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## The correlation of husband's assistance with the risk of postpartum blues in postpartum mothers

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### Abstract

**Background:** The postpartum period is a very important period of physical and psychological adaptation for mothers after giving birth. One psychological disorder is postpartum blues or baby blues. One important intervention in reducing the risk of postpartum blues is support and assistance from the husband.

**Purpose:** To determine the correlation of husband assistance on the risk of postpartum blues in postpartum mothers.

**Method:** This study is a quantitative study using a correlational analytical model. The population in this study consisted of all mothers who gave birth at the Fita Ari Murtini Bae Kudus Midwife Practice (PMB) between September and November 2025, totalling 90 mothers. The sample size was calculated using the Slovin formula, resulting in a sample size of 74 mothers. The test used in this study was the chi-square test.

**Results:** Respondents who were accompanied by their husbands in the good category numbered 48 (64.9%) respondents, respondents who were not depressed numbered 51 (68.9%) compared to those who experienced postpartum depression, namely 23 (31.1%).

**Conclusion:** There is a relationship between spousal support and the occurrence of postpartum depression blues with a p-value of 0.002. The odds ratio (OR) value of 5.056 means that respondents who received spousal support were five times less likely to be depressed than those who received less spousal support.

**Suggestion:** Other researchers investigate other factors that influence the occurrence of postpartum blues, such as family support other than the husband, socioeconomic factors, and the mother's psychological condition before giving birth.

**Keywords:** Husband's Assitance; Post-Partum Depression

### INTRODUCTION

The postpartum period is characterised by the delivery of the placenta and ends after the reproductive organs return to their pre-pregnancy state within six weeks (Husaidah, Wulandari, Tarigan, & Heroyanto, 2025). The postpartum period is a very important period of physical and psychological adaptation for mothers after giving birth. Drastic hormonal changes, fatigue from the delivery process, and adjustment to the new role as a mother can affect the mother's emotional state (Mariany, Naim, & Afrianty, 2022). One of the common psychological disorders that occur during the postpartum period is

postpartum blues or baby blues, which is a mild mood disorder characterised by feelings of sadness, tearfulness, irritability, and anxiety that appear a few days after delivery and can last up to two weeks. Postpartum blues is a psychological problem in the postpartum period, where a woman feels sad and depressed immediately (Ibtihal, Zhasvir, Marwa, A'zzula, Kaswari, Kardianti, & Hidayah, 2025).

Pregnant women are among the groups at risk of experiencing mental health problems due to the changes that occur at various stages that can impact their mental well-being. This is due to the increased

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anxiety that tends to occur in pregnant women, which can lead to psychological disorders such as anxiety, stress, insomnia, depression, and post-traumatic stress disorder (Alipour, Kheirabadi, Kazemi, & Fooladi, 2018).

The World Health Organisation (WHO) estimated in 2021 that 10 per 1,000 live births experience mild postnatal depression, while moderate to severe postnatal depression ranges from 30 to 20 per 1,000 live births. Several countries show varying rates of postpartum blues. Asia is a region that also experiences a fairly high incidence of postpartum blues, ranging from 26-85%, such as in Japan (15-50%). Meanwhile, in the United States, the rate is 27%, France 31.7%, Nigeria 31.3%, and Greece 44.5% (Ariesca, Helina, & Vitriani, 2018).

In Indonesia, the incidence of postpartum blues among women ranges from 50 to 70%. The incidence rate of postpartum blues in Indonesia is 1 to 2 per 1,000 births. Based on these figures, around 50-60% of them experience postpartum depression when they have their first child and around 50% have a family history of mood disorders (Harianis & Sari, 2022). Meanwhile, a study in Central Java Province shows a prevalence of postpartum depression of 18.5% in postpartum mothers. According to research in Kudus district, most respondents did not experience postpartum blues, namely 36 people (43.8%), while 28 respondents (56.2%) experienced postpartum blues (Astuti, Yulisetyaningrum, Nasriyah, & Wigati, 2023).

There are various factors that cause postnatal depression, including: age and parity, hormones, experiences during childbirth, healthcare services, and social support. In addition, postnatal depression can be triggered by internal factors within the mother, such as depression and anxiety during pregnancy, a history of depression, low income, lack of self-esteem, having many children, lack of experience, the mother being too young, poor marital relationships, child-rearing issues, and lack of family support during pregnancy and after childbirth (Wiyanto & Ambarwari, 2021).

One of the key interventions in reducing the risk of postpartum blues is support and assistance from the husband. Support that includes emotional attention, involvement in baby care, and help with household activities has been shown to improve the

psychological well-being of mothers and assist in the process of adapting to their new role (Rosyida, 2023). Based on product moment correlation analysis, a correlation coefficient of  $(r_{xy}) = -0.842$  was obtained with a significance level of 0.000 ( $p < 0.01$ ). This indicates that spousal support has a significant negative relationship with postpartum depression, meaning that the higher the spousal support, the lower the postpartum depression experienced by women after giving birth. Conversely, the lower the spousal support, the higher the postpartum depression experienced. This indicates that the hypothesis proposed in this study is accepted (Annisa & Natalia, 2023).

Pregnancy and childbirth are natural events in a woman's life. However, the intense physical and emotional changes during this period put women at risk of developing mental health problems, particularly postpartum depression. Several factors can influence postpartum depression in postpartum mothers, including knowledge about mental health and husband support (Qolby, Wijayanti, & Epid, 2025). The results of the previous researcher's analysis showed a p-value of 0.000. This means the p-value  $< \alpha = 0.05$ , the analysis results are significant. There is a relationship between husband's support and the occurrence of postpartum blues in postpartum mothers. Mothers experiencing postpartum blues are influenced by their husband's support. If the husband provides positive support, it will minimize the occurrence of postpartum blues. Most husbands do not support this, and most postpartum mothers experience postpartum blues (Rahayu, Sunanto, & Ekasari, 2023).

## RESEARCH METHOD

Quantitative research using a correlational analytical model is a research approach that aims to determine the relationship between two or more variables without providing special treatment to the subjects studied. The study was conducted at the Fita Ari Murtini Independent Midwife Practice, Bae Kudus, in December 2025. The population in this study was all mothers who gave birth at the Fita Ari Murtini Independent Midwife Practice, Bae Kudus, between September and November 2025, a total of 90 mothers, with an estimated monthly rate of 30 mothers.

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This study used a purposive sampling technique, resulting in a sample of 74 respondents. The inclusion criteria for this study were mothers giving birth at the Fita Ari Murtini Independent Midwife Practice, mothers aged 20-35 years, mothers who gave birth and husbands who did not live abroad, and mothers who could communicate well. Exclusion criteria included mothers experiencing severe obstetric complications such as eclampsia, premature labor, and mothers unwilling to participate as respondents.

The research instrument used was the Edinburgh Postnatal Depression Scale (EPDS), a measurement tool that has been researched and developed to detect the intensity of changes in depressive feelings during the seven days postpartum. The EPDS instrument has 10 questions, all of which are easy to understand, allowing clients to complete them easily and without tiring them out. For the EPDS

questionnaire assessment, each question has a different score. Each answer is assigned a score of 0, 1, 2, or 3, depending on the severity of the symptoms. For questions 1, 2, and 4, a score of 0 is given for answer a, 1 for answer b, 2 for answer c, and 3 for answer d. Meanwhile, questions 3, 5, 6, 7, 8, 9, and 10 are assigned the opposite score: 3 for answer a, 2 for answer b, 1 for answer c, and 0 for answer d. The maximum score is 30, and the minimum score is 0.

The chi-square test used in this study because the variables in this study have a nominal data scale. The interpretation of bivariate analysis is that if the p-value in the Sig column (2-tailed) < alpha value (0.05) then  $H_0$  is rejected or there is a significant relationship from the research conducted. If the p-value in the Sig column (2-tailed)  $\geq$  alpha value (0.05) then  $H_0$  is accepted or there is no significant relationship from the research conducted.

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**RESEARCH RESULT****Tabel 1. Characteristics of Respondents (N=74)**

| Variable                             | Results      | P-value | OR    |
|--------------------------------------|--------------|---------|-------|
| <b>Age (Mean±SD) (Range) (Years)</b> | (28,61±7.76) |         |       |
| <20                                  | 5/6.7        |         |       |
| 20-35                                | 66/89.2      |         |       |
| >35                                  | 3/41.        |         |       |
| <b>Education (n/%)</b>               |              |         |       |
| Elementary School                    | 4/5.4        |         |       |
| Junior High School                   | 24/32.4      |         |       |
| Senior High School                   | 39/52.7      |         |       |
| University                           | 7/9.5        |         |       |
| <b>Work (n/%)</b>                    |              |         |       |
| Doesn't work                         | 25/38.8      |         |       |
| civil servant                        | 4/5.4        |         |       |
| Private                              | 16/21.6      |         |       |
| Businessman                          | 13/17.6      |         |       |
| Laborer                              | 16/21.6      |         |       |
| <b>Parity (n/%)</b>                  |              |         |       |
| Primipara                            | 32/43.2      |         |       |
| Multipara                            | 40/54.1      |         |       |
| Grandemultipara                      | 2/2.7        |         |       |
| <b>Husband Assistance (n/%)</b>      |              | 0.002   | 5.056 |
| Good                                 | 48/65.0      |         |       |
| Not enough                           | 26/35.0      |         |       |
| <b>Postpartum Depression (n/%)</b>   |              |         |       |
| Not depressed                        | 51/69.0      |         |       |
| Depression                           | 23/31.0      |         |       |

Table 1 shows that of the 74 mothers studied, the majority of respondents were aged 20-35 years, numbering 66 (89.2%), and only 3 (4.1%) were over 35 years old. Most respondents had completed high school or equivalent, numbering 39 people (52.7%). Meanwhile, the fewest had completed primary school, with 4 (5.4%) respondents. Most respondents were unemployed (25 respondents, or 33.8%), while 16 respondents (21.6%) were labourers. Most respondents in this study had given birth more than twice (40 respondents, or 54.1%), while only 2 respondents (2.7%) had given birth more than four times. Respondents who were accompanied by their husbands in the good category numbered 48 (64.9%) respondents, while those in the poor category numbered 26 (35.1%). Respondents who were not depressed numbered 51 (68.9%) compared to those who experienced postpartum depression, which numbered 23 (31.1%). The correlation test is shown by the p-value of 0.002. This value is less

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than 0.05, so the research results indicate a relationship between spousal accompaniment and the occurrence of postpartum blues. The OR (Odds Ratio) value of 5.056 means that respondents who received spousal support were five times more likely to not experience depression than those who received less spousal support.

## DISCUSSION

The results of the study indicate that 48 (64.9%) respondents who were accompanied by husbands in the good category did not experience postpartum blues depression, while 39 (52.7%) did not experience postpartum blues depression. On the other hand, 14 (18.9%) respondents who were accompanied by husbands in the poor category experienced depression. This study concluded that there is a relationship between spousal support and the occurrence of postpartum blues, with a p-value of 0.002. The odds ratio (OR) value of 5.056 means that respondents who received spousal support were five times less likely to experience depression than those who received less spousal support.

Psychological conditions such as depression and anxiety pose a high risk to postpartum mothers because the postpartum period is a complex period of adaptation, both physically, emotionally, and socially. Drastic hormonal changes after childbirth, fatigue, pain, and the demands of a new role as a mother can trigger emotional instability (Damayanti, Nisak, & Nasriyah, 2025). Depression and anxiety can have a negative impact on a mother's ability to care for herself and her baby, disrupt the bonding and attachment process, and risk reducing the quality of the baby's growth and development.

The results of this study are in line with previous studies showing that family support has an effect on the occurrence of postpartum blues. Revealed that mothers who showed signs of postpartum depression were more prone to experiencing it when they did not receive support from their husbands (40.8%), while those who received support from their husbands tended not to show symptoms (92.1%). Bivariate analysis yielded a p-value of 0.000 ( $P < 0.05$ ), indicating a significant relationship between spousal support and the occurrence of postpartum depression. Caring for a baby is not an easy task, especially for new mothers. In postnatal care, support from husbands (families) is essential, as the decisions of husbands and guidance from families, especially mothers, are very influential and serve as important references for mothers in caring for their

babies on a daily basis. If husbands and families do not provide support, mothers become sad and overwhelmed in caring for their babies (Rachim, Yanis, & Muhammad, 2025).

Furthermore, research other states that based on product moment correlation analysis, a correlation coefficient of  $(r_{xy}) = -0.842$  was obtained with a significance level of 0.000 ( $p < 0.01$ ). This indicates that spousal support has a significant negative relationship with postpartum depression, meaning that the higher the spousal support, the lower the postpartum depression experienced by women after giving birth. Conversely, the lower the spousal support, the higher the postpartum depression experienced. This indicates that the hypothesis proposed in this study is accepted (Annisa & Natalia, 2023)

A similar study found that out of a total of 35 respondents, 5 (14.3%) experienced postpartum blues and did not receive support from their husbands. The statistical test results obtained a p-value = 0.019, which means  $p < \alpha = 0.05$  ( $H_0$  is rejected and  $H_a$  is accepted). it can be concluded that there is a significant relationship between spousal support and the occurrence of postpartum blues at Ahmad Yani General Hospital in Metro, with an OR value of 2.700, meaning that respondents with low spousal support have a 2.700 times greater chance of experiencing postpartum blues (Kurniasari & Astututi, 2023)

In this study, the contribution of spousal support to postnatal depression can cause an increase in estrogen, progesterone, and cortisol hormones within 48 hours after birth. Good spousal support can have a protective effect on the mental health of mothers after childbirth. The presence of the husband, emotional support, and assistance in caring for the baby and the mother's needs can help reduce stress and anxiety levels, thereby better controlling stress hormone responses such as cortisol. This condition can help mothers adapt more optimally to postpartum hormonal changes and reduce the risk of postpartum depression (Rosyida, 2023)

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Spousal support is the biggest factor in triggering postpartum blues. This is because spousal support is an important coping strategy when experiencing stress and serves as a preventive strategy to reduce stress. Those who receive spousal support, whether emotional, practical, or appreciative, do not show symptoms of postpartum blues, while those who receive less spousal support are more likely to experience symptoms of postpartum blues. Support from healthcare professionals such as obstetricians, midwives, or nurses is also essential for postpartum mothers, for example by providing adequate information about the pregnancy and childbirth process, including potential complications that may arise during this period and their management (Samria & Haerunnisa, 2021).

This study also revealed that mothers who receive less support from their husbands are at risk of postpartum depression. Most women in this situation are at risk of developing symptoms of depression due to changes in hormone levels. Psychosocial factors include various issues between women and their environment, such as women who experience marital disputes, domestic disharmony, medical history, namely women who have a history of depression, a family history of depression, or who experience depression during pregnancy, which increases the risk of postpartum depression. Furthermore, women who have experienced postpartum depression in a previous pregnancy. This history has the potential to increase the risk of postpartum depression by 90% in subsequent births (Arimurti, Pratiwi, & Ramadhina, 2020).

Postpartum blues is a mild emotional disturbance that occurs within two weeks after a mother gives birth. Some people also call it maternity blues or baby blues syndrome. As the term "blues" means a state of depression, this disorder is characterized by symptoms of emotional disturbance such as frequent crying or irritability. A depressed mother is likely experiencing postpartum depression (PPD) when the postpartum blues persist after two weeks. Postpartum depression should be treated seriously and psychologically by a psychiatrist or psychologist. Allowing a mother to sink into depression will negatively impact not only the mother but also the baby, as PPD can persist for up to two years (Annisa & Natalia, 2023).

According to researchers, husbands play a key role in supporting mothers as they face physical, psychological and social changes after giving birth. The presence of husbands who provide attention, empathy and practical assistance in caring for mothers and babies can reduce the levels of stress, anxiety and depression often experienced by mothers during the postnatal period. Optimal support from husbands can help mothers feel valued, loved, and not alone in their new role as mothers. This stable emotional state has a positive effect on mothers' ability to adapt to postpartum hormonal changes.

### CONCLUSION

The results of the study show that 48 (64.9%) respondents were accompanied by husbands in the good category and 26 (35.1%) in the poor category. 51 (68.9%) respondents were not depressed compared to 23 (31.1%) who experienced postpartum depression. There was a relationship between spousal support and the occurrence of postpartum depression blues, with a p-value of 0.002. The odds ratio (OR) was 5.056, meaning that respondents who received spousal support were five times more likely to not be depressed than those who received less spousal support.

### SUGGESTION

Other researchers are also advised to investigate other factors that influence the occurrence of postpartum blues, such as family support other than the husband, socioeconomic factors, and the mother's psychological condition before giving birth.

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