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RELATIONSHIP BETWEEN TRADITIONAL POSTNATAL CARE SERVICES UTILIZATION AND EMOTIONAL STATUS AMONG WOMEN

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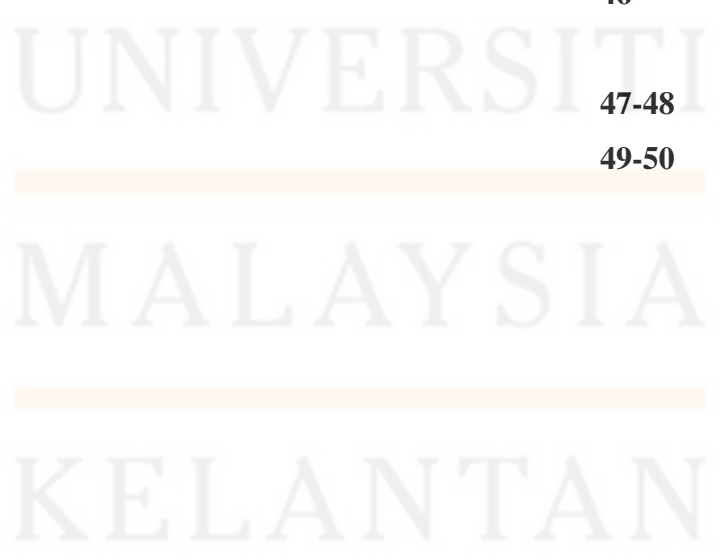
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LISTS OF SYMBOLS AND ABBREVIATIONS

WHO	World Health Organization
SES	Socioeconomics Status
COVID 19	Coronavirus disease 2019
SPSS	Statistical Package for the Social Sciences
PND	Postnatal depression
EPDS	Edinburgh Postnatal Depression Scale
CL	Confinement lady
IV	Independent Variable
DV	Dependent Variable
TCM	Traditional and Complementary Medicine

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ABSTRACT

This is a cross-sectional study to determine the relationship of traditional postnatal care services utilization (massage, hot stone, and body wrap) and postnatal depression (PND). A total of 97 postpartum mothers who utilize traditional postnatal care service in Kelantan was involved in this study. Postnatal mothers completed a set of questionnaires on sociodemographic characteristics, postnatal care service utilization, and the Edinburgh Postnatal Depression Scale (EPDS). The prevalence of PND was 37.1 %. This study has not found a significant association between traditional postnatal care service utilization (massage, hot stone, body wrap) and PND among postpartum mothers.

Keywords: Postnatal Care Service, Postnatal Depression, Kelantan

ABSTRAK

Ini adalah kajian keratan rentas untuk menentukan hubungan penggunaan perkhidmatan penjagaan selepas bersalin tradisional (urut, batu panas, dan balut badan) dan kemurungan selepas bersalin (PND). Seramai 97 orang ibu selepas bersalin yang menggunakan perkhidmatan penjagaan selepas bersalin tradisional di Kelantan terlibat dalam kajian ini. Ibu selepas bersalin melengkapkan satu set soal selidik mengenai ciri sosiodemografi, penggunaan perkhidmatan penjagaan selepas bersalin, dan Skala Kemurungan Selepas Bersalin Edinburgh (EPDS). Kelaziman PND ialah 37.1%. Kajian ini tidak menemui perkaitan yang signifikan antara penggunaan perkhidmatan penjagaan selepas bersalin tradisional (urut, batu panas, balut badan) dan PND dalam kalangan ibu selepas bersalin.

Kata Kunci: Perkhidmatan Penjagaan Selepas Bersalin, Kemurungan Lepas Bersalin, Kelantan

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

This chapter begins with explanation about the background of the study, problem statement, research questions, research objectives, significance of the study, definition of the terms and lastly closed with the summary of this research. For this chapter, researchers study stress factors that cause postnatal depression in women.

1.2 BACKGROUND OF THE STUDY

A critical time in both the mothers and the baby is the postpartum period. It is a period of getting used to being a parent, when small children and adults form safe attachments, and when ties to the family and the community can grow. Some mothers and babies also have health issues. There are few specific postpartum maternal death or morbidity statistics. However, according to the most recent statistics, problems associated with pregnancy, childbirth, or the postpartum period are thought to be the cause of 303,000 maternal fatalities annually. Most of these fatalities happen after delivery, with postpartum hemorrhage being the leading cause of death for mothers.

The majority of these fatalities take place following childbirth, with postnatal depression being the main factor in maternal fatalities. There is currently more information available on infants, and current estimates indicate that there are over three million neonatal deaths annually, most of which are preventable within the first 28 days of life. The importance of postnatal care for mothers and newborns is emphasized in the Global Strategy for Women's, Children's, and Adolescent Health 2016–2030 as a means of minimizing needless deaths and promoting health and well-being. In order to lower mother and newborn mortality, the World Health Organization (WHO) encourages measures that give the postpartum period a lot of attention. The stage of life that comes right after giving birth is the postnatal period, according to the definition. The first six weeks following childbirth are universal across cultures, and the WHO defines the postnatal phase as starting immediately after the infant is born and lasting up to six weeks (42 days) after birth. However, its duration varies depending on the culture. The postnatal phase is frequently broken down into the immediate (first 24 hours), early (days 2-7), and late (days 8-42) periods in terms of care delivery. Postnatal care was expected to be provided in a variety of venues with a focus on the baby's critical clinical indicators and the mother's overall health. Early and late postnatal care is more likely to be provided in the community and will prioritize the health and wellbeing of the mother and the newborn. Healthcare professionals can encourage effective breastfeeding practices, check for postpartum depression, track the baby's growth and general health, treat complications related to childbirth, advise women about their family planning options, and refer the mother and baby for specialized care as needed during postnatal contacts.

1.3 PROBLEM STATEMENT

Indeed, mothers who are pregnant until they give birth are very vulnerable to depression. Therefore, they really need support from the people around them, especially their partners, family and friends. Mothers who have just given birth really need social support from the people around them so that they don't stress. They need to be well taken care of emotionally, physically and mentally so that they don't act out and hurt themselves or their children. Women who are in confinement and do not take good care of themselves will act aggressively to hurt themselves as if they want to commit suicide. If their emotions are not taken care of in this situation it will lead to suicidal attempts. If the mother's mental and emotional health is not monitored it will last and become worse. For example, suicidal. One of the main causes of mortality around the world and a significant public health problem is postpartum suicidality (O Aloba, 2019). Suicidality was substantially correlated with depression, a poorer quality of life, inadequate support from the spouse and in-laws, difficult newborn care, and the baby's hospitalization.

Previous studies found that traditional postnatal care could be beneficial not only for physical health but also emotional health. Therefore, the purpose of this study is to investigate the variables that affect women who visited particular health clinics' emotional status.

1.4 RESEARCH QUESTIONS

1. Is there any relationship between postnatal massage service utilization and emotional status?
2. Is there any relationship between hot stone compression service utilization and emotional status?
3. Is there any relationship between body wrap service utilization and emotional status?

1.5 RESEARCH OBJECTIVES

1. To determine the relationship between postnatal massage service utilization and emotional status.
2. To determine the relationship between hot stone compression service utilization and emotional status.
3. To determine the relationship between body wrap service utilization and emotional status.

1.6 SIGNIFICANT OF THE STUDY

This study is important because it was carried out to understand how important emotional care is for mothers after giving birth. For mothers who experience postnatal depression (PND), it can damage the growth and safety of the child as well as the mother's ability to care for and bond with her baby. Rarely, do new mothers injure their newborns or themselves. Maternal depression may also cause impaired mother-child relationships and disrupted bonding. PND must be treated and treated as soon as possible for the sake of the mother and her newborn. Therefore, there are several ways to overcome this problem. Among them, taking care of postpartum care. Hormonal imbalances can affect a woman's emotions. With this, postpartum care can help women go through the hormonal and emotional recovery process better.

1.6.1 BODY OF KNOWLEDGE

This study will contribute to the body of knowledge on the relationship between postnatal care service utilization and emotional status among women. With the presence of people who take care of the mother after giving birth, it can reduce the stress on the mother. All will be carefully looked after by the confinement lady in terms of sleeping, taking care of nutrition, body wrap and not forgetting to take care of the baby. Confinement lady also communicates a lot with the mother.

1.6.2 FUTURE STUDY

This research will provide useful findings of study to develop intervention programs in reducing, minimizing postnatal depression (PND) among postpartum mothers.

1.6.3 TRADITIONAL POSTNATAL CARE SERVICE PROVIDES

Abstinence after childbirth is a traditional practice after a mother gives birth. For pregnant mothers, it is important to take care of emotions. Therefore, aftercare is very important. With postnatal care, the mother's emotions will be awakened because everything has been done by the confinement lady such as body massage, hot stone and body wrap.

1.7 DEFINITION OF THE TERMS

1.7.1 EMOTIONAL STATUS

Emotional has to do with the different chemical alterations connected to thoughts, feelings, behavioral responses, and a certain level of pleasure or discomfort. These statuses are frequently entwined with personality, temperament, and mood (yourself team,2023).

1.7.2 POSTNATAL DEPRESSION

Some women suffer from postnatal depression (PND), a complex combination of behavioral, emotional, and physical changes. PND is classified as a type of serious depression that begins within four weeks of giving birth, according to the DSM-5, a guide used to identify mental disorders. Postpartum depression is diagnosed based on the severity of the depression as well as the amount of time between delivery and onset (Debra Fulghum Bruce, 2022).

1.7.3 POSTNATAL MASSAGE SERVICE UTILIZATION

A type of massage therapy called postpartum massage is intended to speed up the body's healing after childbirth. The massage can ease your sore muscles, encourage lymphatic drainage, and possibly even help you deal with the emotional aspects of giving delivery (Lou Mudge, 2022)

1.7.4 HOT STONE COMPRESSION SERVICE UTILIZATION

As a form of therapy and healing, ancient civilisations used stone massage and related techniques involving the positioning of objects at various temperatures (Davidson & Tish, 2005). The heat and movement of the stones stimulate blood flow in the circulatory system, which is a primary benefit of the practise and encouraging the release of toxins. To intensify these effects, hot stones can be put on or under specific body parts (Jones & Bartlett Learning, 2022).

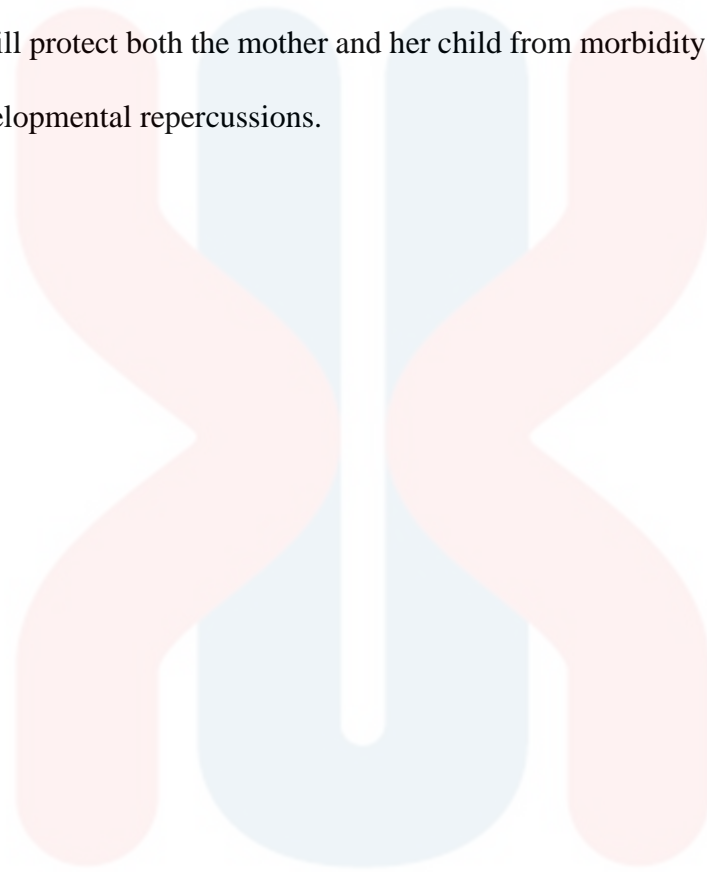
1.7.5 BODY WRAP SERVICE UTILIZATION

Body wrap or abdominal binding is another treatment that is frequently used in postpartum care. This is accomplished by applying a herbal paste composed of particular herbs and spices to the entire abdomen prior to binding. A long, corset-like piece of fabric is used to tightly wrap or bind the abdomen, covering the region from just below the breast to the thighs. The woman's body size would determine the size of the barut. After childbirth, this procedure seeks to recover and deflate the woman's abdomen and to restore the mother's original body posture and shape (Zuraidah Mohd Yusoff et al, 2018).

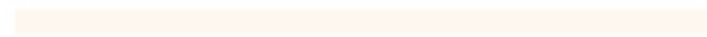
1.8 SUMMARY

According to the data, between a quarter and a fifth of postnatal moms in low- and middle-income nations experience depression, indicating that the condition is widespread in the area. Postpartum moms are more likely to experience depression if they have a bad obstetric history, lack of social support, a history of common mental disorders and childhood violence, low socioeconomic position, and difficulties with the health of the mother and the baby. Postpartum women who receive confinement care or any type of specialized care, such as body wraps, hot stones, and massages. This is due to the fact that women who use a service like this after giving birth have a lower risk of developing emotional disorders like postnatal depression. These results were consistent among studies that employed self-report scales and made a clinical diagnosis of depression. Because the mother's mental condition is readily influenced after giving birth if not monitored and she needs to be surrounded by people to take care of her, the likelihood that she will be anxious and uncontrolled after giving birth is

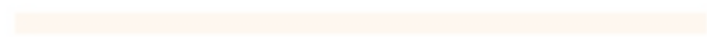
reduced when there is such a service. According to the most recent research, early postpartum screening of mothers beginning within the first four weeks following delivery and prompt intervention will protect both the mother and her child from morbidity, death, disability, and long-term developmental repercussions.



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CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This section will describe postnatal depression, the prevalence of postnatal depression after giving birth, the factors that associated postpartum depression. Not forgetting, this chapter will explain the research hypothesis, conceptual framework, and it will be closed with the summary of this research.

2.2 DEFINITION POSTNATAL DEPRESSION

Postpartum depression is a mental condition that develops after childbirth and involves emotional, physical, and behavioral changes (Iskandar Zulkarnain,2021).

2.3 PREVALANCE OF POSTNATAL DEPRESSION IN WOMEN

2.3.1 GLOBAL LEVEL

Postnatal depression experienced by women following birth range incorporates physical, cognitive and emotional symptoms similar to those reported in the general depressed population. Findings indicate that between 10%-16% of women globally experience postnatal depression. It is linked to an early end to breastfeeding, which may be

detrimental to the infant's long-term development. The complicated and poorly understood mechanisms underlying the link between mental health and women's decisions to start and continue breastfeeding. According to the survey, just 7.2% of pregnant women engage in moderate physical activity. 9.0% and 31.9%, respectively, of pregnant and postnatal women reported having depression symptoms. When relevant confounders were taken into account, pregnant women who engaged in less physical activity were more likely to experience postpartum depressive symptoms (OR=3.15, CI: 1.98-5.02). A depressed disorder called postnatal depression can develop after giving birth and linger for up to a year. Mothers experience postpartum depression everywhere in the world between 0.5% and 63.3% of the time. The most prevalent psychological disorder after giving birth is postpartum depression (PPD), which can be harmful to the social and cognitive development of partners, children, and infants. This study's objective was to provide a thorough overview of the most recent research on the global epidemiology of PPD. The final analysis comprised a total of 565 studies from 80 different nations or regions. 17.22% (95% CI 16.00-18.51) of the global population were found to have postpartum depression. According to a meta-regression analysis, the causes of heterogeneity were study size, country or region income, and country or region development (Wang, Z., Liu, J., Shuai, H. et al,2021).

2.3.2 DEVELOPED COUNTRIES

Prevalence of postnatal depression in women in Europe having the lowest which is 8%,95% Ci 0.05-0.11 (Shefaly Shorey,2018). Epidemiological studies report variable rates of PPD around the world. In high-income countries, the estimated prevalence of PND ranges from 5% to 20% and may be even higher. In affluent nations, the prevalence of PND ranges

from 1.9% to 82.1%, with Germany reporting the lowest incidence and the United States reporting the greatest frequency (Justine Slomian,2019. Notably, PND was far less common in developed or wealthy locations. Furthermore, when factors like marital status, level of education, social support, spouse care, violence, gestational age, breastfeeding, child mortality, pregnancy plan, financial difficulties, partnership, life stress, smoking, alcohol use, and living circumstances were included in the pooled estimates, the results revealed that there was a significant difference in PND rates. (Ziyi Wong, J.L, 2021).

2.3.3 DEVELOPING COUNTRIES

According to reports, the prevalence of postpartum depression ranges from 0.5% to 60% globally and from 3.5% to 63.3% in Asian countries, with Pakistan having the highest rates. In Asian societies, one of the causes of PND may be that women lack the authority to refuse the customs that are forced upon them by their caretakers. Another reason may be unsatisfactory prior relationships between the moms and their careers, which causes mothers to have problems during their confinement period. Thirdly, some aspects of these customary rituals may be what's causing people's anxiety, stress, and emotional pain. Mental breakdown may result from emotional difficulties brought on by the insistence on performing traditional rituals during the postpartum period. According to population-based epidemiological studies, depressive disorders are rare (0.9-2.4%) in the Chinese population. Estimates of the prevalence of PND in China currently range from 4.7% to 27.4% due to differences in PND definition criteria, time period under consideration and population characteristics (Guodong Ding,2020).

2.3.4 MALAYSIA

Overall, 14.3% of mothers had experienced depression within the first six months after giving birth. The prevalence of postpartum depression has been reported from 0.5% to 60% worldwide, and from 3.5% to 63.3 in Asian countries where Malaysia has the lowest and highest rates. In the Kota Kinabalu and Penampang Districts of Sabah, Malaysia, five mother and child health clinics undertook a prospective longitudinal study of maternal depression between 2009 and 2010. Sabah, a state in East Malaysia with a population of 3.5 million is located on the island of Borneo. However, in some countries such as Malaysia, there are few reports of PPD or postpartum depression symptoms.

2.4 FACTORS ASSOCIATED WITH POSTNATAL DEPRESSION

2.4.1 SOCIOECONOMIC

Depression is the leading cause of disease-related disability in women. Postpartum depression is one of the major depressions that will only be experienced by women who are within 3 months of giving birth. These symptoms of depression should not be taken lightly because they affect not only the women who experience them but also affect the development of children, harmony and functionality of the family and can even threaten the lives of themselves and individuals in their environment. Symptoms of depression not only give psychological problems to the individual who experiences it but also to the harmony and functionality of the family.

Factors that contribute to the tendency to experience postpartum depression include socio-economic factors, various stressful events, depressed mood after childbirth, early separation of the mother-child relationship and negative childbirth experiences, low level of education, maternal health problems during pregnancy, health problems after childbirth, low marital satisfaction, low social support, low self-esteem and others.

Negative pregnancy outcomes may be more likely in those with low socioeconomic level, although it is yet unknown whether this link is caused by insufficient prenatal care. One of the key variables influencing medical outcomes is socioeconomic status (SES). When SES is low, medical care is inadequate and this has been associated with poor outcomes. External factors including low income, a poor quality of life, and a bad diet can lead to difficulties like premature birth, low birth weight, preeclampsia, perinatal death, and spontaneous abortion and tend to raise the chance of future health complications in mothers and children.

2.4.2 PSYCHOLOGICAL

It has been determined that a woman's first pregnancy is a crucial life event. From a psychological standpoint, the first pregnancy actually marks the beginning of motherhood, a significant developmental stage with repercussions for mothers, the infant-mother bond, and the infant's growth. A woman's maternal identity emerges during her first pregnancy through the restructuring of her mental self-representation and the development of other important relationships. The woman's mental self-representation makes the maternal component more prominent, which prompts her to reflect on her relationship with her own mother. The mental

couple image gradually changes with the integration of the family image, and the marital relationship is reorganized with the parental component. The first child's birth may temporarily alter the couple's relationship's quality, which is determined by the parents' capacity to adjust to changing requirements (Martina Smorti, Lucia Ponti & Federica Pancetti, 2019).

PND has been linked to problems in maternal and romantic relationships, including marital instability and a lack of support from the mother and spouse. Priel and Besser also found that prenatal attachment and PND were highly associated. Lower levels of postpartum depression symptoms were linked to higher levels of antenatal connection to the expectant child. The eventual emergence of PND may be influenced by stressful living circumstances, a lack of social support from peers or medical experts, or both (Federica Pancetti, Lucia Ponti, and Martina Smorti, 2019).

Prenatal depression and anxiety were found to be closely related to PND levels. Additionally, there was a strong and positive correlation between prenatal anxiety and depression. Our findings demonstrated a significant correlation between prenatal psychopathology and the potential to develop PND in terms of psychopathological traits. Previous research has shown that nulliparous women with high levels of anxiety and depression throughout pregnancy are more likely than women with moderate levels to experience PND symptoms prior to delivery (Martina Smorti, Lucia Ponti & Federica Pancetti, 2019).

2.4.3 SOCIO-EMOTIONAL (IMPACT of COVID-19 CRISIS)

It is anticipated that the COVID-19 pandemic will increase pre-existing risk factors for mental health issues by disrupting daily living. This may be especially true for mothers who deliver their babies in times of stress, especially those who are at a higher risk of developing postpartum depression. The well-being of mothers and their children is significantly impacted by maternal postnatal depression, which has been recognized as a public health concern. It has been proposed that some of the health measures required to stop the COVID-19 virus from spreading could concurrently affect these several established risk factors and increase the likelihood of postpartum depression in more women.

For instance, physical distance and home isolation measures may prevent new mothers from receiving support from friends and family after the birth of their child. This may include supporters who no longer have access to international travel, those who reside across the country, as well as those who may be physically closer but are unable to visit due to safety measures requiring physical distance. Physical distance measures can lead to loneliness because it takes a lot of postnatal care to end them, which limits the number of people moms can turn to for social and practical help. Additionally, due to isolation policies or restrictions, certain mother-infant pairs might not be allowed to give birth or continue breastfeeding. Breastfeeding for a shorter amount of time has been linked to less. Some of these women may be at higher risk for postnatal depression given that duration of breastfeeding has been linked to decreased postpartum depression and increased depressed symptoms. When deciding how to support and offer interventions to lessen the socio-

emotional impact on women and their children during and after the global pandemic crisis of COVID-19, there are a number of important risk factors to take into account. The study expected that postnatal depression will become more common in the general population after the COVID-19 crisis phase because evidence from the crisis indicates that some risk variables will be more adversely affected than others. The primary goal of this research is to analyze the existing summary data in order to compile a list of proven risk factors for postnatal depression. This will help identify the spectrum of risk factors that are most susceptible to the effects of the COVID-19 crisis (Front. Glob. Womens Health, 2020).

2.4.4 MOTHERHOOD

This study revealed a substantial relationship between the pressure to get pregnant and postpartum depression, which is a subtype of family support.

In contrast to a study conducted in Lalitpur, which found a link between parity and postnatal depression, this study found no statistically significant association between parity and the occurrence of PND. According to this study, moms who had an unplanned pregnancy were more likely to experience postnatal depression, which was in line with research done in Qatar and Dhaka, Bangladesh. Unwanted pregnancy may result in unpleasant and challenging situations that can lead to stressful parenthood and depressive symptoms. In this study, there was a substantial relationship between delivery-related issues and postpartum

depression. Few additional research have confirmed this finding, demonstrating a connection between postnatal depression and maternal- or delivery-related issues.

Found that moms who breastfeed for fewer than six months are more likely to experience depression. In a study of mothers in Malaysia, a comparable conclusion was reached. But no correlation between feeding style and postpartum depression is seen in this study. This is explicable by the fact that most of the mothers in this study practiced exclusive breastfeeding. According to studies, formula feeding or a combination of the two does not promote mother-infant bonding, whereas exclusively breastfeeding has a higher likelihood of lowering the risk of postpartum depression (Mariya Chalise et al, 2009).

2.5 HYPOTHESES

H1. There is a significant association between postnatal massage service utilization and postnatal depression among postpartum mothers.

H2. There is a significant association between hot stone of traditional complementary medicine compression service utilization and postnatal depression among postpartum mothers.

H3. There is a significant association between body wrap treatment service utilization and postnatal depression.

2.6 CONCEPTUAL FRAMEWORK

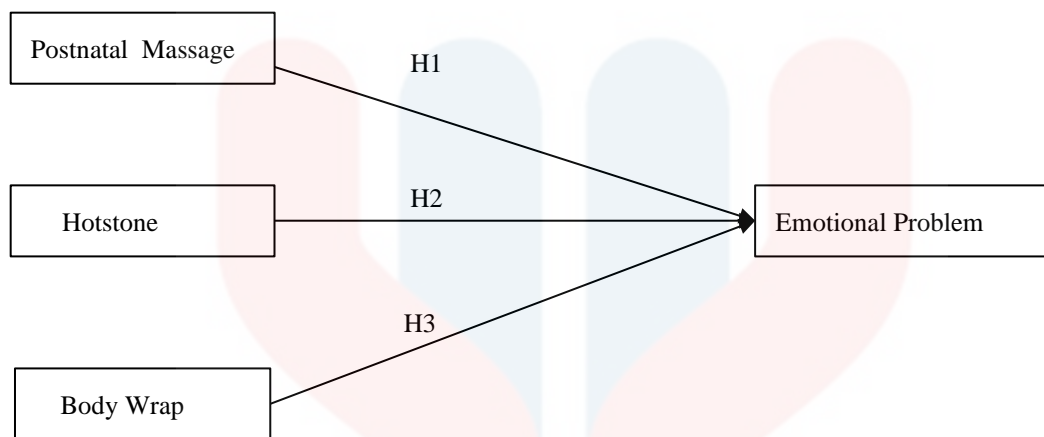


Figure 2.1: Conceptual Framework

2.7 SUMMARY

It is discussed the factors associated with postnatal depression. The impact is emotional problem among women in Kelantan.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

This chapter will explain research design, population and sample size. Moreover, will explain about sampling method, data collection procedure, research instrument, data analysis and it will be closed with a summary in this research.

3.2 RESEARCH DESIGN

There are two types of approach which are quantitative and qualitative. The research type in this study is quantitative. Quantitative approach is a technique of collecting, analyzing, interpreting and writing the data that the researcher got for the study. The approach of using quantitative will aid the research in obtaining data through the responding to relational questions of variables in study. Researchers only distributed the questionnaire once.

A cross-sectional study is a style of research design in which gather information from a larger number of individuals all at once. In cross-sectional research, variables are observed

without being changed (Lauren Thomas, 2020). A cross-sectional study design has the advantages of enabling researchers to compare numerous factors at once. A particular research technique used to gather information from a specific point in time is a cross-sectional study. The data was gathered from a set of volunteers known as variables, each of whom had distinctive characteristics and demographic. Age, gender, income, education, geography, and ethnicity are just a few examples of variables. Quantitative approaches tend to address research problems that require a description of tendencies or an explanation of the relationship between independent variables and dependent variables. The analysis obtained will provide information about the mother's emotional status after childbirth.

3.3 POPULATION

The population may consist of a collection of people, groups, or larger artifacts that share one or more of the characteristics that are the focus of a study. A population is a whole person or thing that researchers are interested in. The term "population" describes the total set of all study observations.

Target populations are the people or groups that public policy initiatives such as laws, agency regulations, or operational programmes select for behavioural transformation. These are the folks who benefit from policy opportunities and are held to strict policy standards.

Without target groups acting in a way that is compatible with the goals that informed the creation of the policy, it is doubtful that policies would have the desired consequences. This is thus because the success of public policy virtually always depends on people.

Researchers can typically use population to pinpoint flawed populations. It is also possible to arrange it based on all the cases involved, reinforce virtually any region, or make it roughly the same size. Therefore, 30 to 500 postpartum mother that use the confinement centre in Kelantan. Will participate in this study are the target group for this research.

3.4 SAMPLE SIZE

For analytical representativeness and the veracity of the conclusions, sample size is crucial (Koumano,2017). Typically, the population determines the sample size. In this study, the population size in this study was unknown. Therefore, sample size between 30 to 500 was acceptable.

3.5 SAMPLING METHOD

Because sample selection in this study was based on the researcher's subjective assessment rather of a selection from a random sample, a non-probability sampling approach chosen. Due to the fact that the samples are not selected at random, the researcher will employ

the non-probability technique. Because the researcher is familiar with the specific characteristics of the population or respondents, purposive sampling will be used in this study. Mothers who use the service utilization at confinement Centre in Kelantan are the respondents.

3.6 DATA COLLECTION PROCEDURE

There are several collection methods in a research project. The information used in this study came from primary sources. The survey used in this research will be a questionnaire through the Google Form. The questionnaire is applied to collect the information about factors that are associated with emotional status among women after birth. The questionnaire was distributed to all customers that used service utilization at confinement centre in Kelantan. The questionnaire also was distributed through online platform like WhatsApp and Facebook.

3.7 RESEARCH INSTRUMENT

This questionnaire contains three parts, which are parts A, B, and C. For this study, a self-completed questionnaire will be designed to collect data. The questionnaire was adapted and developed to consider the differences in the background of the respondents. This

questionnaire uses Malay to avoid any difficulties. The advantage of using the questionnaire method is that it covers a wide area. When the sample population is spread over a wide area, it is arguably the best approach to collect information when compared to other methods such as surveys and observations. Second, there is the speed issue. Answers to the questionnaire method will come in pretty quickly. The survey can be completed without having to contact the respondents personally or proceed for a long time. The third method is the easiest. Compared to surveys, questionnaires are easier to design, create and administer. It does not require much technical knowledge or skills.

This instrument has three parts including the analysis part A, B, and C. The researcher made this based on the objectives of the study. In part A, the researcher will put the demographic profile of the respondent and some of the respective respondents, namely housewives or workers. For part B, and C, the researcher will investigate based on the study, namely psychological factors, financial factors, and physical activities that can affect emotions among women, especially postpartum mothers in Kelantan. In part A, the researcher will focus on the demographic details of the respondents including gender, race, age, cities and education level. Some functions are also mentioned in this part A to give them more understanding. In part A, there are alternative questions that allow respondents to choose the one that is closest to their own views. In addition, multiple-choice questions are also used in part A, which are questions that require the respondent to choose from several alternatives.

The researcher uses a question in part B to determine the percentage of women who receive postnatal massage therapy. The questions are graded, with 30 being the maximum possible score. The Likert Scale, which has four points, was found to be the most suitable

rating system for respondents to utilize while answering the survey's questions, according to the survey's researchers. The Likert Scale, which offers four possible responses, is only used in Sections B and C. This grading scheme is user-friendly and welcomes comments from users. On a conventional Likert scale, respondents' levels of agreement and disagreement with a given statement are measured on a four-point ordinal scale. Participants may select one of four options for this question: 1 denotes yes, fairly frequently, 2 denotes occasionally, 3 denotes scarcely ever, and 4 denotes never. Respondents are only allowed to select one response for each question. Women in Kelantan will respond especially postpartum mother.

3.7.1 QUESTIONNAIRE DESIGN

As a result, the suggestion of 4 questions assumes that the respondents will select just 1 out of 4 or 5 which one related options. The questions below include the example following:

Table 3.1: Example of questions

NO	SOALAN	SKOR
1	Saya dapat ketawa dan melihat kelucuan pada sesuatu perkara.	<input type="checkbox"/> Sebanyak mana biasa <input type="checkbox"/> Kurang daripada biasa <input type="checkbox"/> Sangat kurang daripada biasa <input type="checkbox"/> Tiada langsung
2	Saya menanti dengan penuh harapan bagi mendapat kenikmatan apabila melakukan sesuatu perkara.	<input type="checkbox"/> Sebanyak mana biasa <input type="checkbox"/> Kurang daripada biasa <input type="checkbox"/> Sangat kurang daripada biasa <input type="checkbox"/> Tiada langsung
3	Saya menyalahkan diri sendiri secara tidak sepatutnya apabila sesuatu yang tidak kena terjadi.	<input type="checkbox"/> Ya, sepanjang masa <input type="checkbox"/> Ya, kadangkala <input type="checkbox"/> Jarang sekali <input type="checkbox"/> Tiada pernah

Table 3.2: Example of questions (cont)

4	Saya berasa risau atau bimbang tanpa sebab.	<input type="checkbox"/> Tidak langsung <input type="checkbox"/> Amat jarang sekali <input type="checkbox"/> Ya, kadangkala <input type="checkbox"/> Ya, sangat kerap
5	Saya berasa takut atau panik tanpa sebab.	<input type="checkbox"/> Ya, sangat kerap <input type="checkbox"/> Ya, kadangkala <input type="checkbox"/> Jarang sekali <input type="checkbox"/> Tidak pernah
6	Saya dibebani oleh terlalu banyak masalah.	<input type="checkbox"/> Ya, kebanyakan masa saya tidak berupaya menanganinya langsung <input type="checkbox"/> Ya, kadangkala saya tidak berupaya menanganinya seperti biasa <input type="checkbox"/> Tidak, kebanyakan masa saya berupaya menanganinya dengan baik. <input type="checkbox"/> Tiada, saya berupaya menangani semua masalah dengan baik pada setiap masa.
7	Saya berasa sungguh sedih sehingga mengalami kesukaran untuk tidur.	<input type="checkbox"/> Kebanyakan masa <input type="checkbox"/> Kadang-kadang <input type="checkbox"/> Jarang-jarang sekali <input type="checkbox"/> Tidak pernah
8	Saya berasa sedih atau serabut.	<input type="checkbox"/> Ya, kebanyakan masa <input type="checkbox"/> Ya, agak kerap <input type="checkbox"/> Jarang-jarang sekali <input type="checkbox"/> Tidak pernah
9	Saya berasa sangat sedih sehingga saya menangis.	<input type="checkbox"/> Ya, kebanyakan masa <input type="checkbox"/> Ya, agak kerap <input type="checkbox"/> Hanya sekali sekala <input type="checkbox"/> Tidak pernah
10	Pernah terlintas di fikiran saya keinginan untuk mencederakan diri sendiri.	<input type="checkbox"/> Ya, kebanyakan masa <input type="checkbox"/> Ya, agak kerap <input type="checkbox"/> Amat jarang sekali <input type="checkbox"/> Tidak pernah

3.8 DATA ANALYSIS

The process of inspecting, rearranging, modifying and transforming data to extract useful information from it is known as data analysis. It is also critical to ensure that data analysis is carried out responsibly. Data analysis might be come in primary data and secondary data.

3.8.1 SOURCES OF DATA

Primary data is information that a researcher collects from first-hand sources for a particular study endeavor or purpose, such as surveys or questionnaires. The core data are gathered through the surveys. Primary data is the information that was initially gathered by the researcher or investigator from the questionnaires that were given to each respondent. It is also referred to as first-hand information because it is being obtained by researchers for study-related purposes. The most popular data collection method is the questionnaire since it allows the researcher to quickly gather a large number of replies because each responder was required to answer the same set of questions. Secondary data is essentially a compilation of information from already-published sources, such as articles from journals, newspapers, and websites.

3.8.2 TOOLS

The collected data was analyzed by the researcher using SPSS 28 (Statistical Package for the Social Sciences). Researchers can analyze data using the SPSS program to make predictions about group identification, numerical outcomes, and descriptive and bivariate statistics. The greatest statistical approaches to apply in study are also helped to find by SPSS software. The data will be gathered, transmitted, and analyzed using SPSS using Microsoft Excel. The statistics generated by SPSS include valid percentages and cumulative percentages, for example. This is one of the common mathematical systems that could be quite challenging to manage and assess using a straightforward way. This is a user-friendly application in the meantime. In order to produce tabulated results, including charts and distribution plots, SPSS could gather virtually any type of information.

3.8.3 DESCRIPTIVE ANALYSIS

The basic properties of the data in the analysis are defined using descriptive analysis. It gives a brief overview of the research and the steps done. They are the foundations of almost all quantitative data analysis, and they go hand in hand with simple graphical analysis. To offer objective explanations in a measured fashion, descriptive figures will be employed. Descriptive figures shall be used to present objective explanations in a measurable way. In a research study, there may have lots of measures or it may measure many people on any

measure. Descriptive analysis was used to describe the level of agreement of the variable. Descriptive statistics aid in the sensible simplification of large amounts of data. Each descriptive analysis simplifies a significant portion of the data.

The demographic profile of the respondents will be described using descriptive analysis, which will include percentages, frequencies, means, and average means. The range of the mean's table is used to evaluate whether respondents are more likely to agree or disagree with the survey's claims. A basic quantitative summary of a collection of data collected is sometimes referred to as descriptive analysis. It assists researchers in fully comprehending the data supplied and includes the relevant details to help put the findings into context.

3.8.4 RELIABILITY ANALYSIS

The dependability of the questionnaire was assessed using reliability analysis. The consistency with which a method measures something is another definition of reliability. The computation shall be deemed accurate if the same findings can be consistently achieved by applying the same methodology under the same circumstances. A computation's consistency is assessed by contrasting various iterations of the same calculation. In order to compare the same phenomenon with the same sample group using different assessment methods, the measure of parallel form dependability is calculated. To ensure that they carry out the same actions in the same order for each measurement, the researcher should carefully plan their

strategy. If several researchers are participating, it is actually especially crucial. Each respondent must be given the same material and assessed in the same way, according to the researcher's strict guidelines. Consideration should be given to reliability in the data collection process.

Table 3.2: Table of coefficients of Cronbach's alpha and the reliability level.

No	Coefficient of Cronbach's Alpha	Reliability Level
1	More than 0.90	Excellent
2	0.80-0.89	Good
3	0.70-0.79	Acceptable
4	0.6-0.69	Questionable
5	0.5-0.59	Poor
6	Less than 0.59	Unacceptable

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3.8.5 LOGISTIC REGRESSION

For a dichotomous dependent variable is predicted by a binary logistic regression, also known as a logistic regression, using one or more independent variables that can be either continuous or categorical. The dependent variable needs to be evaluated on a binary scale. Examples of dichotomous variables are gender (two groups: “males” and “female”), heart disease presence (two group: “yes” and “no”) and so on. In this study the dependent variable was categorized into two. The presence of postnatal depression (normal and depression). Independent variables can be categorical (i.e., an ordinal or nominal variable) or continuous (i.e., an interval or ratio variable). For example, test performance (measured from 0 to 100), weight (measured in kg), and other factors are examples of continuous, utilization postnatal care service were measured based on the scale.

3.9 SUMMARY

In this chapter, research design, population, sample size, and sampling method have been discussed. Other than that, the data analysis which is descriptive, correlation and reliability analysis also discussed in this chapter. However, this chapter is the short concepts to make a data collection procedure, research instrument and data analysis after it has been provided.

CHAPTER 4

RESULT AND DISCUSSION

4.1 INTRODUCTION

This chapter presents results of descriptive analysis, reliability test, and inferential analysis. Following that, research study findings were discussed.

4.2 RESULT OF DESCRIPTIVE ANALYSIS

The frequency analysis was part of the study's fundamental analysis. The questionnaire's section A data includes inquiries about the respondents' age, race, religion, degree of education, marital status, length of confinement, and district, among other sociodemographic factors. The mean and standard deviation for the remaining data were displayed. Frequency and percentage were used to depict categorical data. The demographic profiles of the respondents were shown in Table 4.1.

Based on descriptive analysis, mean age of respondents was 28 years old. Majority respondent were muslim (84.5%) and married (95.9%), having diploma (35.4%) within their

week 6 (29.9%) of confinement period and come from Kota Bharu (26.8%). In terms of traditional postnatal services utilization, majority postpartum mother often utilize postnatal massage, hot stone compression and body wrap. A total of 61 (62.9%) respondents have normal emotional status whereas, 36 (37.1%) respondents have postnatal depression.

Table 4.1: The results of demographic characteristics by respondents.

Variable	Frequency (n)/ Mean	Percentage/ Standard Deviation
Age (year)	28.32	4.95
Race		
Malay	82	84.5
Chinese	8	8.2
Indian	4	4.1
Others	3	3.1
Religion		
Islam	82	84.5
Buddha	8	8.2
Hindu	2	2.1
Christian	5	5.2
Marital Status		
Married	93	95.9
Divorce	4	4.1
Educational Level		
pHD	2	2.1
Master	3	3.1

Table 4.1: The results of demographic characteristics by respondents (conts).

Degree	26	27.1
Diploma	34	35.4
Certificate	4	4.2
SPM	24	25.0
PMR	2	2.1
None	1	1.0
Week		
Week 1	4	4.1
Week 2	10	10.31
Week 3	12	12.4
Week 4	27	27.8
Week 5	15	15.5
Week 6	29	29.9
District		
Kota Bharu	26	26.8
Pasir Mas	8	8.2
Tumpat	4	4.1
Bachok	13	13.4
Tanah Merah	11	11.3
Pasir Puteh	11	11.3
Kuala Krai	6	6.2
Machang	5	5.2
Gua Musang	5	5.2
Jeli	8	8.2

Table 4.1: The results of demographic characteristics by respondents (conts).

Massage		
Once or twice only practiced	16	16.5
Only sometimes practiced	24	24.7
Often practiced	34	35.1
Very often practiced	23	23.7
Hotstone		
Never practiced	3	3.1
Once or twice only practiced	7	7.2
Only sometimes practiced	24	24.7
Often practiced	35	36.1
Very often practiced	28	28.9
Bodywrap		
Never practiced	3	3.1
Once or twice only practiced	6	6.2
Only sometimes practiced	23	23.7
Often practiced	33	34.0
Very often practiced	32	33.0
Emotional Status		
Normal	61	62.9
Postnatal depression	36	37.1

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4.3 RESULT OF RELIABILITY TEST

Reliability test was conducted and Cronbach’s Alpha value for EPDS was 0.75. Cronbach’s Alpha value indicated that internal consistency of EPDS was acceptable. EPDS questionnaire was commonly used to assess postnatal depression.

4.4 RESULTS OF INFERENTIAL ANALYSIS

Results of the inferential analysis has not found significant association between traditional postnatal service utilization and postnatal depression. The p-values for postnatal massage, hot stone compression, and body wrap were above 0.05. Therefore, based on this study, these services have no statistically significant association with emotional status among postpartum mothers. Table 4.2 below show the details result of logistics regression.

Table 4.2: Table of inferential analysis (logistic regression)

Variabe	P-value	OR	95% Confident Interval (CI)	
			Lower	Upper
Massage	0.43	0.85	0.56	1.27
Hotstone	0.31	0.81	0.54	1.21
Bodywrap	0.76	1.06	0.71	1.58

4.5 DISCUSSION BASED ON RESEARCH FINDINGS

4.5.1 DISCUSSION BASED ON DESCRIPTIVE ANALYSIS

Majority respondents were Muslim and Malay. This could be due to the fact that most Malay people use Malay traditional and complementary medicine (TCM) postnatal because it is believed that postnatal service is effective and this cultural beliefs passed down from one generation to another generation.

The reproductive age for pregnant women is between the ages of 25 and 35 because there is no risk.

Majority respondents were married because postpartum mothers mostly use the service after giving birth if some people are busy, or for other reasons like having ability to pay the confinement lady (CL).

The significant representation of respondents from Kota Bharu indicates that the study was primarily conducted in this district. There are probably many urban women in Kota Bharu.

Percentage respondents having a diploma more suggests that a significant proportion of the participants had achieved a certain level of education. Most of the respondents have diplomas. This could be due to after completing a diploma and then not continuing to study at the next level.

Most of the respondents, postpartum mothers are within week 6 confinement period. This could be due to during week 6, postpartum mothers most likely almost recovered from the illness after delivery.

The study from Azidah et al. 2006 found a prevalence of PND of 20.7% among women in Kota Bharu, Kelantan. Comparing the prevalence of PND in this study with other studies conducted in different populations can provide insights into the burden of PND in the specific context of Kota Bharu, Kelantan. The relatively high prevalence of PND in this population could be attributed to various factors, such as cultural norms, socio-economic conditions, and specific stressors experienced by postpartum women in this region.

The prevalence of PND in Malaysia that was found by Siti Roshaidai et al, 2018 ranged from 6.8–27.3%, which has shown that the cases of PND were not as low as had initially been reported by two earlier reviews. The study conducted by Kit et al, 2020 reported a prevalence of PND in Malaysia as 3.9%. The first study, conducted by Azidah et al. 2006, reported a prevalence rate of PND 20.7%.

The second study, led by Roshaidai et al, found a slightly higher prevalence rate of 27.3%. However, this study revealed the highest prevalence rate among the three, with a significant 37.1% of individuals affected by the condition. These percentages represent the proportion of individuals within each study population who were identified as having the condition under investigation. Thus, the study indicates a relatively higher occurrence of the condition compared to both the Azidah and Roshaidai studies.

4.5.2 DISCUSSION BASED ON RELIABILITY ANALYSIS

The acceptable Cronbach's Alpha value for EPDS obtained in this study further supported by previous studies (Azidah et al & Roshaidai et al) the use of the EPDS questionnaire in clinical and research settings. It is important to note that while the EPDS questionnaire is a reliable tool, it should not be used as a diagnostic tool on its own. It is recommended that healthcare professionals use the EPDS questionnaire as part of a comprehensive assessment to determine if a woman is experiencing postnatal depression and to provide appropriate support and treatment.

4.5.3 DISCUSSION BASED ON INFERENTIAL ANALYSIS

4.5.3.1 TRADITIONAL POSTNATAL MASSAGE

This study found no significant association between traditional postnatal care service which is postnatal massage and PND. In contrast, Azidah et al, 2006 discovered that using postnatal massage services was a significant protective factor for PND, demonstrating that relaxing postnatal massage has a protective effect on the development of PND. Most postpartum mothers have a close friendship with their postnatal massage therapist. Differences in findings between this study and Azidah et al, 2006 could be attributed to a different methodological approach. Respondents in Azidah et al, 2006 were given a

questionnaire on three occasions whereas, this study distributed questionnaire for one occasion.

Apart from that, in terms of time frame, Azidah et al's study was conducted in 2006 which was 17 years back, almost 2 decades. However, this study was conducted in the modern era. Indeed, over this time period, there have likely been significant advancements and changes in various fields, including the subject matter of the research. In addition, there is a week after delivery difference and a 17-year age difference.

On the others hand, previous study mentioned that postnatal massage in Malaysia involves a deep tissue and therapeutic whole body massage performed by experienced Malay midwives. The massage technique starts from the top of the head and ends at the feet (Zuraidah Mohd Yusoff et al, 2018). Postnatal massage is deeply rooted in cultural traditions and beliefs. It is believed to aid in weight loss, toning the skin, enhancing blood circulation, and reducing body pain and numbness after childbirth. The utilization of postnatal massage services may vary across different cultures based on the availability of trained practitioners and cultural norms surrounding postpartum care.

4.5.3.2 HOT STONE COMPRESSION

There is also no significant association between traditional postnatal care service, hot stone compression with PND. However, according to a previous systematic review found different finding. The systematic review used search strategy on the research trend for the

period between the years 2013 to 2020 through the Scopus database, Science Direct, and PubMed database. The review has identified 7 journal articles based on the preferred reporting items for the systematic reviews (PRISMA) framework. The systematic review reported that hot stone compression is significantly protective to postpartum health and can firm the stomach and relieve stomach pains (Sator et al, 2022). Apart from that, warm foot compresses are recommended since it can help to smooth out veins (Adilla Nur & Aidatul Azura, 2017). These effects could improve emotional status among postpartum mothers.

Hot stone compression is performed using heated objects known as ‘tungku.’ Two types of ‘tungku’ are mentioned: iron ‘tungku’ and stone ‘tungku.’ These heated objects are placed on herbal leaves such as *Alpinia galangal* and *Morinda Citrifolia* before being wrapped in a cloth. Hot stone compression is believed to aid in uterine contraction and dissolve blood clots in the uterus. It is seen as a therapeutic practice in postnatal care. The use of specific herbal leaves and the choice of ‘tungku’ weight reflect cultural beliefs and practices aimed at promoting physical recovery and healing after childbirth.

4.5.3.3 BODY WRAP

Besides, finding of this study has not found significant association between traditional postnatal care service which is body wrap and PND. However, application of a body wrap is strongly advised to restore the pre-pregnancy body shape (Adilla Nur & Aidatul Azura, 2017). According to Abdulrahman et al, (2018), a traditional medicinal (body wrapping)

system is a body of comprehensive knowledge, belief, and practice that is used or underused by individuals to address health issues or improve their health status. These individuals then pass on the accumulated information or knowledge to succeeding generations.

Limited number of published evidence on the effect of body wrap among postnatal mothers including its relationship with postnatal depression (PND). It is difficult to draw any inferences about their potential impact on PND. Further research is necessary to explore the effects of these traditional practices and to establish a clearer understanding of its relationship with PND.

Body wrap, known as barut or abdominal binding, involves applying an herbal paste made from specific herbs and spices to the abdomen before tightly wrapping it with a long cloth. The wrap covers the abdomen area from beneath the breast to the thighs. Body wraps aim to restore and deflate the abdomen, regain the mother's original body posture and shape, and provide support to the abdominal muscles. Body wraps are commonly used in various cultures to promote healing, provide warmth, and aid in toning the postpartum body. The specific herbs and spices used in the herbal paste may vary based on cultural beliefs and traditional medicinal practices. However, the effectiveness of these services in terms of their therapeutic benefits and impact on emotional well-being may vary among individuals. Cultural considerations should be taken into account when providing postpartum care, as these practices may hold significant meaning and value for women in Malaysia.

4.6 SUMMARY

This study was conducted to research the relationship between traditional postnatal care service utilization and emotional status among women in Kelantan. There were 97 respondents involved in this research. Each of the respondents is a postpartum mother who utilized traditional postnatal care service. Many of our respondents are Malay which is 82 respondents. The majority of postpartum mothers often utilize massage (35.1%), hotstone (36.1%) and bodywrap (34.0%). 61 out of 97 respondents have normal emotional status while 36 respondents have postnatal depression. According to hypothesis results, there was no significance between traditional postnatal care service utilization and emotional status among women in Kelantan.

CHAPTER 5

CONCLUSION

5.1 INTRODUCTION

Based on this chapter will discuss the recapitulation of the relationship between traditional postnatal care services utilization and emotional status among women. In addition, this chapter also discuss about the limitations of the study and state some recommendations for future research.

5.2 RECAPITULATION OF THE FINDINGS

The purpose of the study was to investigate the relationship between traditional postnatal care service utilization and emotional status among women in Kelantan. The study included 97 respondents who were postpartum mothers that had utilized traditional postnatal care services. The majority of respondents (82 out of 97) were Malay. Regarding the utilization of traditional postnatal care services, the most commonly utilized methods were massage (35.1%), hot stone (36.1%), and body wrap (34.0%). In terms of emotional status, 61 out of the 97 respondents had a normal emotional status, while 36 respondents experienced postnatal depression. Based on the results of the hypothesis testing, it was found that there

was no significant relationship between the utilization of traditional postnatal care services and the emotional status of women in Kelantan.

5.3 LIMITATIONS

Among the limitations of the study in this study is the small sample size, the use of research design & sampling methods that are not suitable.

Based on this study, the small sample size of 97 is likely to be the reason for no correlation between independent variable and dependent variable. This is because based on Azidah et al, 2006 the large number of sample sizes can show the relationship between independent variable and dependent variable.

In addition, limitation of a cross-sectional study, it did not show causal relationship. Finally, the sampling method used, which is convenient sampling whereby, not all sample in population have the same opportunity to be involved in this study.

5.4 RECOMMENDATION

Firstly, a larger sample size improves the power of study. By including more respondents, the likelihood of obtaining misleading or random results decreases, leading to

more trustworthy conclusions. Secondly, a larger sample size enhances the representativeness of the study. It allows for a more diverse and varied group of respondents, enabling researchers to apply their findings to a broader population or target group. This increases the external validity or generalizability of the research.

For future study, it is recommended to use simple sampling random methods. Utilizing simple random sampling can enhance the quality of this study. By employing this method, each member of the population has an equal chance of being included in the sample, reducing bias and increasing the generalizability of the findings.

5.5 SUMMARY

The subject of this research is a study titled “Relationship between traditional postnatal care services utilization and emotional status among women.” The purpose of this study was to investigate the use of postnatal care services. Besides that, also to investigate the mother’s emotions after giving birth. However, this study has not found a significant association between traditional postnatal care services utilization (postnatal massage, hot stone compression and body wrap) and PND among postpartum mothers. The prevalence of a PND among postpartum mothers in this study 37.1 %.

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APPENDICS A

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

Sila tandakan jawapan yang paling hampir bagi menggambarkan apa yang telah anda rasa anda rasakan **DALAM MASA TUJUH HARI** yang lalu dan bukan sekadar hari ini sahaja.

*Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.*

No	Soalan/Questions	Skor
1.	Saya dapat ketawa dan melihat kelucuan pada sesuatu perkara <i>I have been able to laugh and see the funny sides of things</i>	<input type="checkbox"/> Sebanyak mana biasa/ <i>As much as I always could</i> <input type="checkbox"/> Kurang daripada biasa/ <i>Not quite so much now</i> <input type="checkbox"/> Sangat kurang daripada biasa/ <i>Definitely not so much now</i> <input type="checkbox"/> Tiada langsung/ <i>Not at all</i>
2.	Saya menanti dengan penuh harapan bagi mendapat kenikmatan apabila melakukan sesuatu perkara <i>I have look forward with enjoyments to things</i>	<input type="checkbox"/> Sebanyak mana biasa/ <i>As much as I ever did</i> <input type="checkbox"/> Kurang daripada biasa/ <i>Rather less than what I used to do</i> <input type="checkbox"/> Sangat kurang daripada biasa/ <i>Definitely less than I used to do</i> <input type="checkbox"/> Tiada langsung/ <i>Hardly at all</i>
3.*	Saya menyalahkan diri sendiri secara tidak sepatutnya apabila sesuatu yang tidak kena terjadi <i>I have blamed myself unnecessarily when things went wrong</i>	<input type="checkbox"/> Ya, sepanjang masa/ <i>Yes, most of the time</i> <input type="checkbox"/> Ya, kadangkala/ <i>Yes, some of the time</i> <input type="checkbox"/> Jarang sekali/ <i>Not very often</i> <input type="checkbox"/> Tiada pernah/ <i>No, never</i>
4.	Saya berasa risau atau bimbang tanpa sebab <i>I have been anxious or worried for no good reason</i>	<input type="checkbox"/> Tidak langsung/ <i>No, no at all</i> <input type="checkbox"/> Amat jarang sekali/ <i>Hardly ever</i> <input type="checkbox"/> Ya, kadangkala/ <i>Yes, sometimes</i> <input type="checkbox"/> Ya, sangat kerap/ <i>Yes, very often</i>
5.*	Saya berasa takut atau panik tanpa sebab <i>I have felt scared pr panicky for no good reason</i>	<input type="checkbox"/> Ya, sangat kerap/ <i>Yes, quite a lot</i> <input type="checkbox"/> Ya, kadangkala/ <i>Yes, sometimes</i> <input type="checkbox"/> Jarang sekali/ <i>No, not so much</i> <input type="checkbox"/> Tidak pernah/ <i>No, not at all</i>
6.*	Saya dibebani oleh terlalu banyak masalah <i>Things have been getting on top of me</i>	<input type="checkbox"/> Ya, kebanyakan masa saya tidak berupaya menanganinya langsung/ <i>Yes, most of the time I haven't been able to cope at all</i> <input type="checkbox"/> Ya, kadangkala saya tidak berupaya menanganinya seperti biasa/ <i>Yes, sometimes I haven't been coping as well as usual</i> <input type="checkbox"/> Tidak, kebanyakan masa saya berupaya menanganinya dengan baik/ <i>No, most of the time I have coped quite well</i> <input type="checkbox"/> Tiada, saya berupaya menangani semua masalah dengan baik pada setiap masa/ <i>No, I have been coping as well as ever</i>

No	Soalan/Questions	Skor
7.*	Saya berasa sungguh sedih sehingga saya mengalami kesukaran untuk tidur <i>I have been so unhappy that I have had difficulty sleeping</i>	<input type="checkbox"/> Kebanyakan masa/ <i>Yes, most of the time</i> <input type="checkbox"/> Kadang-kadang/ <i>Yes, sometimes</i> <input type="checkbox"/> Jarang-jarang sekali/ <i>Not very often</i> <input type="checkbox"/> Tidak pernah/ <i>No, not at all</i>
8.*	Saya berasa sedih atau serabut <i>I have felt sad or miserable</i>	<input type="checkbox"/> Ya, kebanyakan masa/ <i>Yes, most of the time</i> <input type="checkbox"/> Ya, agak kerap/ <i>Yes, quite often</i> <input type="checkbox"/> Jarang-jarang sekali/ <i>Not very often</i> <input type="checkbox"/> Tidak pernah/ <i>No, never</i>
9.*	Saya berasa sangat sedih sehingga saya menangis <i>I have been so unhappy that I have been crying</i>	<input type="checkbox"/> Ya, kebanyakan masa/ <i>Yes, most of the time</i> <input type="checkbox"/> Ya, agak kerap/ <i>Yes, quite often</i> <input type="checkbox"/> Hanya sekali sekala/ <i>Only occasionally</i> <input type="checkbox"/> Tidak pernah/ <i>No, never</i>
10.*	Pernah terlintas di fikiran saya keinginan untuk mencederakan diri sendiri <i>The thought of harming myself has occurred to me</i>	<input type="checkbox"/> Ya, kebanyakan masa/ <i>Yes, quite often</i> <input type="checkbox"/> Ya, agak kerap/ <i>Sometimes</i> <input type="checkbox"/> Amat jarang sekali/ <i>Hardly ever</i> <input type="checkbox"/> Tidak pernah/ <i>Never</i>

PEMARKAHAN SCORING

SOALAN 1, 2 & 4 (tanpa *) diberi skor 0, 1, 2 atau 3 di mana kotak paling atas adalah 0 dan kotak paling bawah adalah 3.

QUESTIONS 1, 2, & 4 (without an *) Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

SOALAN 3, 5-10 (dengan *) diberi skor terbalik di mana kotak paling atas adalah 3 dan kotak paling bawah adalah 0.

QUESTIONS 3, 5-10 (marked with an *) Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Markah tertinggi: 30
Maximum score: 30

Cut-off EPDS versi Bahasa Melayu: ≥ 12
Cut-off for Malay version of EPDS: ≥ 12

Sila buat penilaian risiko bunuh diri jika soalan 10 > 0
Please assess suicidal risks if question 10 > 0