THE EXPLORING STUDY OF POSTPARTUM DEPRESSION PREVALENCE AMONG WOMEN IN KELANTAN

By

AIMEELIYA BINTI MOHD SHAM (H20A1062)

CHAN PEI LING (H20A1118)

MUHAMMAD KHUZAIMI BIN ZAMURI (H20A1895)

NIK NOR SHAHIEDA BINTI NIK MOOD (H20A1344)

Bachelor of Entrepreneurship (Health Entrepreneurship)

A report submitted in partial fulfilment of the requirements for the degree of

Bachelor of Entrepreneurship (Health Entrepreneurship)

FACULTY OF HOSPITALITY, TOURISM AND WELLNESS

UNIVERSITI MALAYSIA KELANTAN

2022/2023

DECLARATION

I hereby certify that the work embodied in this report is the result of the original research and has not been submitted for a higher degree to any other University or Institution.

☒	**OPEN ACCESS**	I agree that my report is to be made immediately available as hardcopy or on-line open access (full text)
☐	**CONFIDENTIAL**	(Contains confidential information under the Official Secret Act 1972) *
☐	**RESTRICTED**	(Contains restricted information as specified by the organization where research was done) *

I acknowledge that Universiti Malaysia Kelantan reserves the right as follow.

The report is the property of Universiti Malaysian Kelantan
The library of Universiti Malaysia Kelantan has the right to make copies for the purpose of research only the library has the right to make copies of the report for academic exchange

Certified by

Signature of Representative

Name: AIMEELIYA MOHD SHAM

Date: 20/6/2023

Signature of Supervisor

Name: DR AHMAD FAHME MOHD ALI

Date: 25/6/2023

Note: * If the report is CONFIDENTIAL OR RESTRICTED, please attach the letter from the organization stating the period and reasons for confidentiality and restriction

ACKNOWLEDGEMENT

First and foremost, we would want to express our gratitude to everyone who contributed and made an effort to assist in the completion of this research project. We received a lot of assistance and support from our involvement, enabling us to carry out our research project well. To our supervisors, Madam Nursalihah Binti Ahmad Raston, Sir Mohd Firdaus Bin Mohd Nasir, and Dr. Ahmad Fahme Bin Mohd Ali as our second supervisor, we would like to express our gratitude for briefing and directing us during this project. Despite the fact that there were numerous things we had to master in order to fulfil the study's standards, we were able to finish it thanks to their ongoing supervision and direction. We also want to express our gratitude to our friends and family for helping us grow spiritually and mentally.

In addition, thanks and congratulations to each member of our group for their cooperation and dedicated and responsible efforts in completing this study. Without cooperation, understanding and tolerance of each other, this project could not be completed on time. However, we would also like to thank our respondents for giving their time and cooperation to our survey and we would also like to thank those who were involved in this research either directly or indirectly. Last but not least, we are very grateful to Universiti Malaysia Kelantan (UMK) for giving us the opportunity to carry out this research project and we want to thank ourselves, for believing in us, for doing all this hard work, we want to thank ourselves for not having days off, we want to thank ourselves for never stopping, for just being ourselves at all times.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF SYMBOLS AND ABBREVIATIONS

Abbreviations

PPD	Postpartum Depression
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
WHO	World Health Organization
PCOS	Polycystic Ovary Syndrome

ABSTRACT

Postpartum depression is a very serious and well-known type of depression, especially among women around the world. It is also the mental health problem that mothers go through the most. This study focuses on exploring perspectives on postpartum depression among women. However, previous studies have shown that postpartum depression has several opinions about the perspective of postpartum depression in Malaysia. Therefore, this study shows the symptoms that contribute to postpartum depression, the risk of postpartum depression and the effects of postpartum depression among women. Therefore, this research has used quantitative methods to achieve. Researchers have used "google form" or a questionnaire to examine a questionnaire consisting of 30 questions to variables that have been established where all variables have a significant relationship with postpartum depression. All the data provided in this study will provide assistance to relevant parties to help reduce this health problem among women in Malaysia, especially for mothers and mothers-to-be. In conclusion, all the data in this study can be used as a reference for strategic planning in order to reduce the percentage of postpartum depression among women in Malaysia.

Keywords: Postpartum Depression, Symptoms, Risk, Impact.

ABSTRAK

Kemurungan selepas bersalin merupakan jenis kemurungan yang sangat serius dan terkenal terutamanya dalam kalangan wanita di seluruh dunia. Ia juga merupakan masalah kesihatan mental ibu yang paling banyak dilalui oleh kalangan ibu. Kajian ini memfokuskan untuk meneroka perspektif tentang kemurungan selepas bersalin dalam kalangan wanita. Bagaimanapun, kajian lepas menunjukkan bahawa kemurungan selepas bersalin mempunyai beberapa pendapat tentang perspektif terhadap kemurungan selepas bersalin di Malaysia. Oleh itu, kajian ini menunjukkan symptom-symptom yang menyumbang kepada kemurungan selepas bersalin, risiko terhadap kemurungan selepas bersalin dan kesan kemurungan selepas bersalin dalam kalangan wanita. Oleh itu, penyelidikan ini telah menggunakan kaedah kuantitatif untuk dicapai. Penyelidik telah menggunakan "google form" atau borang soal selidik untuk meneliti soal selidik yang terdiri kepada 30 soalan kepada pemboleh ubah yang telah ditegakkan di mana semua pemboleh ubah mempunyai hubungan yang penting dengan kemurungan selepas bersalin. Kesemua data yang diberikan dalam kajian ini akan memberikan bantuan kepada pihak-pihak yang berkaitan untuk membantu mengurangkan masalah kesihatan ini dalam kalangan wanita di Malaysia terutamanya kepada golongan ibu dan bakal menjadi ibu. Kesimpulannya, semua data dalam kajian ini dapat digunakan sebagai rujukan untuk mengatur strategik agar dapat menguruangkan peratusan tentang kemurungan selepas bersalin dalam kalangan wanita di Malaysia.

Kata Kunci: Kemurungan Selepas Bersalin, Gejala, Risiko, Kesan.

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Depression is a disorder of a person's feelings that can cause a person to feel sad for a long time, fatigue and lack of energy, quick to anger and lose the desire to do daily activities in the person's life. It will last for at least two weeks. This disease could be experienced by anyone regardless of age, gender, race or religion. This depression can last for months or years (Khairunneezam Mohd Noor, 2022).

Besides, depression is an emotional illness that will always be found in society. Based on studies that have been done, there are 20% to 25% of women and 8% to 10% of men have faced this disease throughout their lives. To know the symptoms of this disease are prolonged and severe feelings of sadness, loss of appetite, weight loss, weak limbs, listlessness and restless or disturbed sleep. This will make them feel that the life they are living is useless, consider the future to be uncertain and feel like ending their life history (Ramli Musa, 2008).

The Malaysian Ministry of Health states that this illness is also brought on by alterations in the brain's chemistry, namely the occurrence of chemical imbalances involving the neurotransmitters serotonin and norepinephrine (Malaysian Ministry of Health, 2012). Depression can also be passed on through families or the environment as a result of negative life events like a failure, loss, catastrophe, and lack of social support. This condition may also develop in people who have other illnesses such as hypothyroidism, thyroid dysfunction, or other chronic conditions. Psychologically, a person's way of thinking, which includes how they respond to themselves, life, and the outside world, can also contribute to depression (Malaysian Ministry of Health, 2012).

According to a National Health and Morbidity Survey report from 2015, almost 4.2 million Malaysians aged 16 and older, or 29.2% of the population, had experienced mental health issues, including depression (National Health and Morbidity, 2015). This has resulted in a high increase compared to the percentage in 1996 which is 10%. Based on this statistic, one out of three Malaysians have depression problems in their daily lives and this matter will have an impact if the stakeholders do not overcome it (National Health and Morbidity, 2015).

Based on the research that has been done, teenagers aged 12 to 17 have the highest rate of major depression which is 14.4% of young adults aged 18 to 25 which is 13.8%. Meanwhile, adults aged 50 and over have the lowest rate of major depression at 4.5% (Association on Substance Abuse and Mental Health, 2018). A total of 11.5 million adults experienced major depressive disorder in the past year 2018 (Association on Substance Abuse and Mental Health, 2018). The most severe depression is depression among college or university students, which increased by 9.4% in 2013 to 21.1% in 2018 (Journal of Health Teens, 2019). Meanwhile, the rate of moderately severe depression increased from 23.2% in 2007 to 41.1% in 2018 (Journal of Health Teens, 2019).

Postpartum depression (PPD), a complex complication of behavioural, mental, and physical changes, occurs in certain women after giving birth (Debra Fulghum Bruce, 2022). A type of severe depression that begins within four weeks of giving birth is referred to as Postpartum Depression (PPD) in the DSM-5, a manual used to diagnose mental diseases (Debra Fulghum Bruce, 2022). Postpartum depression is diagnosed based on the severity of the condition and the interval between delivery and beginning. Postpartum depression may be related to the biological, social, and psychological changes that occur after childbirth. This phrase can be used to describe the many emotional and physical transformations that many new mothers go through.

Treatment options for postpartum depression (PPD) include medication and counselling (Debra Fulghum Bruce, 2022).

The quick decline in hormone levels following childbirth is partly a result of chemical changes. This is because it's still unclear what exactly causes depression and deterioration (Debra Fulghum Bruce, 2022). But during pregnancy, levels of the female reproductive hormone progesterone and estradiol will rise tenfold. After delivering birth, it will drop quickly after that. The level of this hormone will return to pre- pregnancy levels three days following delivery (Debra Fulghum Bruce, 2022). Along with biological changes, situations like giving birth will also undergo social and psychological changes that will increase the risk of depression. The "Baby Blues" that most new mothers feel after giving birth serves as evidence. After giving birth, 1 in 10 of these women will experience more severe and persistent depression, and 1 in 1,000 may experience the more serious illness known as postpartum psychosis (Debra Fulghum Bruce, 2022).

Postpartum depression often begins between weeks one and twelve after giving child, and up to 50% of women will continue to suffer it for six months. Meanwhile, depression following childbirth is a common occurrence for 13% to 16% of women. (O'Hara & Swain, 1996; Kendell et al., 1987) According to Malaysian research, the percentages are 9.8% and 32.9% (Harun & Mohd Nor, 2007; Abdul Latiff, 2010).

1.2 BACKGROUND OF THE STUDY

Postpartum depression among women has received serious attention from all parties in this era of globalization. However, the focus on this problem in Malaysia is very sad because it is considered that this matter is not a serious matter for some individuals in society in Malaysia. Postpartum depression not only gives psychological problems to individuals but also gives problems to the harmony of a family. (Margaret et al., 2001). This shows that postpartum depression is one of the main depressions by creating dysphoria, which is a state of emotional inability that is shown through the emotions of worry, depression, tiredness, guilt and others that can cause an individual to be in depression.

The self-esteem of women who suffer this issue will be impacted. For instance, mothers who experience depression find it difficult to fulfil their role as mothers perfectly (Gonidakis and Leonardou, 2008). It will consequently result in the baby and the family being ignored and have an impact on the peace and wellbeing of a family. Children's growth and development are also impacted by the signs and symptoms of depression. Children of depressed mothers, for instance, are more prone to exhibit behavioural issues such disturbed sleep, rage, aggression, and hyperactivity. (Lindsay, 2009).

This study was conducted to examine the perception or perspective of the community in Kelantan about postpartum depression based on the objectives of this study. To obtain the main data for this study, quantitative was used and a questionnaire was prepared for the community in Kelantan.

1.3 PROBLEM STATEMENT

Exploring the perspective about postpartum depression among women is extremely limited and dense due to a different type which is depression ways of postpartum women, risk Factors of postpartum women, impact of depression postpartum women.

Postpartum depression is one of major depression that will only be experienced by women within 3 months after giving birth. Symptoms of depression should not be taken lightly because it affects not only women who experience it but also have an impact on child development, family harmony and functionality can even threaten the life of the individual their environment (Latiff R.A et al., 2023)

Depression after childbirth received serious attention from all parties nowadays. However, the lack of focus on this problem in Malaysia is very much upsetting. Symptoms of depression are not only giving psychological problems to individuals who experience it but also to harmony and the function of a family. This can explain based on the Diagnostic Statistical Manual-IV (DSM-IV) which outlines that postpartum depression symptoms are wrong one of the major depressions that create dysphoria is a state of emotional disability that is shown through emotions of worry, depression, tiredness, guilt and so on causing the individual to be depressed.

Postpartum depression symptoms effects can be seen through the socio-economic factors, various stressful events, depressed mood after childbirth, early separation of mother and child relationship and negative childbirth experience, low education level, maternal health problems during pregnancy, health problems after childbirth, low marital satisfaction, low social support, low self-esteem and more.

The postpartum depression among women has an impact to the self-esteem of women who experience it and affect a person's function as a mother. They cannot exercise responsibility as a mother perfectly and behaved negative behavior (Gonidakis & Leonardou, 2008). The situation causes babies and their families to be neglected and thereby affecting the harmony and well-being of the family. Even worse, babies born to moms with depression run the danger of being hurt by their mothers, which can undermine healthy connections and result in suicidal thoughts or infanticide (Perfetti, Clark & Fillmore, 2004) In addition, the symptoms of depression also affect the growth and development of children. Children of depressed mothers tend to have behavioral problems including sleep problems, anger, aggression and even hyperactivity. (Lindsay, 2009) This is very worrying considering it increase the child's risk of having problematic behavior and further impact giving birth to a quality generation and skilled.

1.4 RESEARCH QUESTION

The following research questions are posed:

Concerning women who exhibit postpartum depressive symptom

1. What are the symptoms that contribute to postpartum depression?
2. What are the risk factors that contribute to postpartum depression?
3. What is the impact of depression postpartum among women?

1.5 RESEARCH OBJECTIVE

The objective of this study are as follows:

1. To investigate the type of postpartum depression symptom among women

2. To investigate the risk factors that contribute to postpartum depression among women

3. To investigate the Impact of depression postpartum among women

1.6 SIGNIFICANCE OF THE STUDY

The prevalence of postpartum depression among women is one in seven, and that number just includes those who have received a Postpartum Depression (PPD) diagnosis, demonstrating the significance of this research for females. Women must be educated about postpartum depression and receive treatment for depression before giving birth. Before giving birth, getting to know women will help them identify the signs of postpartum depression and seek treatment rather than feeling ashamed of their feelings. When a woman goes untreated for postpartum depression, the consequences can be marital strain, susceptibility to recurrent mental illness and, in some cases, suicide (Norhayati et al., 2015).

Women who have postpartum depression frequently go undiagnosed and may even conceal their symptoms, which causes them to suffer in silence. By informing women and their partners about the early symptoms and signs of PPD, childbirth educators can play a significant role in assisting women to end this silence (Norhayati et al., 2015). Even if pregnancy-related sadness could be identified, it is impossible to predict whether a woman will experience postpartum depression after giving birth.

1.7 DEFINITION OF TERMS

Table 1.1: Definition of terms.

Author	Variable	Definition
Brian Duignan (2022)	Postpartum Depression	Postpartum depression is a mood or emotional condition that is characterised by feelings of low self-worth or guilt and a decreased capacity for enjoyment of life. This definition is derived from psychology.
Morris-Rush (2003)	Symptoms of Postpartum Depression	In the first week after giving birth, many women experience mild depressive, tearful, or anxious symptoms, which are signs of postpartum depression. This is frequently referred to as the "baby blues," and it is so frequent that it is accepted as normal. After giving birth, "baby blues" usually pass within two weeks.
Maryam Ghaedrahmati (2015)	Risk factors of Postpartum Depression	Risk is frequently described as a scenario that carries a chance of harm or negative outcomes. Risk is qualitatively proportional to both the likelihood that an event will occur and the estimated loss that could result from it.
Zawn Villiness (2018)	Impact of Postpartum Depression	A powerful effect can be used to describe the impact. Impact typically refers to unfavourable outcomes. While words like outcome and consequence can be used interchangeably with the term "effect," impact cannot.

1.8 SUMMARY

We can give a summary of the research on the signs, causes, and effects of postpartum depression in women in this chapter. The context of the study, the problem description, the research questions, and the research objectives are also covered in this chapter. Finally, the study's scope includes a section on the study's significance as well as explanations of key words. The literature review comes next.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter will explain about literature review that includes deep meaning, hypothesis and conceptual framework about depression among women. The classification, definition, and theoretical underpinnings of postpartum depression are then discussed in the literature. Next is, explain the symptom after postpartum depression. Besides, it also explains the risk factors after postpartum depression. Furthermore, responses on what the impact of depression postpartum women.

2.2 POSTPARTUM DEPRESSION

Today's society lives in a situation surrounded by life stress and causes health problems such as mental health to be an issue that is often talked about in society around the world. Depression is an emotional illness syndrome that will manifest negative and risky behaviours and actions. According to Mahmood Nazar Mohamed (2001), if this depression is not treated from the beginning it will have a negative effect on a person's ability to carry out responsibilities and daily tasks because it is related to emotional problems and human nature. Therefore, this depression will have a negative effect on the individual which can lead to more serious diseases if not curbed from the beginning. The World Health Organization (WHO) has classified this depression as the fourth most prevalent illness that affects people worldwide and is expected to be the leading cause of health issues in emerging nations by the year 2020.

In Western studies, depression and stress are categorized as abnormal psychology. Stress has several levels. Among the most chronic and critical categories of stress is hyperstress. Western psychologists classify this depression as hyperstress. This depression describes the state of a person who is gloomy and has fibrous thoughts. It is a behavior that shows a person's emotions and feelings at times of deep sadness and disappointment in oneself (Goldenson, 1970). Depression can reach a critical level when in the psychotic stage where a person cannot think normally and sanely. Depression occurs when there is extreme or extreme sadness. (Ingram, 1994).

The most frequent side effect of childbirth postpartum depression is a serious public health issue for women and their families (Warner et al., 1996). Given the effects it has on the woman, her husband, and her children, postpartum depression is a condition that is vital to identify, treat, and prevent. (Robinson & Stewart, 2001). Negative long-term effects could result from untreated postpartum depression. The mother's depression may have started as a result of the incident. Children may experience subsequent emotional, behavioral, cognitive, and interpersonal problems as a result of their mother's ongoing unhappiness (Jacobsen, 1999). If clinical or public health interventions are to effectively prevent postpartum depression, its risk factors must be recognized; yet, a number of researches have yielded conflicting results on this (Warner et al., 1996; Cooper et al., 1988; Hannah et al., 1992).

Based on research, the main concern that can adversely affect women's health and personal well-being and psychological health during the postpartum period is unplanned pregnancy (Ronya Rezaie et al, 2010). This is because emotional disturbances, conflicting behaviour and feelings can trigger critical mental health (Journal of Psychosomatic Obstetrics & Gynecology, 2006). These changes can trigger the mother's emotions towards the development of postpartum depression symptoms which can cause

the mother's condition to become weaker and at the same time it will cause a great health impact for women around the world (Journal of Advanced Nursing, 2010).

There is some literature that shows the relationship between an unplanned pregnancy and the psychological impact on mothers with postpartum depression (East Mediterr Health J, 2005). Among the aspects that affect the mother's psychology is the feeling of self-control or personal behaviour and the environment during childbirth (Research in Nursing & Health, 1987). In addition, there are also reports that say that the relationship between a pregnant mother's sense of control, the expectation of the birth process and the postpartum experience is believed to have a better sense of control that will affect pregnant women to feel more confident about the birth process and the risk of postpartum depression decreased (M berg & K Dahlberg, 1998). This study showed that 347 total subjects of the study which is 28.9% of them had an unplanned pregnancy. Meanwhile, 80% of them experience mistimed pregnancies. This shows that cases of mistimed pregnancies are a higher percentage than unwanted pregnancies. It is clearthat postpartum depression has a strong link with unplanned pregnancy and having a negative birth experience. (International Journal of Academic Research, 2014).

Furthermore, based on studies postpartum depression is a psychological disorder after childbirth that is at a high level that can affect as much as 13% of mothers who have just given birth (R Kumar & KM Robson, 1984; AM Swain & MW O'hara, 1996). This is also considered as a major health problem that has a link with the negative effects in the emotional and social development of babies (M Rutter & D Quinton, 1984). As much as 50% of these diseases cannot be detected and postpartum depression cannot be noticed by those who are close to the mother after childbirth (CT Beck & RK Gable, 2001).

2.2.1 SYMPTOMS OF POSTPARTUM DEPRESSION

One of the most devastating diseases in the world is postpartum depression. There are many women who suffer from mental illnesses that are not medically diagnosed (Rogathi JJ et al., 2017). This is caused by several factors that are related to postpartum depression although the cause is still unknown (Ukatu N et al., 2018). There are studies that show that depression and obesity have a close relationship (Keshavarz SA et al., 2018). The evidence is that the risk of depression increases by 37% due to obesity among women. It is common for women to gain excess weight during pregnancy and after giving birth. (Sumithran P et al., 2018). There is some evidence that pre-pregnancy obesity can lead to postpartum depression. (Ertel KA et al., 2017; Barrett-Connor E et al., 2010).

In addition, Pregnancy problems are common for women with Polycystic Ovary Syndrome (PCOS) such as hypertension, gestational diabetes and premature birth and are likely to experience infertility (Kjerulff LE et al., 2011; Hart R et al., 2015; Sterling L et al., 2016). This shows that women who are not pregnant due to PCOS have increased depression and anxiety in women who are infertile (Deeks AA et al., 2010). Despite the fact that it is anticipated that pregnant women with PCOS will have a higher risk of sadness and anxiety, there is research that says that prenatal and postpartum depression are higher, but not postpartum depression or postpartum depression and anxiety in women with Polycystic Ovary Syndrome (PCOS) compared to those without the syndrome. (March WA et al., 2018). This shows that Polycystic Ovary Syndrome (PCOS) will cause anxiety and depression during pregnancy and increase postpartum depression, especially among high-risk populations (Tay CT et al., 2019).

2.2.2 RISK FACTOR OF POSTPARTUM DEPRESSION

A risk factor for postpartum depression studied is parenting self-efficacy. This is because the lack of parenting self-efficacy is a factor in postpartum depression. Choi et al. (2012) explained how a high prevalence of postpartum depression is influenced by low parenting self- efficacy in order to provide data in support of this conclusion. In addition to linking with maternal depression, PSE also did so with maternal anxiety and relationship insecurity emotions. In addition, a risk factor for postpartum depression is low self-esteem. This is different from the findings of the study by Kargar Jahromi et al. (2015), who showed that marital satisfaction has a correlation with the incidence of postpartum depression. According to the study subjects, up to 40 out of 80 women were found to suffer from postpartum depression, and up to 24 of these women had low marital satisfaction. Although other characteristics, such as partner satisfaction, are not associated with PPD, the study of Lee and Hwang (2015) found that only smoking habits before conception showed a significant correlation with the incidence of PPD.

2.2.3 IMPACT OF POSTPARTUM DEPRESSION

Postpartum depression is a hazardous disease that many women experience globally. Studies suggest that cultural factors may both contribute to and mitigate the depressed symptoms of postpartum depression. They are also very important for postpartum depression. The birth of a child, which is usually a joyous event for the mother and the entire family, can occasionally have negative effects if the mother suffers from depression. Intense emotional and societal implications can result from postpartum depression, a challenging and complex disorder that regularly takes women and their families off surprise (Clay & Seehusen, 2004; Miller, 2002). Between 25% and 50% of postpartum depressed mothers experience episodes that persist six months or more, according to Miller (2002). 10% to 20% of women have postpartum depression (Beck,

2002). The majority of the studies used to calculate this prevalence were carried out in Western nations. Curiously, studies conducted in Asian nations revealed a wider incidence, ranging from 1% to nearly 20% (Leung, 2002).

Postpartum depression, according to O'Hara and Swain (1996), is a nonpsychotic depressive episode that begins within 4 weeks following giving birth. Postpartum depression, according to some experts, can start two weeks after giving birth and extend up to a year (Amankwaa, 2003; Cox, 1999). In addition to being less emotionally available to their kids and giving birth to babies with looser attachments, mothers with postpartum depression frequently experience suicidal thoughts (Hagen, 1999). In addition to negatively affecting interactions between mothers and their newborns during the first year of life, postpartum depression may also have long-term effects on mothers themselves and children who are older than one year old (Beck, 2002). The mother might not recover from this depressive period.

2.3 HYPOTHESES DEVELOPMENT

One thing that is crucial in a research paper is the hypothesis. According to Shona McCombes (2019), the goal of the hypothesis is for researchers to make predictions regarding the study that they conduct. Then, particularly when writing a research report, a number of assumptions about the various components of the study issue need to be presented. The researcher must connect their hypotheses to existing theories and body of knowledge instead of just making them.

The hypothesis is also a provisional response to your untested research questions. It's crucial to base your hypothesis on the research goal as well. By entering the research's independent and dependent variables, the researcher will construct the hypothesis. Therefore, a hypothesis must contain the following four components: a research purpose, an independent variable, and a dependent variable.

H1: There is a relationship between the type of postpartum depression and the occurrence symptoms of postpartum depression.

H2: There is a relationship between risk factors and the occurrence of postpartum depression.

H3: There is a relationship between the occurrence of impact and postpartum depression.

2.4 CONCEPTUAL FRAMEWORK

People who looked at the literature came up with a way to look at the relationship between the factors and how they faced the problems. It looks like this in Figure 2.1: symptoms of depression, risk factor, and impact of depression are three of the three independent variables that have been suggested as possible factors. The dependent variable is postnatal depression among women.

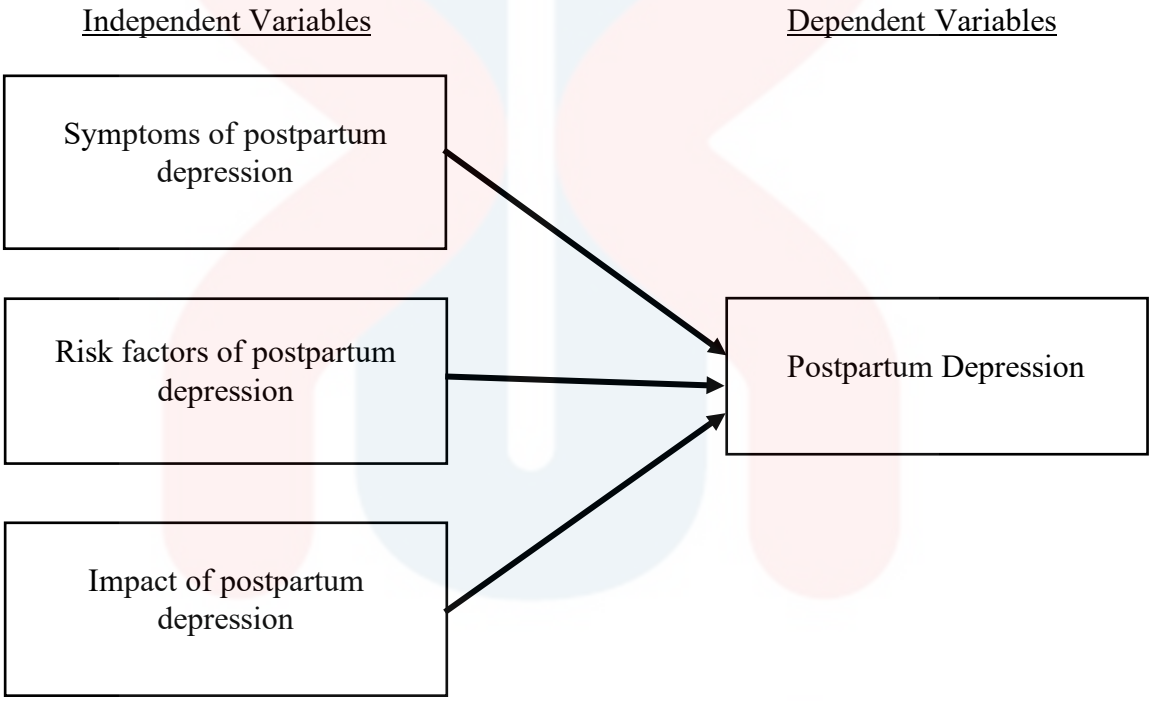

Figure 2.1: The diagram shows the relationship between symptom, risk factor, impact and postpartum depression.

2.5 SUMMARY

The research evaluations in this chapter have demonstrated that postpartum depression symptoms, risk factor and impact can be interpreted as either a biologically induced condition or as a socially created situation. By considering the social and cultural environment without demeaning the medical ideas, the critical realism approach is seen to be useful in explaining postpartum depression symptoms, risk factor and impact.

To learn more about women's postpartum depression, two quantitative syntheses were undertaken. The first quantitative synthesis's findings regarding what are the symptom after postpartum depression. How society and culture interpret and categories symptoms can have an impact on postpartum depression and how women's postpartum depression vary across cultures. Overall, reviews showed a dearth of quantitative research on women's experiences with postpartum depression throughout the multicultural community.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

A systematic, effective way of gathering, processing, and analyzing data to address this research topic is called a study or research. This is so that the study's goal, which is to answer questions using a methodical scientific approach, may be achieved. The objective of the research conducted in the data collection activities in each study conducted is to see the relationship between the statement of the problem and theresults of the study that has been conducted (Bjorn B & Schmidt, 2010). In this chapter, we will use systematic techniques to achieve the research requirements, scientific and quality methods. In addition, this chapter will also discuss how to carry out this study to obtain information in order to achieve the objectives and goals of the study. With this, all steps or procedures set must achieve the objective of this study by undergoing some necessary methods.

3.2 RESEARCH DESIGN

A research design is a strategy outlining in great detail how a study will be carried out (Sabitha, 2006). The research design acts as a manual to assist the researcher in gathering, analysing, and interpreting the research's findings. Researchers can draw conclusions about the variables under study using the research strategy as a model (Sabitha, 2006). Research design is also a method of data collection that is based on a deliberate and methodical planning of the idea of creating a network of interactions between the variables included in a study (Kerlinger, 1970). It is also the researcher's way of conducting the study as well as the procedure or technique used to answer the research question (McMillan & Schumacher, 1984). The purpose of this research design

is to control the causes that can interfere with the findings of the study (McMillan & Schumacher, 1984).

Research design can be divided into two categories namely quantitative approach and qualitative approach. Qualitative approach is a research procedure to produce data that can be observed (Lexy, 2007), social science that fundamentally depends on the observation of people in their own area and has a connection with those people in the discussion and terminology. (Krik & Miller, 1986). The qualitative approach in this research is also research conducted on a system unit, whether in the form of a program or an event that is related to a certain place, time or bond (Nana, 2005).

In addition, the second research design is a quantitative approach. Through data gathering and analysis, this quantitative approach stresses controlled, objective occurrences (Nana, 2005; Chua, 2006; Fraenkel, 2007). In addition to employing scientific and experimental instruments to measure the research variables, this quantitative approach also entails research.

We will use a quantitative approach as a research design for the study we conducted to examine the perception of postpartum depression among women. The quantitative approach we will use is to provide a questionnaire to the respondents. We selected this quantitative approach in part because it is testable and verifiable. This is because it necessitates a thorough study design, which will increase the reliability of the data obtained and reduce the likelihood of disagreements, controversies, and objections (Gigi DeVault, 2020). This technique also has the ability to display the analysis directly. This is so that we can determine which statistical test to perform while gathering quantitative data based on the type of results. Because of this, analysing and presenting the data is simple and less vulnerable to inaccuracy and subjectivity (Gigi Devault, 2020).

3.3 POPULATION

A complete group of people is referred to as a population, whether that group is a nation or a collection of individuals who share a given characteristic (Banerice & Chaudhury,2010). The group of people from which a statistical sample is drawn for a statistical study is referred to as a population. A population is therefore any group of individuals who are related in some way. This study's main focus was on women with postpartum depression symptoms from various cultural backgrounds, including Malay, Chinese, and Indian women. The target population for this study included the postpartum in Kota Bharu because researchers want to reduce postpartum depression in Kota Bharu. The population of women in Kota Bharu were recorded 12,328 in 2015 (Department of Statistic, Malaysia, 2020)

3.4 SAMPLE SIZE

A sample is a group of respondents chosen to provide the best possible representation of the entire population. In order to obtain an accurate picture or boost the confidence level, sample size is essential. The sample size aids in understanding a group of individuals chosen from the broader community and is thought to accurately reflect the population under investigation. Typically, the population determines the sample size. According to Krejcie and Morgan (1970), a sample size of 370 is needed for a population larger than 10,000. This is so because the sample size grows as the population does. Those who had just given birth in Pengkalan Chepa were part of the study's target demographic. 384 postpartum women were counted in Pengkalan Chepa, and their numbers would be distributed to the intended audience.

Table 3.1: Table for Determining Sample Size from a Given Population.

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

3.5 SAMPLING METHOD

The sampling method is one of the methods used to obtain information from the respondents. Sampling is known as the process for selecting elements in the study population to represent the population to conduct the study. The selected sampling must have the same characteristics as the research population at least. There are two main types of sampling methods that can be used by researchers in this study such as probability sampling and non-probability sampling. Nikolopoulou (2022) defines probability sampling as a sampling technique that requires the selection of a random sample, or a subset of the population you wish to study. It is also known as occasional random sampling.

In this study, a random probability sampling method was used to obtain the necessary information. The information and data obtained is from the respondents who filled out the questionnaire. Respondents who fill out the questionnaire must live in the vicinity of the study location only. Researchers get the total number of people online. The researcher will prepare some questions related to the topic being studied through a questionnaire or google form. It will be shared through the application 'WhatsApp', 'Instagram', and 'Facebook' and the questions have to be answered by respondents in Kelantan. This is a way to know the symptoms and factors of postpartum depression.

3.6 DATA COLLECTION PROCEDURE

In statistical analysis, the gathering of data is crucial. The researcher will use two ways for gathering data. The goal is to gather pertinent and appropriate data to further the study's research goals. But the researchers employed a quantitative research technique.

3.6.1 PRIMARY DATA

Primary data is information that is gathered for the first time with the intention of solving an issue. Surveys, experiments, questionnaires, focus groups, and interviews are examples of primary data sources. Respondents are given questionnaires as the main method of data gathering in this study. The major data source, according to Ajayi (2017), is a questionnaire that asks respondents a series of questions. When they check the box next to the question, they feel is suitable, a cover letter is then added to each set of surveys.

The goal of the research for the responders will be specified in the cover letter. Respondents will therefore be aware of the motivation behind and goal of the study. Respondents are required to check one of three boxes in the section for their response, and the data they provide will be included in the research. Through social media, the questionnaire is sent to local pregnant women in Malaysia, and forms are available at neighborhood health clinics.

3.6.2 SECONDARY DATA

Secondary data includes any information from published sources that has been obtained expressly for the current study topic. Secondary data sources include things like books, journals, articles, websites, and blogs. Secondary data is used to fill in the blanks in descriptions and make decision-making clearer. Additionally, this study may be used to manage information libraries for pertinent sources in internet sources like Newspaper online and Emerald.

3.7 RESEARCH INSTRUMENT

A survey questionnaire will be used as an instrument to collect data for this study. The questionnaire will be distributed to respondents in Kelantan and will be analyzed. The questionnaire is divided into three parts, part A, part B and part C. Part A includes questions about the socio-demographic profile of the respondents, such as gender, age, religion, occupation and races. Part B and part C contains questions related to symptoms, risk factors and effects of postpartum depression among women in Kelantan.

Table 3.2: Level of Likert Scale ("5 Point Likert Scale",2010)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Author: Preedy V.R. and Watson R.R.

The questionnaire was made in the traditional benchmark Likert format, with a 5-point Likert Scale (1-Strongly Disagree to 5-Strongly Agree) (Maichum et al., 2017). This study aims to collect information from the respondents.

3.8 DATA ANALYSIS

The methodical application of logical and/or statistical methodologies to describe and illustrate, summarise and evaluate, and evaluate data is known as data analysis. Data analysis, according to Copper, Schindler, and Sun (2006), is the process of editing and limiting data that is necessary to understand the findings and provide an answer to the research question. In this study, descriptive analysis, correlation analysis, and reliability and validity analysis were utilized to analyse the data gathered from questionnaires given to respondents. SPSS software was then used to analyse the data.

3.8.1 DESCRIPTIVE ANALYSIS

The process of converting raw data into an easily understandable and interpretable format; rearranging, sorting, and altering data to provide descriptive information (Zikmund, 2003). Researchers will employ the nominal, interval, ordinal, and ratio measurement types for the descriptive analysis. These four different measuring techniques will be used by researchers to determine the respondent's demographic profile.

3.8.2 RELIABILITY AND VALIDITY

The concepts of validity and reliability are employed to evaluate the type of investigation. They demonstrate how well a plan, process, or test estimate something. Validity is concerned with a measure's accuracy, whereas reliability is concerned with its consistency. Validity determines the actual outcomes that were examined, whereas reliability determines whether the research study can be replicated under the same conditions (Middleton, 2020). By examining the consistency of results over time, between observers, and between test components, reliability can be evaluated.

When examining how well the results match up with accepted theories and other measurements of the same idea, validity may be evaluated. The outcomes may be repeatable; however, they might not be accurate. While the findings of valid measurement are valid because the test produces an accurate result, making it reproducible, the results of reliable measurement are not always accurate. Cronbach Alpha is being utilized in this study to assess and quantify dependability. Cronbach Alpha is used to determine whether or not multiple-question Likert Scale overviews are reliable. These inquiries assess inactive variables that are concealed or invisible characteristics such as a person's scruples, mental health, or openness. In real life, it is quite difficult to degree these. Researchers will benefit from Cronbach's alpha if the test developed accurately measures the variable of interest (Habidin, Zubir, Fuzi & M.N.A, 2015). The Cronbach Alpha rule is displayed in the table below.

Table 3.3: Rule of Cronbach Alpha.

Correlation Coefficient Value (*r*)	Direction and Strength of Correlation
-1	Perfectly Negative
-0.8	Strongly Negative
-0.5	Moderately Negative
-0.2	Weakly Negative
0	No Association
0.2	Weakly Positive
0.5	Moderately Positive
0.8	Strongly Positive
1	Perfectly Positive

3.8.3 CORRELATION ANALYSIS

Correlation analysis is a statistical method for determining how closely two quantitative variables are related. A significant link between two or more variables is indicated by a high correlation, whereas a weak association is shown by a low correlation (Franzese, & Luliano, 2018). This particular research design is beneficial when a researcher wants to ascertain whether there might be correlations between variables.

The Pearson correlation coefficient will be employed in this study's correlation analysis. Making a scatter plot of the variables in order to test for linearity is the first step in connection between two continuous variables. If the link is not linear, the correlation coefficient shouldn't be computed. Which axis the variables are plotted on doesn't really important for correlation-only purposes. Though, the dependent (or response) variable is represented on the y-axis, while the independent (or explanatory) variable is plotted on the x-axis (horizontally) (vertically).

The closer the scatter of dots is to a straight line, the stronger the correlation between the variables is. Furthermore, it is irrelevant whose measuring units are employed (Bristol, 2021). According to (Ratnasari, Nazir, Toresano, and Pawiro 2016), the Pearson's Correlation Coefficient Value, r, is explained in the table below.

Table 3.4: Rule of Pearson's Correlation Coefficient Value (r).

Correlation Coefficient Value (*r*)	Direction and Strength of Correlation
-1	Perfectly Negative
-0.8	Strongly Negative
-0.5	Moderately Negative
-0.2	Weakly Negative
0	No Association
0.2	Weakly Positive
0.5	Moderately Positive
0.8	Strongly Positive
1	Perfectly Positive

3.9 SUMMARY

Based on this chapter, will conduct postpartum depression among women around Kelantan. Based on the study's design, target demographic, sample size, sampling technique, data collecting, research instrument, and data analysis, provide a clearer explanation of this study. Also explain how the questionnaire was conducted and used to achieve the research objectives and research questions. Finally, next chapter will explain the results and discussion of the study. In next chapter inform about the results on this study and discuss about the results collected. Next chapter will also explain the results of the descriptive analysis, the results of the reliability test, the results of the inference analysis and the discussion based on the objective study.

CHAPTER 4

RESULT AND DISCUSSION

4.1 INTRODUCTION

This chapter will discuss the results and conclusions of the data analysis that was done on the data obtained from the survey given to the 384 participants in this study. The data that were analyzed to examine and identify the exploring study of postpartum depression prevalence among women in Kelantan. Besides, the researchers were able to test the hypothesis and answer the research objective of this study. Version 26 of the Statistical Package for the Social Sciences (SPSS) is used to analyze the data. By using the types of investigation in this chapter and the types of analysis listed below, the outcome of the SPSS examination is explained in this past:

a) Descriptive Analysis

By rearranging, organising, and altering the data to provide the descriptive information, descriptive analysis turns raw data into a form that will make them simple to grasp and interpret (Lawless & Heymann, 2010)

b) Reliability Analysis

The consistency of a method of measurement is referred to as its reliability. The measurement is regarded as reliable if the same result can be consistently obtained by applying the same techniques under the same conditions (Middleton, 2020).

c) Pearson Correlation Analysis

The Pearson Correlation Coefficient is a metric used to assess the relationship between two quantitative variables and the extent to which they are linearly related, meaning that changes in one variable cause changes in the other. It also assesses how closely the two variables coincide with one another (Schober, Boer & Schwarte, 2018).

4.2 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The researchers' initial finding used frequency analysis. The information from Section A of the questionnaire contained questions about the respondents' age, race, educational level, marital status, place of residence, number of children they have, results of a mental health test, and whether or not they were pregnant. In a table and pie chart format, the respondents' demographic profiles were displayed.

4.2.1 Age of Respondents

Table 4.1 and figure 4.1 shows the demographics based on the age of the respondents.

Table 4.1: Age of Respondents.

Age (years)	Frequency (person)	Percentage (%)
18 – 29	97	25.3
30 – 39	171	44.5
40 – 49	66	17.2
50 – 59	39	10.2
60 Above	11	2.9
Total	384	100.0

Source: SPSS

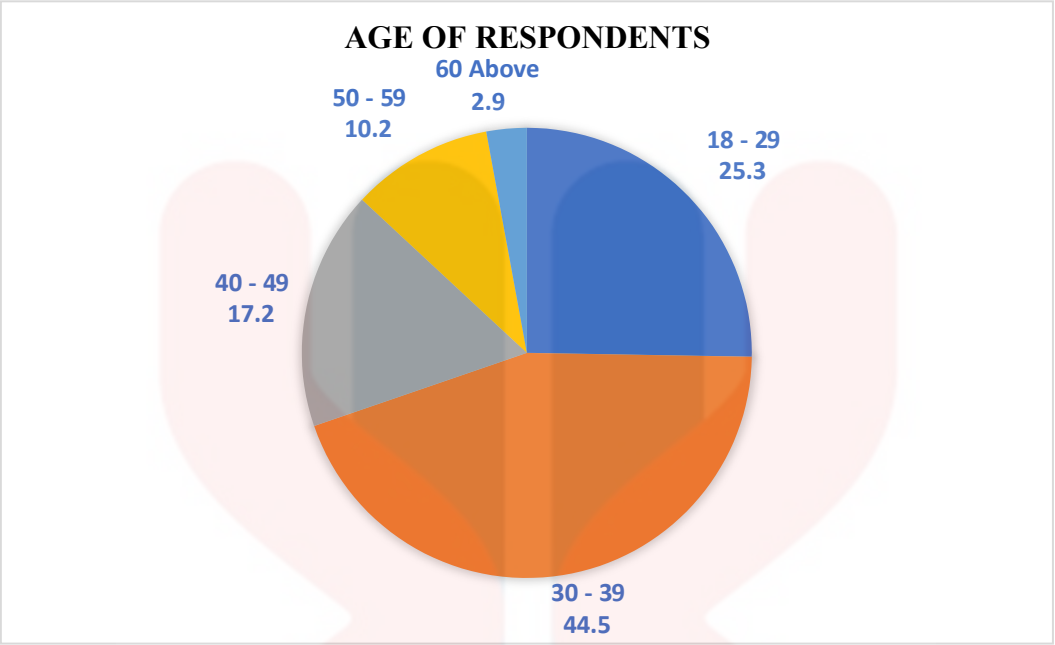

Figure 4.1: Age of Respondents.

Based on the Table 4.1 and Figure 4.1, the respondent's demographics of the respondents based on age. There were 384 respondents, who consist of age from 18 to 29 years old is 97 respondents (25.3%). The respondent age from 30 to 39 years old is 171 respondents (44.5%). The respondents age from 40 to 49 years old is 66 respondents (17.2%). While, the respondents age from 50 to 59 years old is 39 respondents (10.2%) and the respondents age from 60 above years old is 11 respondents (2.9%). This is shows that the highest age of respondents is 30 – 39 years old which is 171 respondents (44.5%). Meanwhile, the lowest age of respondents is 60 years old above which is 11 respondents (2.9%).

4.2.2 Race of Respondents

Table 4.2 and Figure 4.2 shows the demographics based on the race of respondents.

Table 4.2: Race of Respondents.

Race	Frequency (person)	Percentage (%)
Malay	302	78.6
Chinese	69	18.0
Indian	11	2.9
Others	2	5
Total	384	100.0

Source: SPSS

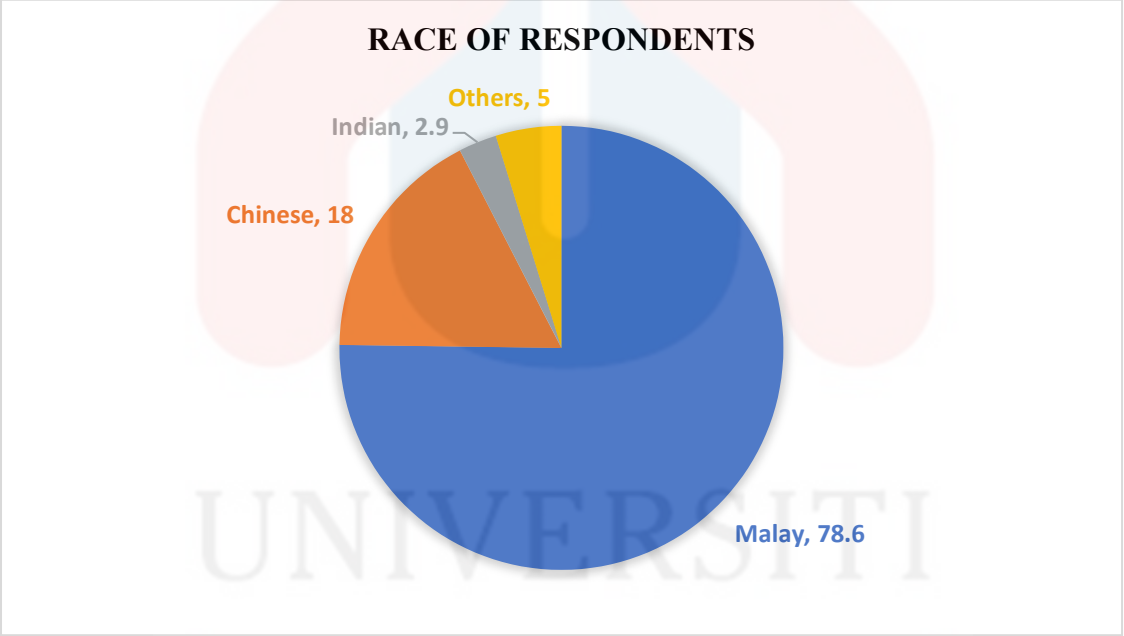

Figure 4.2: Race of Respondents.

Based on the Table 4.2 and Figure 4.2, the respondent's demographics of the respondents based on race. The information shows that the highest frequency is Malay which is 302 respondents (78.6%). The second highest frequency of race is Chinese which is 69 respondents (18.0%). Meanwhile, the lowest frequency of race is Indian which is 11 respondents (2.9%). The second lowest frequency of race is Others which is 2 respondents (5%).

4.2.3 Educational Status of Respondents

Table 4.3 and Figure 4.3 shows the demographics based on the educational status of respondents.

Table 4.3: Educational Status of Respondents

Educational Status	Frequency (person)	Percentage (%)
Does Not To School	13	3.4
Primary School	20	5.2
PMR / PT3	19	4.9
SPM	172	44.8
STPM / Sijil / Diploma / Asasi / Matrikulasi	66	17.2
Bachelor / Sarjana Muda	74	19.3
Master / Sarjana	14	3.6
Phd	6	1.6
Total	384	100.0

Source: SPSS

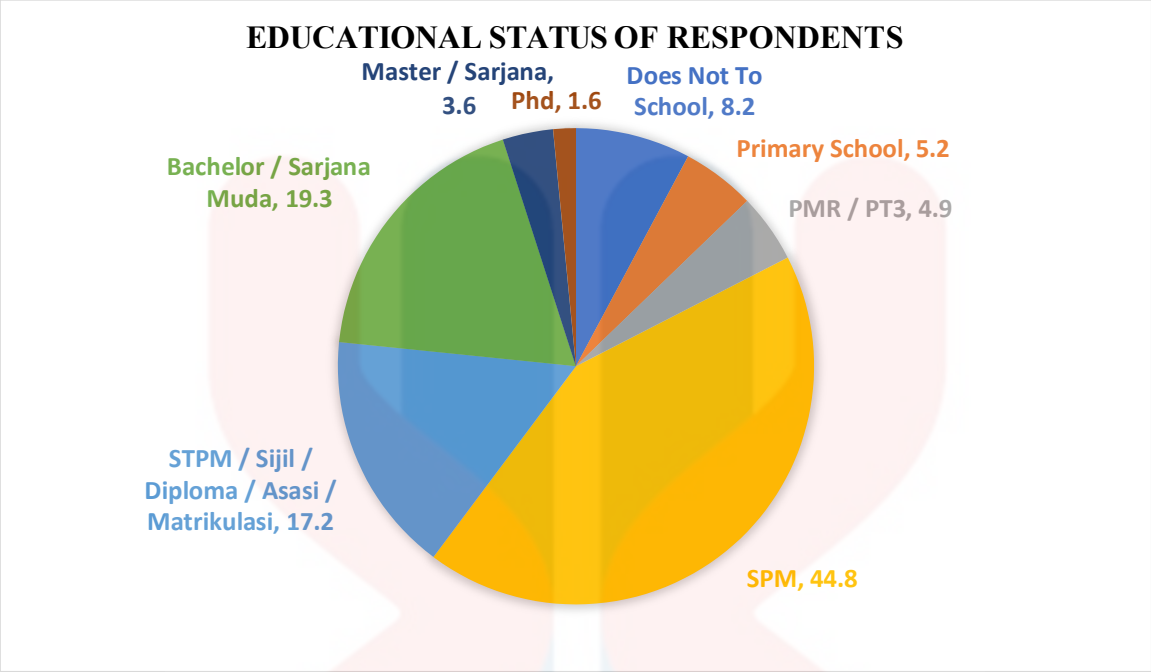

Figure 4.3: Educational Status of Respondents.

Based on the table and figure above, showing the analysis data based on respondent's education. The highest education status of respondents is SPM which is 172 respondents (44.8%). The second highest education status of respondents is Bachelor which is 74 respondents (19.3%). Next, the third highest education status of respondents is STPM /Sijil / Diploma / Foundation / Matriculation which is 66 respondents (17.2%). The fourth highest education status of respondents is Primary School which is 20 respondents (5.2%). The lowest education status of respondents is PMR / PT3 which is 19 respondents (4.9%). The second lowest education status of respondents is Master which is 14 respondents (3.6%). Next, the third lowest education status of respondents is who are does not go to school which is 13 respondents (8.2%). Last but not least, the extremely lowest education status is Phd which is 6 respondents (1.6%).

4.2.4 Employment Status of Respondents

Table 4.4 and Figure 4.4 shows the demographic based on the employment status of respondents.

Table 4.4: Employment Status of Respondents.

Employment Status	Frequency (person)	Percentage (%)
Self-Employed	54	14.1
Government Worker	102	26.6
Private Sector Worker	69	18.0
Student	27	7.0
Retired	14	3.6
Not Working	118	30.7
Total	384	100.0

Source: SPSS

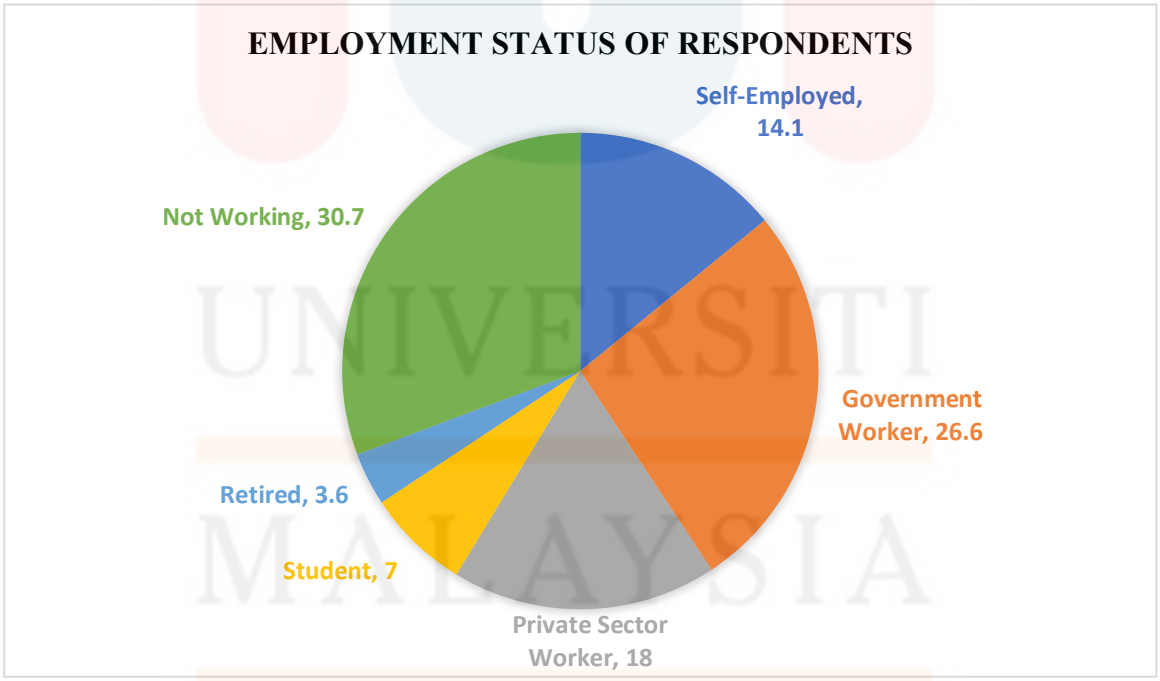

Figure 4.4: Employment Status of Respondents.

Based on the table and figure above showing that the analysis data based on respondent's employment status. Respondent who are not working has the highest data which is 118 respondents (30.7%). Respondents who work in government sector has 102 respondents (26.6%). Respondents who work in private sector has 69 respondents (18%) while respondents who work in self-employed has 54 respondents (14.1%). The second lowest employment status of respondents is student which is 27 respondents (7%) and the first lowest employment status of respondents is retired which is 14 respondents (3.6%) in 384 respondents.

4.2.5 Residential Area of Respondents

Table 4.5 and Figure 4.5 shows the demographic based on the residential area of respondents.

Table 4.5: Residential Area of Respondents.

Residential Area	Frequency (person)	Percentage (%)
City	214	55.7
Rural	170	44.3
Total	384	100.0

Source: SPSS

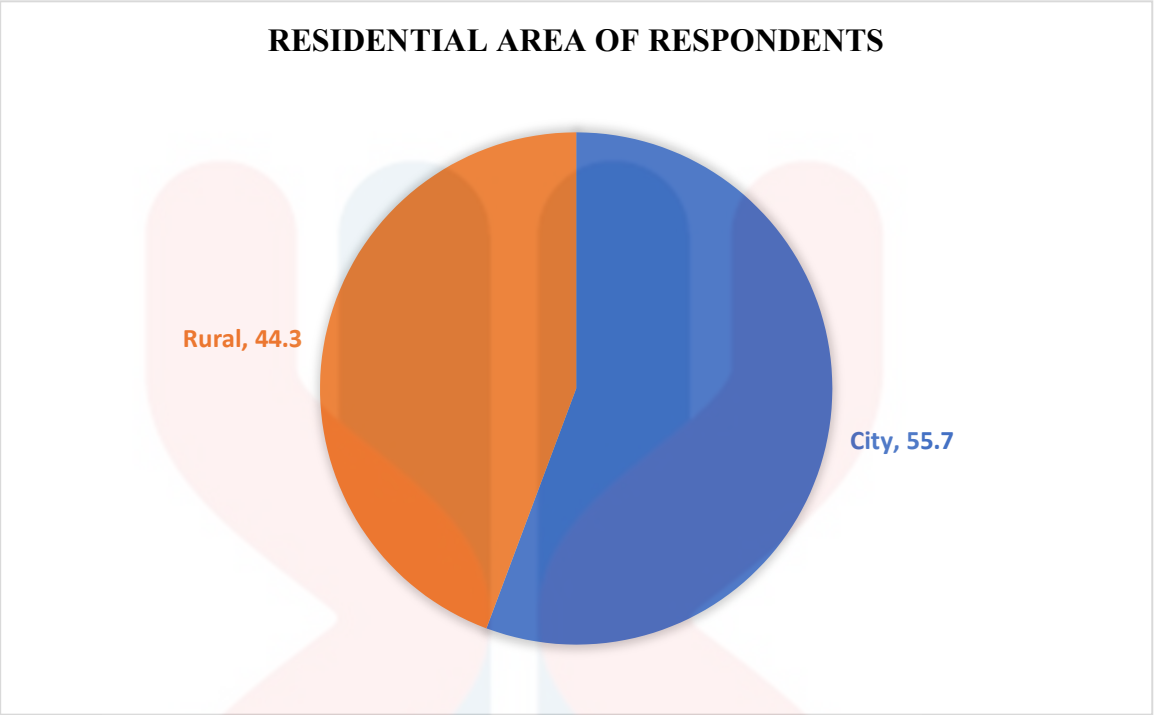

Figure 4.5: Residential Area of Respondents.

Table 4.5 and Figure 4.5 show the demographics of the respondents based on residential area. The total number of respondents for who are at city area was 214 respondents while the number of respondents for who are at rural area was 170 respondents. Out of 384 respondents, 55.7% of total respondents were at city area. Meanwhile, 44.3% were respondents at rural area.

4.2.6 Marital Status of Respondents.

Table 4.6 and Figure 4.6 shows the demographic based on the marital status of respondents.

Table 4.6: Marital Status of Respondents.

Marital Status	Frequency (person)	Percent (%)
Mother gave birth after marriage	369	96.1
Mother gave birth before marriage	15	3.9
Total	384	100.0

Source: SPSS

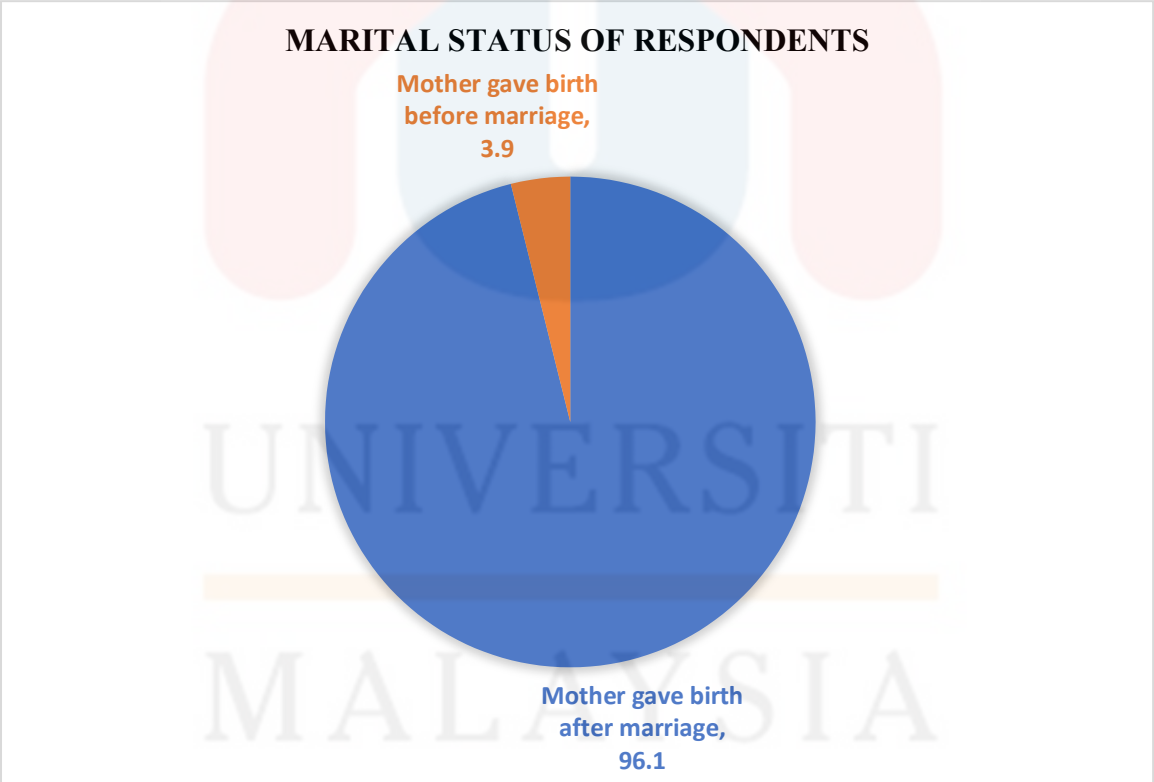

Figure 4.6: Marital Status of Respondents.

Table 4.6 and Figure 4.6 show the demographics of the respondents based on marital status. The total number of respondents for mother gave birth after marriage was the highest number of respondents which is 369 respondents (96.1%). Meanwhile, the total number of respondents for mother gave birth before marriage was the lowest number of respondents which is 15 respondents (3.9%).

4.2.7 Number of Children of Respondents.

Table 4.7 and Figure 4.7 shows the demographic based on the number of children of respondents.

Table 4.7: Number of Children of Respondents.

Number of Children	Frequency (person)	Percentage (%)
1	45	11.7
2	95	24.7
3	133	34.6
4	69	18.0
5	15	3.9
6	19	4.9
Others	8	2.1
Total	384	100.0

Source: SPSS

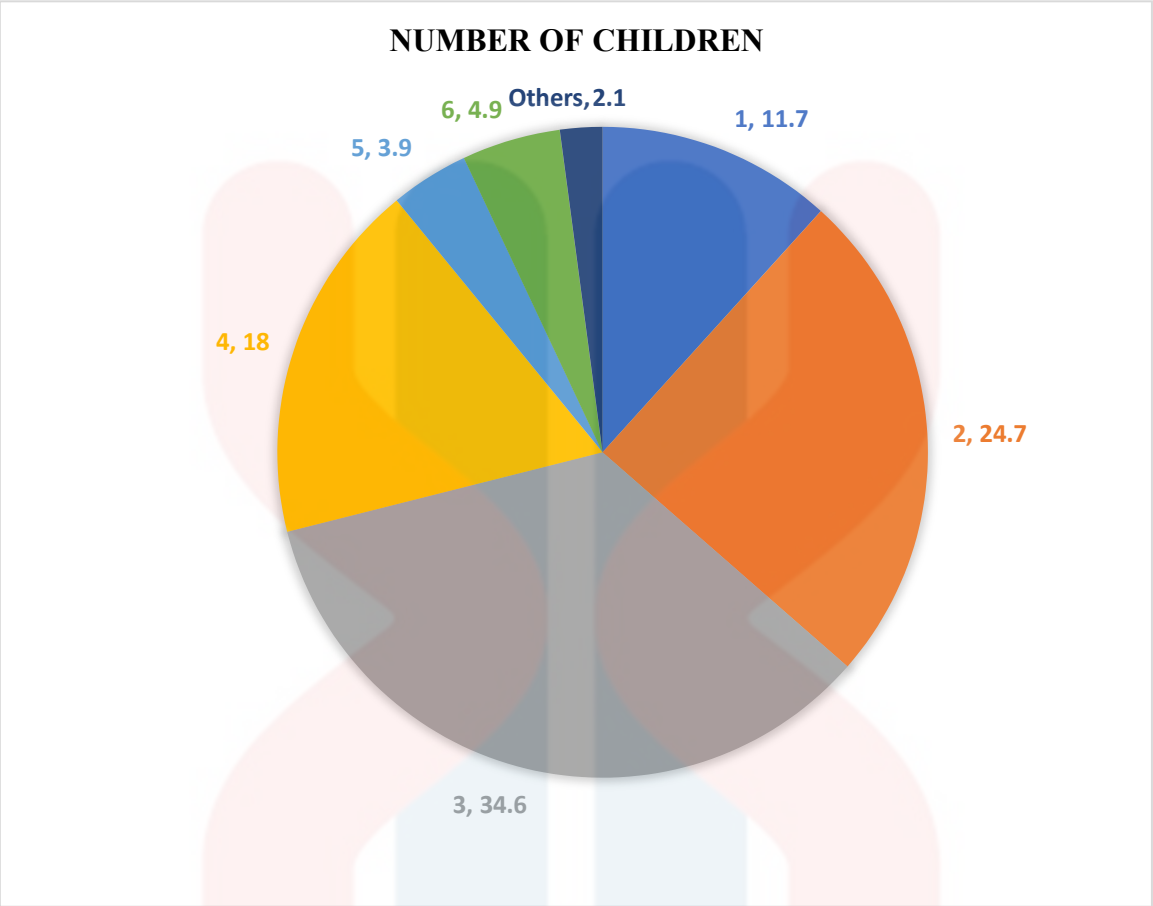

Figure 4.7: Number of Children of Respondents.

Based on the table and figure above showing the analysis of data based on the number of children of respondents. Respondent who have 1 child in family has 45 respondents (11.7%). Respondents who have 2 children in family has 95 respondents (24.7%). Respondents who have 3 children in family has 133 respondents (34.6%). Respondents who have 4 children in family has 69 respondents (18.0%). Respondents that who have 5 children in family has 15 respondents (3.9%) and 6 children in family has 19 respondents (4.9%). Lastly, the respondents that who have more than 6 children in family has 8 respondents (2.1%). This can be show that the highest number of children of respondent is 3 children in family which is 133 respondents (34.6%). Meanwhile, the lowest number of children of respondents is more than 6 children in family which is 8 respondents (2.1%).

4.2.8 Mental Health Screening of Respondents.

Table 4.8 and Figure 4.8 shows the demographic based on the mental health screening of respondents.

Table 4.8: Mental Health Screening of Respondents.

Mental Health Screening	Frequency (person)	Percentage (%)
Yes	22	5.7
No	362	94.3
Total	384	100.0

Source: SPSS

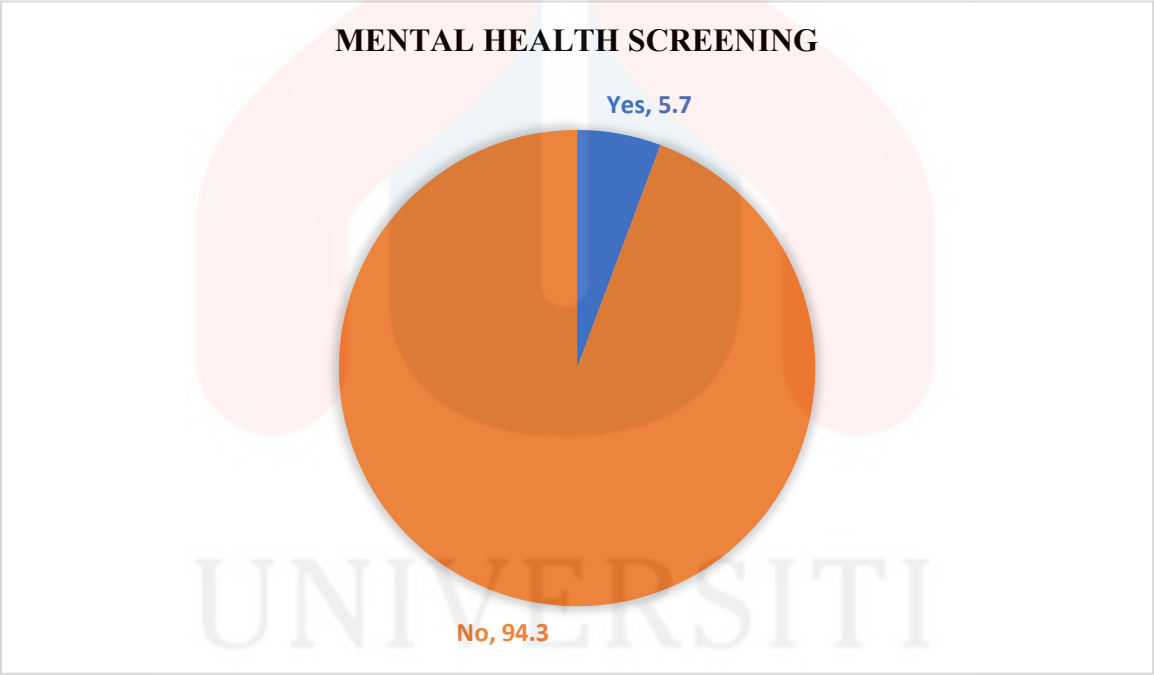

Figure 4.8: Mental Health Screening of Respondents.

Referring to the Table 4.8 and Figure 4.8 showing that the group of respondents who get the mental health screening is 22 respondents (5.7%). There were 362 respondents (94.3%) who did not get the mental health screening during pregnancy.

4.2.9 Pregnant of Respondents

Table 4.9 and Figure 4.9 shows the demographic based on the pregnant of respondents.

Table 4.9: Pregnant of Respondents.

Pregnant	Frequency (person)	Percentage (%)
Yes	18	4.7
No	366	95.3
Total	384	100.0

Source: SPSS

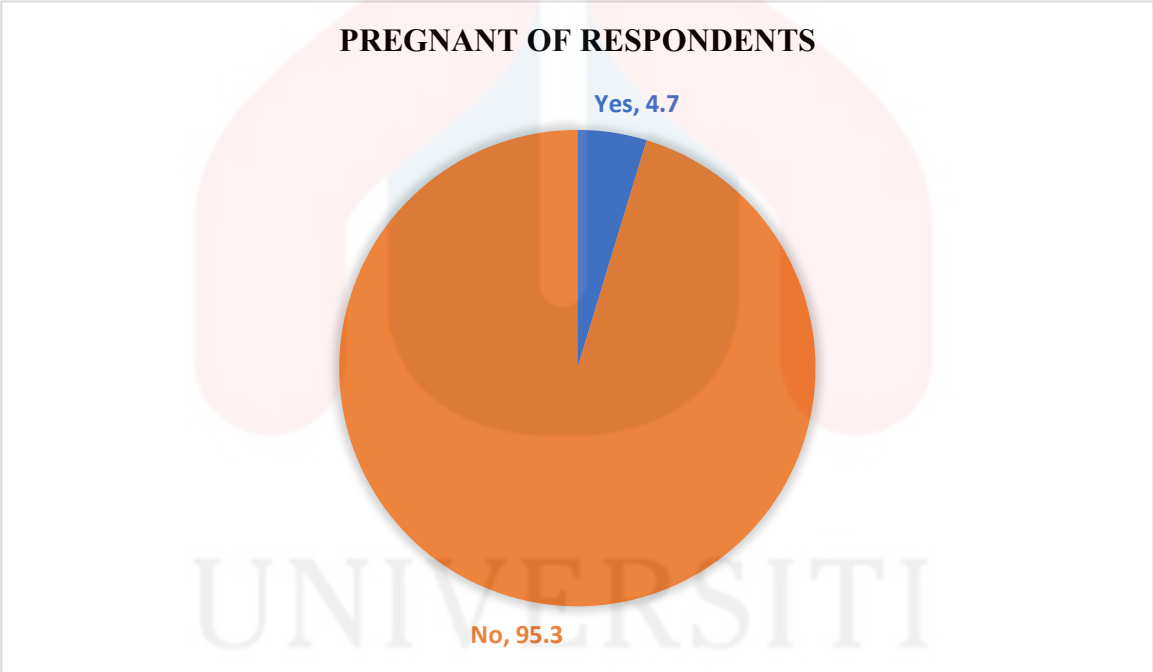

Figure 4.9: Pregnant of Respondents.

Referring to the Table 4.9 and Figure 4.9 showing that the group of respondents who was pregnant is 18 respondents (4.7%). There were 366 respondents (95.3%) who not pregnant.

4.3 RESULT OF DESCRIPTIVE ANALYSIS

The ‘middle' of a distribution of data is roughly represented by the central tendency of that distribution. We used mean and standard deviation to calculate the central tendency of the independent and dependent variables. In order to calculate the mean, all the values must be added together and divided by the total number of data. The standard deviation demonstrates the link between the total set of data and the sample average (Trochim, 2020).

This research has analyzed the mean and standard deviation for the Section B of the questionnaires to find out the postpartum depression (dependent variable), symptoms, risks and impact of postpartum depression (independent variables). Based on the analysis result, the researchers compared the mean between dependent variable and independent variables for every question in questionnaires. The responses by the respondents are scaled by using the 5 Likert Scale which is 1 is represent to “Strongly Disagree”, 2 as “Disagree”, 3 as “Neither Disagree or Agree”, 4 as “Agree” and 5 as “Strongly Agree”. The result of the analysis is show at the table below.

4.3.1 Independent Variable and Dependent Variable

Table 4.10: Descriptive Analysis

Variables	*N*	Mean	Standard Deviation
Postpartum Depression	384	2.5036	0.92891
Symptoms of Postpartum Depression	384	2.4365	0.89320
Risks Factors of Postpartum Depression	384	2.7240	0.73315
Impact of Postpartum Depression	384	2.6090	0.79701

Source: SPSS

The Table 4.10 show the value of the respondents, mean and the standard deviation of the dependent variable and independent variables. The highest mean for the variables is Risk Factors of Postpartum Depression which is 2.72. The second highest mean for the variables is Impact of Postpartum Depression which is 2.61. The third ranking for the variables is Postpartum Depression which is 2.50 and the last ranking for the variables is Symptoms of Postpartum Depression which is 2.44.

4.3.2 Postpartum Depression (Dependent Variable)

Based on the table below shown that there are eight questions had measured are using the Likert-Scale.

Table 4.11: Descriptive Statistic of Postpartum Depressions (PD).

Variables	Item Description	Mean	Standard Deviation	Ranks
PD1	I felt very sad and miserable after giving birth.	2.40	1.125	8
PD2	I would blame myself for no reason when I had problems.	2.42	1.240	5
PD3	I will feel anxious or worried for no good reason after giving birth.	2.42	1.217	6
PD4	I would feel so unhappy that I would have difficulty sleeping after giving birth.	2.42	1.211	7
PD5	I would feel so unhappy that it would cause me to cry for no reason.	2.50	1.258	3
PD6	I will feel fear or panic for no good reason.	2.55	1.255	2
PD7	Thoughts of hurting myself would cross me mind after giving birth.	2.44	1.269	4
PD8	I have been able to laugh and see the funny side of things after giving birth.	2.88	1.363	1

Source: SPSS

Table 4.11 shows the mean, standard deviation and the ranking of the Postpartum Depression (Dependent Variable) in this research paper. The result based on the table above shows that respondent is strongly agreed that "I still can able to laugh and see the funny side of things after giving birth", this is because it has the highest value of 2.88. Besides, the respondent also agreed with the statement "I will feel fear or panic for no good reason", it is because the second highest value of this statement is 2.55. The third highest mean of the statement is "I would feel so unhappy that is would cause they to cry for no reason" to a mean score of 2.50. Next, followed by a score of 2.44 is "Thoughts of hurting myself would cross my mind after giving birth" then "I would blame myself for no reason when I had problems", "I will feel anxious or worried for no good reason after giving birth" and " I would feel so unhappy that I would have difficulty sleeping after giving birth" with a score of 2.42. Lastly, the lowest score of the statement is "I felt very sad and miserable after giving birth" which is 2.40. In conclusion, the average mean of the Postpartum Depression (Dependent Variable) is 2.88 the highest score which is this indicates that respondents are strongly agree with this statement.

4.3.3 Symptoms of Postpartum Depression (Independent Variable)

Based on the table below shown that there are eight questions had measured are using the Likert-Scale.

Table 4.12: Descriptive Statistic of Symptoms of Postpartum Depression (SPD).

Variables	Item Description	Mean	Standard Deviation	Ranks
SPD1	I feel alone, despite just having added a baby to my life.	2.33	1.199	6
SPD2	I feel uncontrollably sad and can't stop crying or shake off feelings of sadness.	2.28	1.209	8
SPD3	I feel completely overwhelmed, as though I will never be a good mom.	2.59	1.282	2
SPD4	I feel out of focus and can't concentrate on anything, least of all my newborn.	2.33	1.253	5
SPD5	I feel no bond or connection to this new life I helped create.	2.31	1.212	7
SPD6	I have thoughts of harming myself or baby.	2.39	1.202	4
SPD7	I feel constantly irritated or angry, and have zero patience.	2.42	1.204	3
SPD8	I have trouble falling asleep or sleeping too much.	2.84	1.345	1

Source: SPSS

Table 4.12 shows the mean, standard deviation and the ranking of the Symptoms of Postpartum Depression (Independent Variable) in this research paper. The result based on the table above shows that respondent is strongly agreed that “I have trouble falling asleep or sleeping too much”, this is because it has the highest value of 2.84. Besides, the respondent also agreed with the statement “I feel completely overwhelmed, as though I will never be a good mom”, it is because the second highest value of this statement is 2.59. The third highest mean of the statement is “I feel constantly irritated or angry, and have zero patience” to a mean score of 2.42. Next, followed by a score of 2.39 is “I have thoughts of harming myself or baby” then “I feel out of focus and can't concentrate on anything, least of all my newborn” and “I feel alone, despite just having added a baby to my life” with a score of 2.33. Next, followed by a score of 2.31 is “I feel no bond or connection to this new life I helped create” Lastly, the lowest score of the statement is “I feel uncontrollably sad and can't stop crying or shake off feelings of sadness” which is 2.28. In conclusion, the average mean of the Symptoms of Postpartum Depression (Independent Variable) is 2.84 the highest score which is this indicates that respondents are strongly agree with this statement.

4.3.4 Risks Factors of Postpartum Depression (Independent Variable)

Based on the table below shown that there are eight questions had measured are using the Likert-Scale.

Table 4.13: Descriptive Statistic of Risks of Postpartum Depression (RPD).

Variables	Item Description	Mean	Standard Deviation	Ranks
RPD1	I faced high life pressure after giving birth.	2.44	1.171	6
RPD2	I experienced a lack of social support after giving birth.	2.43	1.220	7
RPD3	My lifestyle changed after I gave birth.	2.99	1.266	2
RPD4	I always feel worried and sad after giving birth.	2.43	1.201	8
RPD5	I had problems breastfeeding after giving birth.	2.80	1.242	5
RPD6	I got support from my family members after giving birth.	3.09	1.339	1
RPD7	I experienced physical changes after giving birth.	2.96	1.230	3
RPD8	I have a history of depression in my family.	2.94	1.339	4

Source: SPSS

Table 4.13 shows the mean, standard deviation and the ranking of the Risk of Postpartum Depression (Independent Variable) in this research paper. The result based on the table above shows that respondent is strongly agreed that "I got support from my family members after giving birth", this is because it has the highest value of 3.09. Besides, the respondent also agreed with the statement "My lifestyle changed after I gave birth", it is because the second highest value of this statement is 2.99. The third highest mean of the statement is "I experienced physical changes after giving birth" to a mean score of 2.96. Next, followed by a score of 2.94 is "I have a history of depression in my family" then "I had problems breastfeeding after giving birth" with a score of 2.80. Next, followed by a score of 2.44 is "I faced high life pressure after giving birth" Lastly, the lowest score of the statement is "I experienced a lack of social support after giving birth" and "I always feel worried and sad after giving birth" which is 2.43. In conclusion, the average mean of the Risks of Postpartum Depression (Independent Variable) is 3.09 the highest score which is this indicates that respondents are strongly agree with this statement.

4.3.5 Impact of Postpartum Depression (Independent Variable)

Based on the table below shown that there are eight questions had measured are using the Likert-Scale.

Table 4.14: Descriptive Statistic of Impact of Postpartum Depression (IPD).

Variables	Item Description	Mean	Standard Deviation	Ranks
RPD1	I faced high life pressure after giving birth.	2.44	1.171	6
RPD2	I experienced a lack of social support after giving birth.	2.43	1.220	7
RPD3	My lifestyle changed after I gave birth.	2.99	1.266	2
RPD4	I always feel worried and sad after giving birth.	2.43	1.201	8
RPD5	I had problems breastfeeding after giving birth.	2.80	1.242	5
RPD6	I got support from my family members after giving birth.	3.09	1.339	1
RPD7	I experienced physical changes after giving birth.	2.96	1.230	3
RPD8	I have a history of depression in my family.	2.94	1.339	4

Source: SPSS

Table 4.14 shows the mean, standard deviation and the ranking of the Impact of Postpartum Depression (Independent Variable) in this research paper. The result based on the table above shows that respondent is strongly agreed that "Anyone can get postpartum depression", this is because it has the highest value of 3.32. Besides, the respondent also agreed with the statement "Postpartum depression can give effect to children", it is because the second highest value of this statement is 3.10. The third highest mean of the statement is "Risk factors are things that make it more likely that I will get illness as compared to someone else" to a mean score of 2.50. Next, followed by a score of 2.47 is "I'm worry that I might hurt myself or others" then "I start a support group for women with perinatal mood and anxiety disorder" and "I don't feel bonded to my baby" with a score of 2.40. Next, followed by a score of 2.36 is "I have taken medication to get be treated for postpartum depression" Lastly, the lowest score of the statement is "I get postpartum depression much later after the birth of my child" which is 2.33. In conclusion, the average mean of the Impact of Postpartum Depression (Independent Variable) is 3.32 the highest score which is this indicates that respondents are strongly agree with this statement.

4.4 RELIABILITY ANALYSIS

The validity of the survey was assessed using a reliability analysis. To ensure that the data was trustworthy and accurate on the inside as well, Cronbach's Alpha analysis was performed to test it. The table below shows the size of the Cronbach's Alpha coefficient as determined using Hair et al. (2007)'s Rules of Thumb.

Table 4.15: Rules of Thumb of Cronbach's Alpha coefficient size.

Alpha Coefficient Range	Strength of Association
<0.6	Poor
0.6 to <0.7	Moderate
0.7 to <0.8	Good
0.8 to <0.9	Very Good
0.9	Excellent

Sources: Hair et al. (2017)

Table 4.15 (pilot test) showed how consistently the dependent and independent variables performed overall. Before being distributed online to 384 people, the survey was piloted with 30 participants.

Table 4.16: Result of Reliability Coefficient Alpha for the Independent Variables and Dependent Variable.

Variable	Number of Item	Cronbach's Alpha Coefficient	Strength of Association
Postpartum Depression	8	0.909	Excellent
Symptoms	8	0.934	Excellent
Risk Factors	8	0.752	Good
Impact	8	0.706	Good
Overall Variable	32	3.30	Excellent

Source: SPSS

Table 4.2 showed the overall Cronbach's Alpha Coefficient for the study's survey variables.

We may deduce from the table that all the variables were above the value of 0.70 and that the total number of variables was 3.30.

The results presented above are thus valid and can be acknowledged in this report. The postpartum depression variable that affected postpartum women in Kelantan was measured using eight questions. According to Table 4.2, the Cronbach's Alpha for the question in this section was 0.909, which is regarded as very Excellent. As a result, the coefficients generated for the queries involving the personal variable were accurate.

In order to measure the symptoms that affected postpartum women in Kelantan, there were eight questionnaires. This section's Cronbach's Alpha result, which is 0.934, is considered to be extremely good. The coefficient obtained for the symptoms questions was therefore accurate and suitable for use in this research.

The risk factors that influenced postpartum mothers in Kelantan were also evaluated using eight questionnaires. The question in this area had a very strong Cronbach's Alpha rating of 0.752. The coefficient calculated for the risk factors variable questions was accurate as a consequence.

The information regarding the postpartum in Kelantan was gathered using eight questions, and the Cronbach's Alpha value for this section's question was 0.706, which is good. As a result, the coefficient discovered for this inquiry regarding postpartum depression's influence among postpartum women in Kelantan was also reliable.

Because the variables' Cronbach's Alpha values are greater than 3.30, it is apparent that the survey questions are fairly accurate and that the research will continue. Overall, the reliability indicated that respondents understood the questions well, implying that the questionnaire forms were appropriate for this study.

4.5 PEARSON'S CORRELATION COEFFICIENT

Inferential analysis is used to determine the relationship between the independent variable which is symptoms, risk and impact of postpartum depression and the dependent variable which is postpartum depression. Depending on the level of the correlation, Pearson's correlation is used to assess the strength of the relationship between the independent and dependent variables (Piaw, 2006).

Table 4.17: Coefficient Correlation and Strength of Relationship.

Correlation Coefficient Value (*r*)	Direction and Strength of Correlation
-1	Perfectly Negative
-0.8	Strongly Negative
-0.5	Moderately Negative
-0.2	Weakly Negative
0	No Association
0.2	Weakly Positive
0.5	Moderately Positive
0.8	Strongly Positive
1	Perfectly Positive

4.5.1 The Relationship Between the Type of Postpartum Depression and The Occurrence Symptoms of Postpartum Depression

H1: There is a relationship between the type of postpartum depression and the occurrence symptoms of postpartum depression.

Table 4.18: Relationship Between the Type of Postpartum Depression and The Occurrence Symptoms of Postpartum Depression.

Correlations			
		Postpartum Depression	Symptoms of Postpartum Depression
Postpartum Depression	Pearson Correlation	1	.794**
	Sig. (2-tailed)		.000
	N	384	384
Symptoms of Postpartum Depression	Pearson Correlation	.794**	1
	Sig. (2-tailed)	.000	
	N	384	384

**Correlation is significant at the 0.01 level (2-tailed).

Table 4.18 shows that the relationship between the type of postpartum depression and the occurrence symptoms of postpartum depression among women in Kelantan is moderately positive with a correlation coefficient value is .794**. This shows that the symptoms of postpartum depression are positive and moderately in relation to the type of postpartum depression among women in Kelantan. The p value on the symptoms of postpartum depression in type of postpartum depression is .000 which is less than the very significant level at .001. Therefore, there is a significant relationship between the type of postpartum depression and the occurrence symptoms of postpartum depression among women in Kelantan. Therefore, the hypothesis for this relationship is accepted.

4.5.2 The Relationship Between Risk Factors and The Occurrence of Postpartum Depression.

H2: There is a relationship between risk factors and the occurrence of postpartum depression.

Table 4.19: Relationship Between Risk Factors and The Occurrence of Postpartum Depression.

Correlations			
		Postpartum Depression	Risks of Postpartum Depression
Postpartum Depression	Pearson Correlation	1	.580**
	Sig. (2-tailed)		.000
	N	384	384
Risks of Postpartum Depression	Pearson Correlation	.589**	1
	Sig. (2-tailed)	.000	
	N	384	384

**Correlation is significant at the 0.01 level (2-tailed).

Table 4.19 shows that the relationship between the relationship between risk factors and the occurrence of postpartum depression among women in Kelantan is moderately positive with a correlation coefficient value is .580**. This shows that the relationship between risk factors of postpartum depression is positive and moderately in relation to the postpartum depression among women in Kelantan. The p value on the risks factor of postpartum depression in postpartum depression is .000 which is less than the very significant level at .001. Therefore, there is a significant relationship between risk factors and the occurrence of postpartum depression among women in Kelantan. Therefore, the hypothesis for this relationship is accepted.

4.5.3 The Relationship Between the Occurrence of Impact and Postpartum Depression.

H3: There is a relationship between the occurrence of impact and postpartum depression.

Table 4.20: Relationship Between the Occurrence of Impact and Postpartum Depression.

Correlations			
		Postpartum Depression	Impact of Postpartum Depression
Postpartum Depression	Pearson Correlation	1	.696**
	Sig. (2-tailed)		.000
	N	384	384
Impact of Postpartum Depression	Pearson Correlation	.696**	1
	Sig. (2-tailed)	.000	
	N	384	384

**Correlation is significant at the 0.01 level (2-tailed).

Table 4.20 shows that the relationship between the relationship between the occurrence of impact and postpartum depression among women in Kelantan is moderately positive with a correlation coefficient value is .696**. This shows that the relationship between the occurrence of impact and postpartum depression is positive and moderately in relation to the postpartum depression among women in Kelantan. The p value on the occurrence of impact in postpartum depression is .000 which is less than the very significant level at .001. Therefore, there is a significant relationship between the occurrence of impact and postpartum depression among women in Kelantan. Therefore, the hypothesis for this relationship is accepted.

Table 4.21: Overall of The Exploring Study of Postpartum Depression Prevalence Among Women in Kelantan.

		Symptoms of Postpartum Depression	Risk Factor of Postpartum Depression	Impact of Postpartum Depression	Postpartum Depression
Symptoms of Postpartum Depression	Pearson Correlation	1	.634**	.772**	.794**
	Sig. (2-tailed)		.000	.000	.000
	N	384	384	384	384
Risk Factor of Postpartum Depression	Pearson Correlation	.634**	1	.685**	.580**
	Sig. (2-tailed)	.000		.000	.000
	N	384	384	384	384
Impact of Postpartum Depression	Pearson Correlation	.772**	.685**	1	.696**
	Sig. (2-tailed)	.000	.000		.000
	N	384	384	384	384
Postpartum Depression	Pearson Correlation	.794**	.580**	.696**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	384	384	384	384

Source: SPSS

Table 4.21 show the relationship between the dependent variable which is postpartum depression and the independent variable which is symptom, risk factor and impact of postpartum depression among women in Kelantan. It can be seeing that the postpartum depression is positive and moderately relate to symptoms of postpartum depression among women in Kelantan with a correlation coefficient of .794**. Meanwhile, the postpartum depression is positive and moderately relate to risks factors of postpartum depression among women in Kelantan with a correlation coefficient of .580**. Next, the postpartum depression is positive and moderately relate to the impact of postpartum depression among women in Kelantan with a correlation coefficient of .696**. The p value of the postpartum depression, symptoms, risk factor and impact of postpartum depression is .000 which is less than the highly significant level .001. Also, there was a significant relationship between the symptom, risks factors and impact of postpartum depression (independent variables) and postpartum depression prevalence among women in Kelantan (dependent variable).

4.6 DISCUSSION

The goal of the discussion is to interpret and describe the results of the previous chapter's data analysis and to build a better knowledge of research difficulties. As a result, the discussions are linked to the research questions stated in Chapter 1. Furthermore, the conclusions of this study will be presented briefly in terms of the correlation test between four independent factors and dependent variables. This study has three aims in this research, which are as follows:

Table 4.22: Summary for Hypothesis Testing.

Hypothesis	Pearson's Correlation Result
H1: There is a relationship between the type of postpartum depression and the occurrence symptoms of postpartum depression.	r = .794**, p < 0.01 (supported)
H2: There is a relationship between risk factors and the occurrence of postpartum depression.	r = .580**, p < 0.01 (supported)
H3: There is a relationship between the occurrence of impact and postpartum depression.	r = .696**, p < 0.01 (supported)

Source: SPSS

4.6.1 To Investigate A Relationship Between The Type Of Postpartum Depression And The Occurrence Symptom Of Postpartum Depression.

The first objective is to investigate the relationship between types of postpartum depression among women. Based on the results obtained, the mean average is 2.44. Most of the respondents with experience of giving birth strongly agree with the statement that indicates having a postpartum depression system. Women must be educated about postpartum depression and receive treatment for depression before giving birth. Before giving birth, getting to know women will help them identify the signs of postpartum depression and seek treatment instead of feeling ashamed of their feelings.

4.6.2 To Investigate A Relationship Between Risk Factors And The Occurrence Postpartum Depression.

The second objective is to investigate the relationship between risk factors that contribute to postpartum depression among women. Based on the results obtained, the average mean is 2.72. Most respondents strongly agreed with the statement that there are risks that contribute to postpartum depression. Women with postpartum depression are often undiagnosed and may hide their symptoms, leaving them to suffer in silence. By informing women and their partners about the early symptoms and signs of postpartum depression, maternity educators can play an important role in helping women end it, it is impossible to predict whether women will develop postpartum depression after silence (Norhayati et al., 2015).

4.6.3 To Investigate A Relationship Between The Occurrence Of Impact And Depression Postpartum.

The third objective is to investigate the relationship between the effects of postpartum depression among women. Based on the results obtained, the average mean is 2.61. Most of the respondents who experienced childbirth strongly agreed with the statement showing the effects of postpartum depression. When a woman is not treated for postpartum depression, the consequences can cause several marital diseases, susceptibility to mental relapses and relapses, in cases, suicide (Norhayati et al., 2015).

4.7 SUMMARY

In conclusion, the data analysis methods used by the researchers to analyze the acquired data using descriptive analysis and Pearson's correlation coefficient analysis will be determined for this chapter. Additionally, the discussion and findings of this study are covered in the chapter that follows.

CHAPTER 5

CONCLUSION

5.1 INTRODUCTION

This chapter discusses the study's recapitulation, findings, and discussion of the relationship between postpartum depression, symptoms of postpartum depression, risk factors for postpartum depression, and the impact of postpartum depression among Kelantan. Furthermore, this chapter discussed the study's weaknesses and made many recommendations for future research.

5.2 RECAPITULATION OF THE FUNDINGS

The first hypothesis (H1) said that there is a relationship between the type of postpartum depression and the occurrence symptoms of postpartum depression. Shows that the postpartum depression recorded value of Spearman Correlation r = 0.794 p = 000. this is what the study discovered. So, the result supports the first hypothesis (H1), which says that postpartum depression has a positive effect on postpartum depression.

Also, Hypothesis 2 (H2) said that there is a very strong positive relationship between risk factors and the occurrence of postpartum depression. Shows that Risk factors recorded value of the Spearman Correlation Coefficient is r = 0.580, p =0.00; this is what was found. So, the result supports hypothesis 2 (H2), which says that risk factor is related to postpartum depression in a positive way.

The third hypothesis (H3) said that occurrence of impact and postpartum depression have a very strong positive relationship. Based on what was found in table, the Spearmen Correlation Coefficient for occurrence was found to be r = 0.696, p = 0.000. So, the result supports hypothesis 3 (H3), which says that occurrence of impact is related to postpartum depression in a positive way. The study found that all of the variables passed the test of reliability test. Most of the people who answered are women between the ages of 30 and 39 and 18 and 29. Most of them have at least a SPM and bachelor's degree. So, we agree with

the hypothesis. The findings from this research are summed up. The following is more information about the hypotheses that have been tested for this study.

5.3 LIMITATIONS

This study has been meticulously planned, and the goal number of respondents is 384, but there are some restrictions and flaws. The first drawback is that it is limited to the entire Kelantan region, which means that the current research findings cannot be generalized to other situations. This study could be limited to the Kelantan region, which would not provide a full variety of replies.

Next, the limitation of this study is the data collection method. In this study, only online survey was used for data collection method. This is because to answer this questionnaire the respondents are from among women in Kelantan who have experience of giving birth. So, this study was unable to collect respondent data through interviews due to distance factors, financial constraints and time to move to a specific location. However, when using an online survey, it will take a long time to answer the questionnaire.

Furthermore, responders come from a diverse range of backgrounds. Because the respondents in this survey come from a variety of localities in Kelantan, the likelihood of receiving a variety of responses is increased. Differences may develop, for example, due to varied levels of awareness or a lack of exposure to the topics at hand. This makes it difficult for responders to communicate their thoughts on whether or not a question should be posed to the researcher.

Furthermore, one of the study's shortcomings is the scale used in the study. Because this study uses a Likert Scale to capture respondents' perceptions, possible bias can be linked to respondents' proclivity to react to questions regardless of the actual question. To put it another way, each respondent will have their own set of thoughts and opinions that will impact their response to this inquiry. The Likert scale scores do not provide a clear picture of the respondent's reaction. As a result, it will be unable to discern the respondent's genuine mindset.

5.4 RECOMMENDATIONS

Based on the previous chapter, some empirical The Exploring Study of Postpartum Depression Prevalence Among Women in Kelantan. As a result, some recommendations improving the research for future study to increase the number of respondents based on pregnant women researchers can broaden the study area from one state to another (for example, Malaysia). This will increase the number of respondents, which may improve the results. Even the number of questions in each section can be increased by comparing places researched by demographics elsewhere.

The third recommendation is more methodological work is needed for the reference of researchers and organizers. It can be done using qualitative to capture post-natal or postpartum depression among women who have mixed or negative experiences. They volunteer themselves to participate in this kind of research. The researcher can also devise a strategy and do a comprehensive cost-benefit analysis to determine whether or not memorable experiences in research events will be useful. Although methodologically difficult, doing some long-term research to the perspective about post-natal or postpartum depression among women.

5.5 SUMMARY

In conclusion, this study was conducted to investigate the relationships between symptoms, risk factors, and the impact of postpartum depression among postpartum women in Kelantan. The conceptual framework is developed utilizing the studied literature. The researcher planned to investigate the relationships between the independent variables and the dependent variables. This survey, which was conducted via an online questionnaire, drew 384 responses. The data was collected and analyzed using descriptive statistics, reliability analysis, and correlation analysis using SPSS software version 28. The overall variables were 0.934 as a result of the reliability analysis. As a result, the reported result is trustworthy and can be accepted in this investigation. The purpose of the study is to determine the association between symptoms, risk factors, and the impact of postpartum depression among postpartum women in Kelantan. The research aims, which are to examine the interaction between culture, education, and transportation that influence travel inclinations among Penang adolescents, have been accepted. Meanwhile, predictions can be made about the cultural, educational, and transportation aspects that influence travel intention among Penang youth.

REFERENCES

"An Overview of Postpartum Depression." WebMD, 23 Aug. 2022, www.webmd.com/depression/postpartum-depression/postpartum-depression.

"Apakah Itu Kemurungan? - Prof Dr Ramli Musa." Prof Dr Ramli Musa, 27 May 2008, www.ramlimusa.com/92-2.

Aspers, Patrik, and Ugo Corte. "What Is Qualitative in Qualitative Research – Qualitative Sociology." SpringerLink, 27 Feb. 2019, link.springer.com/article/10.1007/s11133-019-9413-7.

Brown, Geo H. "A Comparison of Sampling Methods." Journal of Marketing, vol. 11, no. 4, SAGE Publications, Apr. 1947, pp. 331–37. Crossref, https://doi.org/10.1177/002224294701100401.

Bouchrika, Imed. "How to Write a Research Question: Types, Steps, and Examples «Guide 2 Research." Research.com, 4 May 2021, research.com/research/how-to-write-a-research-question.

DelRosario, Genevieve A., et al. "Postpartum Depression: Symptoms, Diagnosis, and Treatment Approaches." Journal of the American Academy of Physician Assistants, vol. 26, no. 2, Ovid Technologies (Wolters Kluwer Health), Feb. 2013, pp. 50–54. Crossref, https://doi.org/10.1097/01720610-201302000-00009.

DeNoon, Daniel J. "Postpartum Depression." WebMD, WebMD, 25 Mar. 2003, www.webmd.com/depression/guide/postpartum-depression.

Etikan, Ilker, and Kabiru Bala. "Sampling and Sampling Methods." Biometrics & Biostatistics International Journal, vol. 5, no. 6, 4 May 2017, pp. 215–217, https://doi.org/10.15406/bbij.2017.05.00149.

[Fadzlina], StraComm USIM. "Kemurungan Dan Panduan Islam Dalam Menghadapinya."Universiti Sains Islam Malaysia, 5 Jan. 2023, www.usim.edu.my/ms/berita/in-our-words-ms/kemurungan-dan-panduan-islamdalam-menghadapinya

Faktor Risiko Kemurungan Selepas Bersalin Yang Anda Perlu Tahu. 27 July 2022, jiwadamai.com/2022/07/27/faktor-risiko-kemurungan-selepas-bersalin-yang-anda-perlu-tahu/.

"February 2013 - Volume 26 - Issue 2 : Journal of the American Academy of PAs." Lww.com, 2013, journals.lww.com/jaapa/Fulltext/2013/02000/Postpartum_depression__Symptoms.

Franzese, M., Iuliano, A. (2018).Correlation analysis. In: Encyclopedia of Bioinformatics and Computational Biology, 706–72.

Habidin, N., Zubir, A., Fuzi, N., Md Latip, N. A., & M.N.A, A. (2015). Sustainable Performance Measures for Malaysian Automotive Industry.33, 1017-1024. doi:10.5829/idosi.wasj.2015.33.06.257

"'Ibu Meroyan': Fakta Atau Auta? | Pusat Pakar Psikologi Jiwadamai." 'Ibu Meroyan': Fakta Atau Auta? | Pusat Pakar Psikologi Jiwadamai, 22 Jan. 2021, jiwadamai.com/2021/01/22/ibu-meroyan-fakta-atau-auta.

"Incidence of Postnatal Depression in Malaysian Women - PubMed." PubMed, 1 Feb. 1997, pubmed.ncbi.nlm.nih.gov/9094824.

"Kemurungan Selepas Bersalin Di Kalangan Wanita: Satu Kajian Kes Di Sebuah Institusi Pengajian Tinggi Awam Selatan Semenanjung Malaysia - Malaysian Education Research Repository." Kemurungan Selepas Bersalin Di Kalangan Wanita: Satu Kajian Kes Di Sebuah Institusi Pengajian Tinggi Awam Selatan Semenanjung Malaysia - Malaysian Education Research Repository, merr.utm.my/13515. Accessed 6 Jan. 2023.

Kit, Lee Kick, et al. "Incidence of Postnatal Depression in Malaysian Women." Journal of Obstetrics and Gynaecology Research, vol. 23, no. 1, Feb. 1997, pp. 85–89, https://doi.org/10.1111/j.1447-0756.1997.tb00811.x. Accessed 28 Apr. 2021.

Lechtenberg, Ula. "Research Guides: Organizing Academic Research Papers: Types of Research Designs." Library.sacredheart.edu, library.sacredheart.edu/c.php?g=29803&p=185902#s-lg-box-wrapper-626732.

Middleton, F. (2020, June 26). Reliability vs validity: what's the difference? Retrieved from https://www.scribbr.com/methodology/reliability-vsvalidity/#:~:text=Reliability%20and%20validity%20are%20concepts,the%20 accuracy

Mohd Arifin, Siti Roshaidai, et al. "Postpartum Depression in Malaysian Women: The Association With the Timing of Pregnancy and Sense of Personal Control During Childbirth." International Journal of Academic Research, vol. 6, no. 3, Progress IPS, May 2014, pp. 143–49. Crossref, https://doi.org/10.7813/2075-4124.2014/6-3/b.21.

Momoh, Osikhotsali. "Understanding Population Statistics." Investopedia, 17 Mar. 2021, www.investopedia.com/terms/p/population.asp.

"Perbezaan Antara Kajian Kuantitatif Dan Kualitatif." Made in UITM, 9 Oct. 2017, madeinuitm.com/perbezaan-antara-kajian-kuantitatif-dan-kualitatif/.

"Population Definition in Statistics and How to Measure It." Investopedia, 14 July 2022, www.investopedia.com/terms/p/population.asp.

Rabiah Abdul Latiff, et al. PENGARUH TEKANAN KEIBUBAPAAN TERHADAP KEMURUNGAN POSTPARTUM DALAM KALANGAN WANITA BARU BERSALIN. Vol. 1, no. 1, 1 June 2013, pp. 12–21. Accessed 26 June 2023.

Ratnasari, D., Nazir, F., Husein Zilullah Toresano, L. O., Pawiro, S., & Soejoko, D. (2016). The correlation between effective renal plasma flow (ERPF) and glomerular filtration rate (GFR) with renal scintigraphy 99m Tc-DTPA study. Journal of Physics: Conference Series, 694, 012062. doi:10.1088/1742-6596/694/1/012062

"Research Guides: Organizing Academic Research Papers: Types of Research Designs." Types of Research Designs - Organizing Academic Research Papers – Research Guides at Sacred Heart University, 8 Dec. 2022, library.sacredheart.edu/c.php?g=29803&p=185902.

"Sampling and Sampling Methods." Sampling and Sampling Methods - MedCrave Online, 4 May 2017, medcraveonline.com/BBIJ/BBIJ-05-00149.pdf.

Schober, Patrick, et al. "Correlation Coefficients: Appropriate Use and Interpretation." Anesthesia & Analgesia, vol. 126, no. 5, 2018, pp. 1763–1768, https://doi.org/10.1213/ane.0000000000002864.

"Statistik Kemurungan Selepas Bersalin Di Malaysia - Google Search." Statistik Kemurungan Selepas Bersalin Di Malaysia - Google Search, www.google.com/search?q=statistik+kemurungan+selepas+bersalin+di+malaysia&sxsrf=ALiCzsZU-. Accessed 6 Jan. 2023.

"Statistik Kemurungan 2021 | Penjagaan Tunggal - Berita | Januari 2023." Statistik Kemurungan 2021 | Penjagaan Tunggal - Berita | Januari 2023, ms.covidografia.pt/news/depression-statistics-2021. Accessed 6 Jan. 2023.

"The Effects of Depression on the Body and Physical Health." The Effects of Depression on the Body and Physical Health, www.medicalnewstoday.com/articles/322395. Accessed 6 Jan. 2023.

UiTM di. "Perbezaan Antara Kajian Kuantitatif Dan Kualitatif." Made in UITM, 9 Oct. 2017, madeinuitm.com/perbezaan-antara-kajian-kuantitatif-dan-kualitatif.

USIM, StraComm. "Kemurungan Dan Panduan Islam Dalam Menghadapinya." USIM | UNIVERSITI SAINS ISLAM MALAYSIA, www.usim.edu.my/ms/berita/in-our-words-ms/kemurungan-dan-panduan-islam-dalam-menghadapinya/.

Valentin, Dominique, et al. "Quick and Dirty but Still Pretty Good: A Review of New Descriptive Methods in Food Science." International Journal of Food Science & Technology, vol. 47, no. 8, 22 May 2012, pp. 1563–1578, https://doi.org/10.1111/j.1365-2621.2012.03022.x. Accessed 21 June 2020.

WikiHow. (2022). How to Analyse Data Using SPSS: 6 Steps (with Pictures) - wikiHow. wikiHow. https://www.wikihow.com/Analyse-Data-Using-SPSS

Zach. (2022, May 3). *What is Reliability Analysis? (Definition & Example)*. Statology. https://www.statology.org/reliability-analysis/

Zikmund, W. G. (2003). Basic Data Analysis: Descriptive Statistic. Health Economics Research Method, 1.

Zikmund, W. G. (2003). Basic Data Analysis: Descriptive.Research Methods (7th ed.) SouthWestern, Ohio.

APPENDICES

THE EXPLORING STUDY OF POSTPARTUM DEPRESSION PREVALENCE AMONG WOMEN IN KELANTAN

Assalamualaikum and greetings to all respondent

Dear respondent,

We are students from University Malaysia Kelantan who are pursuing a Bachelor of Entrepreneurship (Wellness), under the Faculty of Tourism, Hospitality and Wellness (FHPK), from City Campus (KAMPUS KOTA).

We are asked to conduct a research survey as part of our Final Year Project (FYP). The purpose of this study is to examine the "**THE EXPLORING STUDY OF POSTPARTUM DEPRESSION PREVALENCE AMONG WOMEN IN KELANTAN**". For your knowledge, our target respondents to conduct this research survey are women who have experience after giving birth.

We greatly appreciate the views and feedback of you who volunteered in this study. All information shared is **CONFIDENTIAL** and not disclosed in research reports or publications.

Your cooperation is appreciated. Thank you.

Assalamualaikum dan salam sejahtera kepada semua responden

Responden yang dihormati,

Kami merupakan pelajar Universiti Malaysia Kelantan yang sedang mengikuti pengajian Ijazah Sarjana Muda Keusahawanan (Kesejahteraan), di bawah Fakulti Pelancongan, Hospitaliti dan Kesejahteraan (FHPK), dari Kampus Kota, Pengkalan Chepa.

Kami diminta untuk menjalankan tinjauan penyelidikan sebagai sebahagian daripada Projek Tahun Akhir (FYP) kami. Tujuan kajian ini adalah untuk mengkaji "**KAJIAN PENJELASAN TERHADAP KELAZIMAN KEMURUNGAN SELEPAS BERSALIN DALAM KALANGAN WANITA DI KELANTAN**". Untuk pengetahuan saudari, sasaran responden kami untuk menjalankan tinjauan penyelidikan ini adalah golongan wanita yang mempunyai pengalaman selepas bersalin.

Pandangan dan maklum balas saudari secara sukarela di dalam kajian ini amat kami hargai. Semua maklumat yang dikongsikan adalah **SULIT** dan dirahsiakan serta tidak didedahkan dalam laporan kajian atau penerbitan.

Kerjasama anda amat dihargai. Terima kasih.

Disediakan oleh:

1. AIMEELIYA BINTI MOHD SHAM (H20A1062)

2. CHAN PEI LING (H20A1118)

3. MUHAMMAD KHUZAIMI BIN ZAMURI (H20A1895)

4. NIK NOR SHAHIEDA BINTI NIK MOOD (H20A1344)

PART A : DEMOGRAPHIC PROFILE

BAHAGIAN A : PROFIL DEMOGRAFI

Part A consists of 9 question. In this section, researcher will ask about respondent's demographic information. Please tick (/) in your answer.

Bahagian A mengandungi 9 soalan. Dalam bahagian ini, penyelidik akan bertanya mengenai maklumat demografi responden. Sila tandakan (/) dalam jawapan anda.

1. Age / Umur

	18 – 29
	30 – 39
	40 – 49
	50 – 59
	60 above

2. Race / Bangsa

	Malay
	Chinese
	Indian
	Others

3. Educational Status / Status Pendidikan

	Does not to school
	Primary School
	PMR / PT3
	SPM
	STPM / Sijil / Diploma / Asasi / Matrikulasi
	Bachelor
	Master
	Phd

4. Employment Status / Status Pekerjaan

	Self-employed
	Government Worker
	Private Sector Worker
	Student
	Retired

5. Residential Area / Kawasan Kediaman

	City / Bandar
	Rural / Luar Bandar

6. How many children do you have?

   Berapakah bilangan anak anda?

	1
	2
	3
	4
	5
	6
	Others:

7. History of mental health examination in previous pregnancies.

   Sejarah pemeriksaan kesihatan mental pada kehamilan terdahulu.

	Yes
	No

8. Are you pregnant now?

   Adakah anda sedang hamil sekarang?

	Yes
	No

PART B : THE EXPLORING STUDY OF POSTPARTUM DEPRESSION PREVALENCE AMONG WOMEN IN KELANTAN

BAHAGIAN B : KAJIAN PENJELASAN TERHADAP KELAZIMAN KEMURUNGAN SELEPAS BERSALIN DALAM KALANGAN WANITA DI KELANTAN

Based on your opinion, please indicate the answer that best fits the scale given below. You are free to indicate your response between one (1) for Strongly Disagree to five (5) Strongly Agree.

Berdasarkan pendapat anda, sila nyatakan jawapan yang paling sesuai dengan skala yang diberikan di bawah. Anda boleh memilih jawapan antara satu (1) untuk Sangat Tidak Setuju sehingga lima (5) Sangat Setuju.

1 - Strongly Disagree / Sangat Tidak Setuju

2 - Disagree / Tidak Setuju

3 - Neither Agree or Disagree / Tidak Juga Setuju atau Tidak Setuju

4 - Agree / Setuju

5 - Strongly Agree / Sangat Setuju

QUESTION 1 : POSTPARTUM DEPRESSION

SOALAN 1 : KEMURUNGAN SELEPAS BERSALIN

No	Question	1	2	3	4	5
1	I felt very sad and miserable after giving birth. *Saya berasa sangat sedih dan sengsara selepas bersalin.*					
2	I would blame myself for no reason when I had problems. *Saya akan menyalahkan diri sendiri tanpa sebab apabila mempunyai masalah.*					
3	I will feel anxious or worried for no good reason after giving birth. *Saya akan berasa cemas atau bimbang tanpa sebab yang kukuh selepas bersalin.*					
4	I would feel so unhappy that I would have difficulty sleeping after giving birth. *Saya akan berasa tidak berpuas hati sehingga mengalami kesukaran untuk tidur selepas bersalin.*					
5	I would feel so unhappy that it would cause me to cry for no reason. *Saya akan berasa sangat tidak berpuas hati sehingga menyebabkan saya menangis tanpa sebab.*					
6	I will feel fear or panic for no good reason. *Saya akan berasa takut atau panik tanpa sebab yang kukuh.*					
7	Thoughts of hurting myself would cross my mind after giving birth. *Fikiran untuk mencederakan diri saya akan terlintas di fikiran saya selepas bersalin.*					
8	I have been able to laugh and see the funny side of things after giving birth. *Saya telah dapat ketawa dan melihat sisi lucu sesuatu selepas bersalin.*					

QUESTION 2 : SYMPTOMS OF POSTPARTUM DEPRESSION

SOALAN 2 : SIMPTOM KEMURUNGAN SELEPAS BERSALIN

No	Question	1	2	3	4	5
1	I feel alone, despite just having added a baby to my life. *Saya berasa bersendirian walaupun baru sahaja mempunyai bayi dalam hidup saya.*					
2	I feel uncontrollably sad and can't stop crying or shake off feelings of sadness. *Saya berasa sedih tanpa kawalan dan tidak boleh berhenti menangis atau menggoncang perasaan sedih.*					
3	I feel completely overwhelmed, as though I will never be a good mom. *Saya berasa benar-benar sedih, seolah-olah saya tidak akan menjadi ibu yang baik.*					
4	I feel out of focus and can't concentrate on anything, least of all my newborn. *Saya berasa tidak fokus dan tidak dapat menumpukan perhatian kepada semua perkara, terutamanya bayi saya yang baru lahir.*					
5	I feel no bond or connection to this new life I helped create. *Saya merasakan tiada ikatan atau hubungan dengan kehidupan baru ini yang dibuat oleh saya.*					
6	I have thoughts of harming myself or baby. *Saya mempunyai pemikiran untuk merosakkan diri sendiri atau bayi.*					
7	I feel constantly irritated or angry, and have zero patience. *Saya berasa sentiasa jengkel atau marah dan berasa tidak sabar.*					
8	I have trouble falling asleep or sleeping too much. *Saya mengalami masalah tidur atau tidur terlalu banyak.*					

QUESTION 3 : RISK FACTORS OF POSTPARTUM DEPRESSION

SOALAN 3 : FAKTOR RISIKO KEMURUNGAN SELEPAS BERSALIN

No	Question	1	2	3	4	5
1	I faced high life pressure after giving birth. *Saya menghadapi tekanan hidup yang tinggi selepas bersalin.*					
2	I experienced a lack of social support after giving birth. *Saya mengalami kekurangan sokongan sosial selepas bersalin.*					
3	My lifestyle changed after I gave birth. *Perubahan gaya hidup saya berubah selepas saya melahirkan anak.*					
4	I always feel worried and sad after giving birth. *Saya sentiasa berasa bimbang dan sedih selepas melahirkan anak.*					
5	I had problems breastfeeding after giving birth. *Saya mengalami masalah penyusuan susu ibu selepas bersalin.*					
6	I got support from my family members after giving birth. *Saya mendapat sokongan daripada ahli keluarga saya selepas bersalin.*					
7	I experienced physical changes after giving birth. *Saya mengalami perubahan fizikal selepas bersalin.*					
8	I have a history of depression in my family. *Saya mempunyai sejarah kemurungan dalam keluarga saya.*					

QUESTION 4 : IMPACT OF POSTPARTUM DEPRESSION

SOALAN 4 : IMPAK KEMURUNGAN SELEPAS BERSALIN

No	Question	1	2	3	4	5
1	I get postpartum depression much later after the birth of my child. *Saya mendapat kemurungan selepas bersalin selepas kelahiran anak saya.*					
2	I don't feel bonded to my baby. *Saya tidak berasa terikat dengan bayi saya.*					
3	I start a support group for women with perinatal mood and anxiety disorder. *Saya memulakan kumpulan sokongan untuk wanita yang mengalami emosi peranakan dan gangguan kecemasan.*					
4	Postpartum depression can give effect to children. *Kemurungan selepas bersalin boleh memberi kesan kepada kanak-kanak.*					
5	I'm worry that I might hurt myself or others. *Saya bimbang saya mungkin mencederakan diri sendiri atau orang lain.*					
6	Risk factors are things that make it more likely that I will get illness as compared to someone else. *Faktor risiko ialah perkara yang menyebabkan saya lebih berkemungkinan mendapat penyakit berbanding orang lain.*					
7	I have taken medication to get be treated for postpartum depression. *Saya telah mengambil ubat untuk mendapatkan rawatan kemurungan lepas bersalin.*					
8	Anyone can get postpartum depression. *Sesiapa sahaja boleh mendapat kemurungan selepas bersalin.*					

End of The Survey

Soal Selidik Tamat

FINAL PPTA

ORIGINALITY REPORT

24%	22%	4%	11%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	discol.umk.edu.my Internet Source	14%
2	umkeprints.umk.edu.my Internet Source	1%
3	Rena Bina. "The Impact of Cultural Factors Upon Postpartum Depression: A Literature Review", Health Care for Women International, 2008 Publication	1%
4	umpir.ump.edu.my Internet Source	<1%
5	Submitted to Universiti Teknologi MARA Student Paper	<1%
6	myscholar.umk.edu.my Internet Source	<1%
7	Submitted to Glyndwr University Student Paper	<1%
8	ir.umk.edu.my Internet Source	<1%