



Associations of Husband Support with the Incidence of Post Partum Blues In the Working Area of Development Health Center and Tarogong Health Center Garut district

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Abstract. *Introduction: Mothers are susceptible to experiencing postpartum blues syndrome during the postpartum period, or the period after giving birth. Rapid mood swings, feelings of sadness, worry, anxiety, and tiredness are signs of this syndrome, and mothers may feel more emotional and anxious, which can impact their mental health. Method: This type of research is quantitative analytical with a cross sectional approach. The population was postpartum mothers and the sample was 38 people with the inclusion criteria being postpartum mothers in the immediate postpartum to early postpartum categories who had previously had routine pregnancy checks in the Garut Regency Development Health Center working area. Data processing was carried out computerized with bivariate data analysis using the Chi Square statistical test. Results: The results of the study stated that 25 respondents had good husband support and 13 respondents had less husband support. Of the 38 respondents, 24 experienced postpartum blues. The results of this study stated that there was a link between husband's support and the incidence of postpartum blues, with a p value of 0.007. Conclusion: there is a connection between husband's support and the incidence of post partum blues, so that people can provide information to each other in preventing post partum blues. Health workers can also continue to be proactive in providing education to someone who plays the role of husband regarding the importance of maintaining the health of post partum mothers both physically and mentally for reproductive health and the health of mother and child.*

Keywords: Husband's Support, Post Partum Blues, Community Health Center

1. INTRODUCTION

Between the ages of 18 and 45, which coincides with the reproductive years, mental health disorders usually emerge and are diagnosed. Pregnancy and the postpartum period may worsen underlying mental health disorders, or psychological and physical changes that occur during pregnancy and the postpartum period may cause mental health disorders. After delivery, mental health disorders are clinically defined, treatable, and people can receive support, instruction, and intervention. During the first few weeks after giving birth, between fifty and eighty-five percent of people experience *post partum blues*. *Post partum blues* has no known cause. According to the American College of Obstetricians and Gynecologists (ACOG), 2018; World Health Organization, 2021).

New mothers are going through the postpartum period. The postpartum period is an important stage after giving birth and lasts about six weeks. To overcome fatigue and tiredness, new mothers need to get enough rest. Mothers should check body temperature, vaginal

discharge, breasts, urinary tract and cardiovascular system. Both caesarean section and normal birth can recover well, and what is no less important, mothers also need support and attention to their mental condition. Situations such as baby blues or postpartum depression are common and should be monitored. Postpartum blues are feelings experienced by mothers after giving birth which are characterized by anxiety, panic attacks, fatigue, guilt and worry about their baby (Yunitasari, E. and Suryani, S, 2020). The National Population and Family Planning Agency (BKKBN) reports that 57 percent of mothers in Indonesia experience symptoms of baby blues or postnatal depression. Referring to this chapter, Indonesia is listed as the country with the highest number of baby blues in Asia.

The prevalence of postpartum blues in Indonesia will reach 50-70% of all postpartum mothers by 2023. Some of the known impacts of postpartum are that if left untreated, *postpartum blues* can develop into long-term depression and get worse. Mothers who experience this may have desires to harm their children or themselves, the mother becomes exhausted, has difficulty taking care of herself and has mood disorders that lead to depression, so it is very important to get the right support and treatment to prevent more serious developments. After giving birth, several hormones that increase during pregnancy, such as progesterone, estrogen, and beta-human chorionic gonadotropin (HCG), decrease quite drastically. In fact, the decreasing effect of the hormone progesterone causes postpartum blues in some women. Strong physical and emotional changes after giving birth can also contribute to postpartum blues. According to research by Sarasvati (2018), age is related to postpartum blues. Research shows that postpartum blues is most common in people aged 20 to 35 years. Planned pregnancy is also associated with the emergence of postpartum blues. Most of those planning a pregnancy do not experience postpartum blues. Socioeconomic status is associated with postpartum blues. Studies show that mothers with poor economic status experience postpartum blues more often. The reason is, heavy financial burdens such as childbirth and childcare costs can disrupt the psychology of postpartum mothers. (Madiyanti, 2014). There are many other factors that are also related, which researchers must actively pay attention to in order to improve the quality of life of mothers and children.

A preliminary study conducted in the Development Community Health Center and Tarogong Community Health Center working area in Garut Regency showed that a mother said she felt very tired physically and mentally tired during the first week after giving birth. Another mother said that because her husband did not care enough to help take care of the child, this mother complained that she was often pensive. alone and occasionally crying sadly. Three mothers said they felt they were still unable to become mothers because they had no experience

and had to work. Four mothers said they often had to remind their husbands to respect them by helping care for the baby, and occasionally felt sad, very tired and disappointed, so they felt they were not enthusiastic about taking care of the baby.

2. METHOD

This type of research is quantitative analytical with a *cross sectional approach*. The research was carried out from April to June 2024 in the Garut Regency Development Health Center Work Area. The population was postpartum mothers and the sample was 38 people with the inclusion criteria being postpartum mothers in the *immediate postpartum* to *early postpartum categories* who had previously had routine pregnancy checks in the Garut Regency Development Health Center working area. Sampling technique by means *purposive sampling*. Data processing was carried out computerized with bivariate data analysis using the *Chi Square statistical test*.

3. RESULTS AND DISCUSSION

3.1 Univariate Analysis

Table 3.1 Frequency Distribution of Husband's Support in the Garut Regency Development Health Center Work Area

No	Husband's Support	Amount (F)	%
1.	Good	25	65.8%
2.	Not enough	13	34.2%
	Amount	38	100%

Table 3.2 Frequency Distribution of *Post Partum Blues* in the Working Area of the Garut Regency Development Health Center

No	<i>Post Partum Blues</i>	Amount (F)	%
1.	Yes	24	63.1 %
2.	No	14	36.9%
	Amount	38	100%

3.2 Bivariate Analysis

Table 3.3: The relationship between husband's support and the incidence of *post partum blues* in the work area of the Garut Regency Development Health Center

No	Husband's Support	<i>Post Partum Blues</i>		F	P Value
		Yes	No		
		F	F		0.007
1.	Good	12	13	25	
2.	Not enough	12	2	13	
	Total	24	14	38	

Case Processing Summary

	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
Husband's Support * Post partum blues	38	100.0%	0	0.0%	38	100.0%

Husband's Support * Post partum blues Crosstabulation

		Count		Total
		Post partum blues		
Husband's Support	Good	12	13	25
	Not enough	12	1	13
Total		24	14	38

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7,216 ^a	1	,007		
Continuity Correction ^b	5,437	1	,020		
Likelihood Ratio	8,348	1	,004		
Fisher's Exact Test				,012	,007
Linear-by-Linear Association	7,026	1	,008		
N of Valid Cases	38				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 4.79.

b. Computed only for a 2x2 table

Based on the survey results, 25 respondents received good husband support and 13 respondents received less husband support. Of the 38 respondents, 24 people experienced postpartum blues, namely postpartum mothers experiencing mood changes that occur at any time after the mother gives birth, but often occur on the 3rd and 4th day postpartum and peak between the two. Days 5 and 14 postpartum, characterized by brief crying, feelings of loneliness or abandonment, anxiety, confusion, restlessness, fatigue, forgetfulness and sleep disturbances. (Bobak, Rachmawati, 2023).

The research results show that there is a relationship between partner support and the incidence of *postpartum blues*. These results are supported by Winarni's (2018) research, the results of which show that there is a relationship between husband's support and the psychological state of mothers giving birth, and there is no relationship between attachment behavior and the mother's psychological state. Research findings from Arneliwati, DM (2015) show that factors such as lack of partner support, caesarean section, and unplanned pregnancy can contribute to *postpartum blues*, which can develop into postpartum depression if not treated properly. Mothers who experience postpartum blues may find it difficult to adjust to

the changes and responsibilities of being a new mother. This can lead to constant stress and fatigue, which can affect the mother's mental and physical health. This can help a woman reduce the burden and give her time to rest and take care of herself. Husbands can talk to their wives and listen to their feelings and concerns. This can help your partner feel appreciated and heard. from . Based on survey results, husband's support is still lacking. The public needs to know that partner support has several forms, such as cognitive support, information support, material support, emotional support and instrumental support. The following is the explanation. Husbands can respect and acknowledge their wives so that they can increase their self-esteem and presence in the family. This can help reduce postpartum stress and depression. Husbands can provide accurate and useful information about childbirth, baby care, and self-care. This can help a woman feel empowered and gain enough knowledge to face postpartum challenges. Partners can provide material support, such as food, clothing and baby equipment. This can help women feel more comfortable and not have to worry about their basic needs. Husbands can provide emotional support by listening to their partner's feelings and concerns and providing words of comfort and support. This can help a woman feel valued and supported to face the changes and challenges of giving birth. Husbands can provide instrumental support, such as helping with housework, changing diapers, and bathing the baby. This can help a woman feel calmer and better able to take care of her children and home.

According to Pratiwi, L et al (2024), nurses must identify factors that contribute to postpartum blues. Nurses must identify responses, coping and adaptation, as well as maternal and family activities. Marwiyah et al (2022) researched that mothers who have a history of depression or have a personality prone to depression are more likely to experience postpartum blues. Research findings then show that mothers who have difficulty adapting to their new role as mothers and existing responsibilities may experience postpartum blues more often. Based on this research, apart from family support, other variables such as depression and mothers experiencing adjustment difficulties are also associated with the prevalence of postpartum blues. This becomes input for other researchers to continue this research. Because information about a history of depression is difficult to obtain, it was not part of this study in this case. (Setyaningrum, DT, Metra, LA and Sukmawati, V. E, 2023).

4. CONCLUSION

The conclusion of this research is

- 1) Good husband support was 25, and husband support was poor, 13.
- 2) incidents of *Post Partum Blues* , 14 of those who did not experience *postpartum blues* .
- 3) There is a connection between husband's support and the incidence of *post partum blues* in the work area of the Garut Regency Development Health Center

From this conclusion, the advice for health workers is to continue providing ongoing counseling to help mothers understand the incidence of *post-partum blues* and become a concern for the community so that husbands can be the ones who play a role in preventing the occurrence of *post-partum blues* .

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