1), 1–24. https://doi.org/10.1038/s41398-021-01663-6.

Wiyanto, B. E. & Ambarwari, K. D. (2021). Dukungan Sosial dan Postpartum Depression pada Ibu Suku Jawa. *Psychopreneur Journal, 2021, 5(2): 68-79*

Andry. (2012). *Depresi Pasca Melahirkan*. Jakarta: Gramedia Pustaka

Anggrani, I, A. (2019). Faktor-faktor Yang Berhubungan Dengan Depresi Postparum Di Praktik Mandiri Bidan Misni Herawati, Husniyati dan Soraya. *Jurnal Kebidanan Vol. 8 No. 2*

Desta, M., Memiah, P., Kassie, B., Ketema, D. B., Amha, H., Getaneh, T., & Sintayehu, M. (2021). Postpartum depression and its association with intimate partner violence and inadequate social support in Ethiopia: a systematic review and meta-analysis. *Journal of Affective Disorders, 279,* 737–748. https://doi.org/10.1016/j.jad.2020.11.053

Ghaedrahmati, M., Kazemi, A., Kheirabadi, G., Ebrahimi, A., & Bahrami, M. (2017). Postpartum depression risk factors: A narrative review. *Journal of Education and Health Promotion*

Gjerdingen D, McGovern P, Attanasio L, Johnson PJ, Kozhimannil KB. (2014). Maternal depressive symptoms, employment, and social support. *The Journal of the American Board of Family Medicine*. 27(1): 87-96

Guvenc, G., Yesilcinar, I., Ozkececi, F., Oksuz, E., Ozkececi, C. F., Konukbay, D., Karasahin, K. E. (2021). Anxiety, depression, and knowledge level in postpartum women during the COVID-19 pandemic. *Perspectives in Psychiatric Care*, *57*(3), 1449–1458. https://doi.org/10.1111/ppc.12711

Hasnajah, Y. (2013) Coping pada ibu yang mengalami baby blues syndrome. *Skripsi.* Yogyakarta: Fakultas Psikologi Universitas Ahmad Dahlan.

Hutagaol, E. T. (2010). *Efektivitas intervensi edukasi pada depresi postpartum. Fakultas Ilmu Keperawatan*. Universitas Indonesia: Depok, Jakarta

Iwata, H., Mori, E., Sakajo, A., Aoki, K., Maehara, K., Tamakoshi, K., (2016). Prevalence of postpartum depressive symptoms during the fi rst 6 months postpartum : Association with maternal age and parity. *Journal of Affective Disorders 203, 227– 232.*

Kusbandiyah, J., & Puspadewi, Y. A. (2020). *Pengaruh Postnatal Massage Terhadap Proses Involusi Dan Laktasi Masa Nifas Di Malang Jiarti. 65–72*

Khatun, F., Lee, T. W., Rani, E., Biswash, G., Raha, P., & Kim, S. (2018). The Relationships among Postpartum Fatigue, Depressive Mood, Self-care Agency, and Self-care Action of First-time Mothers in Bangladesh. Korean *Journal of Women Health Nursing*, *24*(1), 49. https://doi.org/10.4069/kjwhn.2018.24.1.49

Lesmana, R., & Setiawan, J. L. (2017). Hubungan antara Social Support dan Resilience Efficacy pada Remaja Atlet Bulutangkis di Surabaya. *Psychopreneur Journal, 1(1), 35–45*

Liang, P., Wang, Y., Shi, S., Liu, Y., & Xiong, R. (2020). Prevalence and factors associated with postpartum depression during the COVID-19 pandemic among women in Guangzhou, China: a cross-sectional study. *BMC Psychiatry*, *20*(1), 1–8. https://doi.org/10.1186/s12888-020-02969-3

Marmi. (2014). Asuhan *Kebidanan Pada Masa Nifas "Peuperium Care".* Yogyakarta: Pustaka Pelajar.

Murtiyarini, Ika., Suryanti, Yuli., Wuyandari, A. G. (2020). *"Pemberdayaan Kader Dalam Deteksi Dini Komplikasi Masa Nifas Di Desa Penyengat Olak*." 1(1): 5–9

Nasri, Z., Wibowo, A., & Ghozali, E. W. (2018). Faktor determinan depresi postpartum di Kabupaten Lombok Timur. *Buletin Penelitian Sistem Kesehatan, 20(3), 89-95.*

Negron R, Martin A, Almog M, Balbierz A, Howell EA. (2013*).* Social support during the postpartum period : Mothers' views on needs, expectations and mobilization of support. *Maternal and Child Health Journal*. 17(4): 616± 623.

Ningrum, S. P. (2017). Faktor-Faktor Psikologis Yang Mempengaruhi Postpartum Blues. *Psympathic : Jurnal Ilmiah Psikologi, 4(2), 205.* https://doi.org/10.15575/psy.v4i2.1589

Reeder, S.J., Martin, L.L., & Griffin, D.K. (2012). *Keperawatan maternitas: Kesehatan wanita, bayi dan keluarga* (edisi 18.) EGC: Jakarta.

Ririn, A., Nurdianti, D. S., & Astutui, D. A. 2016. Pengaruh Jenis Persalinan Terhadap Risiko Depresi Postpartum Pada Ibu Nifas. *Jurnal Kebidanan Dan Keperawatan*

Sari, R. A. (2020). Literature review: Depresi postpartum. *Jurnal Kesehatan, 11(1), 167–173. doi:10.26630/jk.v11i1.1586*

Sari, D.M, Eko H. (2015). Dukungan Sosial Suami Pada Ibu Dengan Depresi Postpartum Pasca Melahirkan Anak Pertama. *Jurnal Psikologi Vol 3. No-1.*

Setiawati, D. N., Purnamawati, D., Dainy. N. C., Andriyani., Effend, R. (2020). Faktor-faktor yang mempengaruhi kejadian depresi postpartum di Kabupaten Bogor Tahun 2019. *Muhammadiyah Public Health Journal*

Sinaga, R. (2014). Gambaran Skrining Depresi *Postpartum* Pada Wanita *Postpartum* Dengan Menggunakan Edinburgh Postnatal Depression Scale (EPDS) Di RSUP H. Adam Malik Dan RSU DR. *Pirngadi Medan. Sumatera Utara: USU*

Sockol, L.E., Battle, C.L. (2015). Maternal Attitudes, Depression, And Anxiety In Pregnant And Postpartum Multiparous Women. *Arch Womens Mental Health*. https://doi.org/10.1007/s00737-015-0511-6.

Stewart, D. E., & Vigod, S. (2016). Postpartum depression. *The New England Journal of Medicine, 375*(22), 2177–2186. doi:10.1097/01

Thompson, K.S. & Fox, J.E. (2010). Postpartum depression: a comprehensive approach to evaluation and treatment. *Ment Health Fam Med.*

Wang, Z., Liu, J., Shuai, H., Cai, Z., Fu, X., Liu, Y., … Yang, B. X. (2021). Mapping global prevalence of depression among postpartum women. *Translational Psychiatry*, *11*(1), 1–24. https://doi.org/10.1038/s41398-021-01663-6

Wiyanto, B. E. & Ambarwari, K. D. (2021). Dukungan Sosial dan Postpartum Depression pada Ibu Suku Jawa. *Psychopreneur Journal, 2021, 5(2): 68-79.*