CHAPTER I

INTRODUCTION

1.1 Background

Improving maternal and child health is one of the priorities of the government's effort to improve the health levels in Indonesia which is focused at not only physical health but also mental health. While pregnancy is a life-changing experience that brings a lot of changes in a woman's life, it also increases the risk of having psychological problems (Surjaningrum et al., 2018). Pregnancy and the postpartum can be times of joy and positive expectations but also of stress and difficulties. Pregnancy and delivery bring many physiological and psychosocial changes, and both mothers and fathers are required to face several new challenges during this period. Consequently, pregnancy and the post-partum are times of increased vulnerability for the onset or relapse of a mental illness (Lee et al., 2016). Depression and anxiety are the most common psychiatric disorders during pregnancy and the postpartum and the symptoms can range from mild to severe (Meltzer-Brody et al., 2018). It has been researched that at least 1 in 4 pregnant women experience mental health issues (Biaggi et al., 2016).

Although post-partum depression (PPD) is a commonly found and serious mental health issue that is associated with maternal suffering and numerous negative consequences for offspring, we still do not know why some women are more "at risk" of developing depression or anxiety symptoms while others remain resilient even in the face of adversity (Meaney, 2018). Like any depression that occurs at other times in a woman's life, PPD creates personal misery and reduces a

woman's ability to function effectively in many aspects of her life. The major difference is that women with PPD also have a huge responsibility for the care of a young infant, and ongoing depression can interfere with parenting and is linked with a variety of negative child outcomes in the short and long term (Stein et al., 2018).

Despite all these, checking for post-partum depression has yet to become a compulsory routine although measuring tools such as the Edinburgh Post-partum Depression Scale (EPDS) questionnaire or the Patient Health Questionnaire-9 (PHQ-9) have been created and many healthcare workers fail to pay attention to or recognize the symptoms of post-partum depression especially during its early stages (Ali et al., 2016). The lack of knowledge on post-partum depression and society's negative outlook on mental health problems have averted a lot of women from speaking up or informing doctors about the issue, thus leading to a false sense of normalcy in which post-partum depression almost seem rare or even non-existent (Hamilton et al., 2018).

With a high birth rate that keeps rising throughout the years, it is only natural to be on the look for problems that might be connected to these deliveries. According to the Riset Kesehatan Dasar (Riskesdas) report, at least 17.6% of Indonesian mothers gave birth through caesarean section in 2018 alone, and the numbers aren't going any lower (Sungkar and Basrowi, 2020). The high rate of c-section birth raises a question of whether the mode of delivery has a considerable impact on the quality of life of the mothers in both the short and long term, one of it being their mental health quality.

Researchers have long debated whether the mode of delivery has an impact on the risk of acquiring post-partum syndrome in mothers who just gave birth, and studies have shown various results (Hutchens and Kearney, 2020). The primary objective of this proposed study is to assess whether there is indeed a connection between the mode of delivery and post-partum depression to hopefully come up with a solid and effective solution that could help lower the post-partum depression rate.

1.2 Research Questions

Is mode of delivery a risk factor for post-partum depression?

1.3 Research Objectives

1.3.1 General Objective

To determine the connection between the mode of delivery with the risk of developing post-partum depression.

1.3.2 Specific Objective

1. To understand the overview of the relationship between mode of deliveries with postpartum depression on a global scale.
2. To understand the overview of possible risk factors of postpartum depression on a global scale.

1.4 Research Benefits

1. To have a better understanding about the connection between the mode of

delivery and the risk of developing post-partum depression.

2. To evaluate and propose a better prevention strategy or method for post-partum depression.
3. To educate women who are expecting or new mothers on post-partu depression: what counts as a risk factor, what to expect, and how to prevent or alleviate post-partum depression.