



THE RELATIONSHIP OF FAMILY SUPPORT WITH *BABY BLUES SYNDROME* IN POST PARTICULAR MOTHERS IN THE SIMOREJO REGION, SIMOMULYA DISTRICT, SURABAYA CITY

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Research Report

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ABSTRACT

Introduction: Women who have just given birth experience physical and psychological changes. The release period is a time when mothers try to take over responsibility. Psychological changes occur in various periods, namely Taking In, Taking Holding, and Letting Go. The psychological changes of mothers who have just given birth require support from the family to adjust. Postpartum mothers in avoiding Baby Blues Syndrome are also influenced by very important family support. The aim of this research is to determine the relationship between family support and the occurrence of Baby Blues Syndrome in postpartum mothers. **Methods:** The research is a cross-sectional research approach, using a sample of 25 postpartum mothers in the Simorejo area, Simomulya District, Surabaya City with a consecutive sampling technique. Analysis of this research data used the Spearman Rho test. **Results:** The proportion with high family support (57.9%) with a P value (0.000). The meaning that if family support is high then Baby Blues Syndrome will not occur. **Conclusions:** The average level of family support received was 56%, so this research is expected to increase knowledge for mothers after giving birth by paying attention to family support to avoid the occurrence of Baby Blues Syndrome.

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INTRODUCTION

Giving birth is an important event that most women look forward to because it makes them women who are fully functional in life. Women who give birth will experience several physical and psychological changes. Psychological changes occur in various periods, namely Taking In, Taking Holding, and Letting Go. The mother's adaptation after giving birth goes through the taking in phase, which is a dependency phase that lasts from the first to the second day, in this phase the mother focuses on herself. Mothers talk more about their conditions during the labor process until the birth of the baby. The taking hold phase continues between days 3 to 10 (Marbun & Irnawati, 2023). In this phase, the mother feels worried about her inability and sense of responsibility in caring for her baby. The final phase is the letting go phase, where the mother feels extraordinary happiness, and explores and adjusts to her baby, but there is also the burden of absorbing learning about caring for her baby and feels this is an extraordinary responsibility as a mother. Postpartum women need to adjust to their new activities and roles as mothers in the first week or first month after giving birth. Women who

succeed in making adjustments well can overcome these psychological disorders, but some other women do not succeed in making adjustments, due to a lack of support or information, this is what causes many women to experience a psychological disorder called Baby Blues Syndrome which is characterized by short cries, feelings of loneliness or rejection, anxiety, confusion, restlessness, tiredness, forgetfulness and not being able to sleep (Dwi Febriati, 2018). Psychological pressure in the postpartum period is relatively high, it is estimated that 13-19% of mothers experience postpartum depression and 1.5-5.6% of mothers experience post-traumatic stress (Yudha Cahyaningtyas, 2019).

According to Dwi Febriati, 2023, the changes both physiological and psychological in a woman's body system. Physiological changes in the postpartum period include changes in the reproductive system. Digestive system, urinary system, musculoskeletal system, endocrine system, changes in vital signs, cardiovascular system, and changes in the hematological system. The psychological changes of mothers who have just given birth require support from the family to adjust. Family as the closest people are very



necessary to provide motivation and confidence in carrying out a new role as a mother. Family support has a strong value for mothers because positive bonds with positive support help wives or mothers who have just given birth feel better (Estuning, 2020).

Based on data from the World Health Organization (WHO) in 2017, 300-750 mothers experienced postpartum blues per 1000 mothers (Deby Armaya & Purwarini, 2021). The incidence of postpartum blues in Asia is quite high and varies between 26-85%. Globally, it is estimated that 20% of women giving birth suffer from postpartum blues (Risnawati; Susilawati, 2018). In Indonesia, according to data, from Asma (2023), one in 10 women who have just given birth tends to experience Baby Blues Syndrome. Based on the research results, Yudha Cahyaningtyas (2019), it was found that there was a significant relationship between the husband's support and the incidence of postpartum blues, namely that of the 11 mothers who experienced postpartum blues, 11 people (91.66%) were found who did not receive good support from their husbands. According to Siallagan (2022), the statement, there were 26 respondents who did not have family support (56.5%) and there were 20 respondents who had family support (43.5%).

Baby Blues occurs due to changes in the psychological condition of post-partum mothers who experience psychological adaptation after giving birth (Siallagan et al, 2022). Apart from hormonal changes, the type of birth is one of the external factors that causes a person to experience Baby Blues Syndrome. A woman has different emotional reactions when facing pregnancy, childbirth, and postpartum. Postpartum emotional disorders are divided into three, namely postpartum blues (Maternity Blues or Baby Blues Syndrome), postnatal depression, and postnatal psychosis. Baby Blues Syndrome is understood as a mild effect syndrome that appears in the first week of birth (Sulistyaningsih & Wijayanti, 2020). Baby Blues Syndrome can occur from the first day after giving birth or the Taking In phase tends to get worse on the third to fifth day and lasts within 14 days or 2 weeks after giving birth. Normal symptoms of Baby Blues Syndrome are feeling sad, easily tired, and very emotionally sensitive (Hanum, 2019). The factor that influences Baby Blues Syndrome is the experience of the birthing process. The event of giving birth using various medical procedures will haunt the mother's psychology as a significant stressor, thus becoming a driving force for the emergence of baby blues (Yudha Cahyaningtyas, 2019). Baby Blues can be triggered by feelings of not being ready to face the birth of a baby and the new

responsibilities of being a mother. The mother's ability to adapt is greatly influenced by age, social, ethnic, cultural, and demographic factors. The efforts needed are to increase the ability of the mother and all family members to adapt (Dwi Febriati, 2022).

If postpartum blues is handled properly, it will progress to postpartum depression (Risnawati & Susilawati, 2018). Postpartum mothers or mothers in the postpartum period will need support from the family and social environment to overcome problems that arise after the mother goes through childbirth. A good family function will support the mother's mentality in adopting and caring for a new baby. Disturbed family functions will also affect the family support provided to postpartum mothers so that mothers will be vulnerable to experiencing postpartum blues (Sinabariba et al, 2022). The initial survey was conducted by researchers through interviews with 15 postpartum mothers, 12 of whom stated that on the first day after giving birth, they experienced feelings of uncertainty, sometimes happy, annoyed, and sad, this is a sign of Baby Blues Syndrome. which is a phenomenon in postpartum mothers, the peak of symptoms occurs on days 3 to 5 with a duration ranging from several hours to several days after giving birth. This is because postpartum blues mothers do not fully receive support from the family during the postpartum period, such as the family's lack of activity in helping the mother during the postpartum and baby period, lack of family time to accompany and help the mother during the postpartum period, lack of information regarding care during the postpartum period.

Based on the background above, researchers are interested in conducting research with the title "The Relationship between Family Support and the Occurrence of Baby Blues Syndrome in Postpartum Mothers".

MATERIALS AND METHODS

The research method used in this research is a correlational research approach. The cross-sectional approach is a type of research that emphasizes measuring or observing independent and dependent variable data only once at the same time with the aim of describing a phenomenon or relationship at a certain point in time (Nursalam, 2020). This research design was to determine the relationship between family support and the incidence of baby blues syndrome in postpartum mothers in the Simorejo area, Simomulya District, Surabaya City. This research was taken in the Simorejo Region, Simomulya Village, Surabaya City. The population to be studied is 25 people. The criteria in this study

were postpartum mothers, cooperative, mothers accompanied by their husbands, without chronic illnesses, and postpartum mothers accompanied by family.

The sampling technique used was Consecutive Sampling with sample selection using subjects who met the researcher's criteria. The independent variable in this research is family support which has parameters from informational, emotional, instrumental, and assessment support; while the dependent variable is baby blues syndrome which has parameters seen from its symptoms, for example, depressive reactions, crying, irritability, anxiety, tendency to blame oneself, sleep disorders and appetite disorders. The research instrument using a questionnaire consists of two parts, namely the independent variable questionnaire used to collect data on family support, which (Nursalam, 2020) has been tested for validation; for the dependent variable using data with an ordinal scale created by the Edinburgh Postpartum Depression Scale (EPDS) and its validation has been tested. How to collect data by interviews and distributing questionnaires. After the intervention is carried out, the data will be managed and the data will be

analyzed using the Spearman Rank Test statistical test with a significance level of 95% ($\alpha = 0.05$) so that it can be seen whether there is a statistically significant difference between the independent variable and the dependent variable.

The first step taken by researchers was to conduct a preliminary survey, and then researchers continued research in the Simorejo area, Simomulya Village, Surabaya City. The second step, approach the respondent and explain the purpose of the research while providing a consent form by signing *informed consent* which is based on ethical principles regarding the rights of respondents without coercion. After the respondent signs it, it will be explained that this research will not mention names and the confidentiality of the respondent will be maintained. Respondents are expected to fill in the data honestly and the results obtained are valid and in accordance with reality. The third step is whether the respondent is willing to conduct research by distributing the questionnaire that has been provided. The results of the filling will be analyzed in the form of editing, coding, tabulation, and analysis.

RESULTS

This research was conducted in the Simorejo area, Simomulya Village, Surabaya City with a total of 25 respondents. The respondents chosen by the researchers were postpartum mothers who had good cognitive abilities,

mothers accompanied by family, and postpartum mothers without other chronic diseases. The research media is in the form of education and questionnaires given by researchers.

Table 1. Characteristics of 25 respondents by age, Family Age, Last Education, Work, Parity

| Characteristics | Frequency (f) | Percentage (%) |
|-----------------------|---------------|----------------|
| Age | | |
| 20-24 years old | 8 | 32 % |
| 25-29 years old | 10 | 40 % |
| 30-34 years old | 7 | 28 % |
| Total | 25 | 100% |
| Family Age | | |
| 20-29 years old | 10 | 36 % |
| 30-39 years old | 9 | 24 % |
| 40-49 years old | 6 | 100% |
| Total | 25 | |
| Last Education | | |
| Elementary school | 0 | 0% |
| Junior high school | 5 | 20% |
| Senior High School | 12 | 48% |
| Bachelor | 8 | 32% |
| Total | 25 | 100% |
| Work | | |
| Work | 17 | |
| Doesn't work | 8 | |
| Total | 25 | |
| Parity | | |
| The first child | 17 | 68 % |
| Children > 1 | 8 | 32 % |
| Total | 25 | 100% |

Based on table 1, it shows that of the 25 respondents, 10 people (48 %) were aged 25-29 years, 8 people (32 %) were aged 20-24 years, and 7 people (28%).) aged 30-34 years. The largest number of respondents in the family was 10

people (40%) with an age range of 20-29 years. The average highest level of education was 12 people (48%) in high school. The average mother's job is 17 people (68%) and the parity of the first child is 17 people (68%).

Table 2. Characteristics of 25 Respondents Regarding Family Support for Postpartum Mothers

| Characteristics | Family support | |
|-----------------|----------------|-------------|
| | Frequency | P (%) |
| Low Support | 0 | 0 % |
| Medium Support | 11 | 44% |
| High Support | 14 | 56% |
| Total | 25 | 100% |

Based on Table 2, it shows that 14 postnatal mothers (56%) received high support from the family.

Table 3. Characteristics of 25 Post Post-Mother Respondents Who Experienced Baby Blues Syndrome Partum

| Characteristics | Baby Blues Syndrome | |
|-----------------|---------------------|-------------|
| | Frequency | P (%) |
| Light | 12 | 48 % |
| Currently | 5 | 20% |
| Heavy | 8 | 32% |
| Total | 25 | 100% |

Based on table 3, shows that the majority of respondents who mildly experienced Baby Blues Syndrome were 12 people (48%).

Table 4. Relationship between family support for 25 respondents in postpartum mothers and the incidence of baby blues syndrome

| Supporting Family | Baby Blues Syndrome | | | | | | Total | |
|------------------------|---------------------|---------------|-----------|---------------|-----------|---------------|-----------|-------------|
| | Lighter | | Currently | | High Risk | | N | % |
| | N | % | N | % | N | % | | |
| Current support | 0 | 0% | 3 | 15.8 % | 8 | 26.3 % | 11 | 42.1 % |
| High Support | 11 | 52.6 % | 0 | 0% | 3 | 5,3% | 14 | 57.9 % |
| Total | 11 | 52.6 % | 3 | 15.8 % | 11 | 31.6 % | 25 | 100% |

P value 0.000 ($\alpha = 0.05$)

Based on table 4, shows the proportion of Baby Blues Syndrome levels with high family support (57.9%) with a P value (0.000) using the Rho scatter test. These results show that there is a

relationship between family support and the incidence of Baby Blues Syndrome in a negative direction, meaning that if family support is high then Baby Blues Syndrome will not occur.

DISCUSSION

Based on Table 2, family support can be concluded that during this time, 14 participants' mothers (56%) received high family support, and 11 respondents received moderate support (44%).

According to Eka Wardani & Sulastri (2023), family support, is an attitude, an act of family acceptance towards family members, in the form of informational support, assessment support, instrumental support, and emotional support. Appraisal support is support that includes helping other individuals understand the events experienced by the individual as well as the source of depression and the strategies used to deal with stressors. Instrumental support is physical support

or direct assistance such as providing services, as well as direct financial and material assistance to families who need family support. Informational support is support in the form of a communication network and responsibility in meeting the required information needs, while emotional support is support that provides feelings of comfort, love, empathy, trust, and attention (Gutiral & Nuryanti, 2021). From the explanation above, it can be concluded that family support is verbal and nonverbal information support in the form of interpersonal relationships which include attitudes, actions, and acceptance of family

members so that family members provide attention or support.

The high level of family support in this study was because the majority of postpartum mothers were young mothers who received full support from their families or husbands. The research results of Marbun & Irnawati (2023), show that family support is encouragement and motivation for postpartum mothers, both morally and materially. At a young age, the knowledge to care for or understand postpartum mothers is very good. Based on Table 1, the most common age characteristics of the 25 respondents are 25-29 years old, 48% (10 respondents). Apart from that, family support is also provided to motivate mothers in labor to be more enthusiastic about undergoing post-natal recovery because many mothers experience mild to severe mood disorders. The results of the research state that family support for 25 respondents can be seen in Table 2. The results showed that postpartum mothers received 56% (14 respondents) with high support.

Family support is not significant, getting bad results because external factors can influence it, family support is not only emotional, external factors such as education and income are several things that can reduce the incidence of Baby Blues Syndrome in mothers after giving birth. Postpartum falls into the category of instrumental and emotional support.

Based on Table 3, the research results show that of the 25 respondents, 12 people (48%) experienced signs of Baby Blues Syndrome with mild characteristics, 5 people (20%) experienced Baby Blues Syndrome in the moderate category and 8 people (32%) experienced Baby Blues Syndrome in the severe category. Baby Blues Syndrome, which is often called Maternity Blues or Post Partum Blues, is understood as a syndrome with mild effects that often appears in the first week after giving birth and is characterized by symptoms such as depressive/sad/dysphoric reactions, crying, irritability, anxiety, a tendency to blame oneself, sleep disorders, and appetite disorders.

There are three forms of psychological changes during the post-partum period, namely post-partum blues, post-partum depression, and partum psychotherapy (Febrina, 2021; Yunita et al., n.d.). Baby Blues Syndrome is categorized as the mildest mental disorder syndrome of the three postpartum psychological changes, therefore it is often ignored, undiagnosed, and not treated properly, in the end, it can become a problem that is difficult, and unpleasant and can cause a feeling of inadequacy. comfortable feelings towards the child who experiences it, this disorder can even

develop into a more serious condition and have a worse impact, especially in terms of the marital relationship with her husband and the growth and development of her children (Asma et al., 2023).

The condition of Baby Blues Syndrome is still considered mild or normal because it is associated with the mother's psychological adaptation. However, if the process is not handled well, the mother can experience postpartum depression.

Based on Table 4, based on the results of the analysis of the relationship between family support and the incidence of Baby Blues Syndrome in postpartum mothers in the Simorejo area, Simomulya Village, Surabaya City, data analysis was carried out using the Rho test sperm correlation statistic, obtaining a coefficient value of -0.827 with a significance value (p) of 0.000 ($p < 0.05$) means H_1 is accepted. H_1 is accepted, which means there is a relationship between family support and the incidence of Baby Blues Syndrome in mothers giving birth in the Simorejo Region, Simomulya Village, Surabaya City with the strength of a negative correlation, which means that from the research results it can be concluded that there is a significant relationship between the level of family support and the incidence of Baby Blues Syndrome. The cross-tabulation results in Table 4 show that 14 people (56%) received high support, while 11 people (44%) received moderate support from the family.

With good family support, postpartum mothers do not experience Baby Blues Syndrome, so mothers have a strong motivation to face postpartum psychological adaptation well with family support. Apart from family support, the influencing factors are in terms of education, the higher the education, the better the knowledge, and in terms of age, the more mature the way of thinking will change.

CONCLUSIONS

Researcher's conclusion regarding the results of the research and testing, the researcher can draw the following conclusions: the family support received by postpartum mothers in the Simorejo area, Simomulya subdistrict, Surabaya City, on average received high support of 56%, the majority of postpartum mothers did not experience baby blues. Syndrome as much as 48%, 32% of respondents experienced Baby Blues Syndrome and 20% of respondents experienced moderate risk. So there is a relationship between family support and the incidence of Baby Blues Syndrome in postpartum.

It is hoped that the results of this research can increase knowledge for postpartum mothers by paying attention to family support to avoid the

occurrence of Baby Blues Syndrome so that health programs can be improved. And for future researchers, it can be used as material for consideration or comparison to add other variables.

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