



Factors Related to The Incidence of Postpartum Blues In Post-Partum Mothers in The Working Area of Plumbon Community Health Center

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Abstract

Background: The current state of postpartum blues is very concerning, as it can lead to long-term psychological consequences, including postpartum depression. According to 2024 data from the National Population and Family Planning Board (BKKBN), 57% of mothers in Indonesia experience postpartum blues symptoms.

Aims. The purpose of this research is to determine the factors related to the occurrence of postpartum blues in the Plumbon Community Health Center work area.

Method used quantitative observational analysis with a cross-sectional approach. The population in this study was postpartum women on days 1-7. The sampling technique used was consecutive sampling. Data were collected using the EPDS questionnaire and the husband's support questionnaire.

Results showed a significant relationship between the husband's support and the occurrence of postpartum blues (p value 0.000), and no relationship between age (p value 0.368), education (p value 0.114), and the occurrence of postpartum blues.

Conclusion. This study concludes that the husband's support is significantly associated with postpartum blues (p-value = 0.000).

Implementation it is hoped that further research can examine more factors such as knowledge of postpartum mothers, economic status, and occupation.

Keywords: Postpartum blues, postpartum, husband's support, age, education



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INTRODUCTION

Postpartum Blues: At this time, it is very concerning and requires serious attention. This is due to the condition *Postpartum Blues*, which can have a long-term psychological impact that can be caused by *Postpartum depression*. According to the *World Health Organization* (WHO), 2021, the prevalence of *Postpartum Blues* in the world is 30-75% (Dwi et al., 2024). Based on BKKBN data in 2024, in Indonesia, 57% of mothers experience symptoms of *Postpartum Blues*. (Dwi et al., 2024).

Postpartum blues not only have an impact on the mother but also on the baby that is born, because it can result in a break in mother-baby interaction, interfering with the attention that the baby needs to grow correctly. (Niar et al., 2024). In addition, according to (Josephine, 2024) *Postpartum Blues*. It can also put a mother at risk of recurrent illness and long-term impact on the role of the mother in relation to the child's emotional and behavioral development, as well as the role of the mother in the family. Not only that, this psychological problem in the continuing stage will have an impact on breastfeeding. A lack of breast milk can hinder a baby's growth and development.

According to (Yolanda, 2019) Several factors cause it, namely, biological and psychosocial factors. Hormonal factors, physical fatigue factors, and maternal health conditions after childbirth are included in biological factors. Meanwhile, maternal age, parity status, postpartum mother's education, occupation, income, and family support are included in psychosocial factors.

According to (Niar et al., 2024) Family support, knowledge, pregnancy conditions, type of childbirth, as well as hormonal changes such as decreased levels of estrogen, progesterone, prolactin, and estradiol are factors that can affect the incidence of *Postpartum Blues*. Meanwhile, according to (Purwati et al., 2023) That can affect *Postpartum Blues*, including socioeconomic factors, parity, education level, and age.

According to Purwati et al. (2023), in a study entitled Factors Affecting Postpartum Blues in the postpartum mother at BPM Elizabet Pekanbaru, there is a relationship between age and Postpartum Blues (p-value = 0.000). According to (Sri et al., 2024), with her research entitled The Relationship between Postpartum Maternal Characteristics and Incidence of *Postpartum Blues* at the Yuna Medan Clinic, the mother's education has a significant relationship with the incidence of *Postpartum Blues* in postpartum mothers at Yuna Medan Clinic, with a p value < α value, where the p value is 0.000. According to Santi (2024), with

the research title Factors That Affect Events Postpartum Blues In TPMB I of 2024, " husband support had an effect on the incidence of postpartum blues with a significance level of 0.05. Based on these journals, it can be concluded that age, education, and the husband's support are the main factors related to *Postpartum blues*.

This is in line with research. (Yolanda, 2019) The age of less than 20 years will make it difficult for mothers to adapt to caring for their babies; on the other hand, those over 35 years old tend to face heavier psychological distress after childbirth and often carry dual responsibilities that can lead to emotional problems, such as decreased physical condition and increased anxiety. According to (Purwati et al., 2023) That better husband support will reduce the incidence of *Postpartum Blues* in postpartum mothers. Mothers often have to handle all the housework and care for their own babies during the postpartum period because their husbands provide little support. Therefore, it is necessary to have strong husband support for postpartum mothers, as it can provide meaningful emotional support. According to (Niar et al., 2024) If a person has a low level of education, it will hinder the development of that person's attitude towards receiving information. Meanwhile, a high level of education will make it easier to access information and gain broader insights.

This is also in accordance with the words of Allah SWT in the Qur'an Surah Luqman, verse 14, which reads:

وَوَصَّيْنَا الْإِنْسَانَ بِوَالِدَيْهِ حَمَلَتْهُ أُمُّهُ وَهْنًا عَلَىٰ وَهْنٍ وَفِصَالُهُ فِي عَامَيْنِ أَنِ
اشْكُرْ لِي وَلِوَالِدَيْكَ إِلَيَّ الْمَصِيرُ ﴿١٤﴾

Meaning: "We bequeath to man (to do good) to his parents. His mother had conceived him in a weakened state that was increasing, and weaned him in two years. (Our Will,) "Give thanks to your parents and to Me." Only to Me (you) return". (QS Luqman:14)

In an effort to overcome *postpartum blues* in the form of maternal and child health programs and psychosocial services that the government has carried out. However, from the 2024 BKKBN data, it turns out that there are still around 57% of postpartum mothers in Indonesia who are still experiencing *postpartum blues*, so more information is needed related to factors related to the incidence of *postpartum blues*, one of which is related to age, education level, and husband support. The researcher conducted the study at the Plumbon Health Center. Plumbon Health Center is one of the health centers in Cirebon Regency. The birth rate at the Plumbon Health Center in 2024 will reach 982. After a preliminary study was conducted at the

Plumbon Health Center with interviews with 10 postpartum mothers, 8 out of 10 postpartum mothers experienced postpartum blues symptoms.

Based on the high incidence of *postpartum blues* in Indonesia, there have been efforts to handle it. However, there are still many postpartum mothers who experience *postpartum blues*, so that if not handled properly, it can have a long-term impact on baby parenting, and affect the quality of the future of Indonesian children who will be the nation's successors. Therefore, the researcher is interested in conducting research related to "Factors related to the incidence of *postpartum blues* in postpartum mothers in the working area of the Plumbon Health Center".

LITERATURE REVIEW

Basic Concept of Postpartum

Postpartum is the postpartum period of about 6-8 weeks. Marked by the discharge of postpartum blood until the recovery of the uterus and female organs. Physical and psychological changes also mark this period. (Niar et al., 2024). Postpartum Phase. The phase of this postpartum period, according to (Niar et al., 2024) The following are: Early Puerperium. It is a recovery phase in which the mother is allowed to stand and walk. Puerperium Intermedial. It takes 6-8 weeks to fully repair the reproductive organs. Remote Puerperium. If during pregnancy or childbirth there are complications, then it takes time to reach a good condition. The time for a perfect recovery can be weeks, months, or even years.

Psychological Adaptation of Mothers in the Postpartum Period. After giving birth, the mother experienced physical changes that resulted in several changes in her psyche. She feels great happiness, goes through the adjustment process with her baby, and is under pressure to understand the information she needs to know and how to care for her baby, while facing the great responsibility of being a "Mother". Therefore, it is natural for mothers to experience some changes in behavior and sometimes find it difficult (Wijaya et al., 2018).

Reva Rubin's theory divides this period into 3 three parts, namely: "Taking in" period. This period occurs 1-2 days after childbirth. Generally, mothers who have just given birth still tend to be passive and dependent, and pay more attention to their bodies. The mother will retell the experience of childbirth. To reduce health problems caused by insufficient rest time, it is necessary to sleep without interruption. For active breastfeeding preparation and wound recovery and healing, a balanced nutritional intake is needed. In providing nurturing, midwives

must be able to help meet the mother's psychological needs. At this stage, too, when the mother is telling about her experience, the midwife must be able to be a good listener. In addition, provide emotional support or appreciation for the mother's efforts to be able to give birth to her child. Midwives should be able to create a pleasant atmosphere for mothers so that mothers feel free and open. Lack of effective communication between the patient and the midwife can lead to errors in caring for the baby.

The "*taking hold*" period. This period lasts on the 3rd-10th day after giving birth. In increasing the sense of responsibility, a mother must pay attention to the baby she gives birth. The mother focuses attention on monitoring the function of her organs, including the process of defecation, BAK, as well as her body's endurance and stamina. Mothers try hard to take care of their babies, for example, by carrying, bathing, changing diapers, and so on. During this period, mothers tend to be more sensitive and feel less experienced in caring for babies. During this period, midwives need to be aware of potential changes.

The "*letting go*" period. The letting-go period occurs on the 10th day after giving birth. During this period, the family's attention is very influential. The baby's needs are highly dependent on the mother, so the mother needs to adjust. This resulted in a decline in maternal rights, freedom, and social relationships. Postpartum depression usually occurs during this period.

Types of postpartum psychological disorders. *Postpartum blues*. *Postpartum blues* is a psychological condition that appears after childbirth, where a woman feels sadness and depression. Symptoms begin to appear within two or three days of giving birth and will usually disappear within a week or two. (Sari, 2022) *Postpartum depression*. Postpartum depression is a mental disorder that occurs 4 weeks after childbirth. Postpartum depression consists of several symptoms, such as lack of self-care, easy anxiety, difficulty in controlling emotions, lack of interest in doing activities, lack of motivation, not caring about the baby's condition and the baby's development, refusing to socialize, and difficulty in making decisions. (Anissa et al., 2024). *Postpartum psychosis*. *Postpartum psychosis* is a mood disorder, and signs of psychosis, such as hallucinations, can be found, as well as cognitive impairment. (Anissa et al., 2024).

Table 1
Comparison of symptoms of postpartum blues, postpartum depression, and postpartum psychosis (Anissa et al., 2024)

<i>Postpartum blues</i>	<i>Postpartum depression</i>	<i>Postpartum psychosis</i>
About ≥80% of mothers	About 10- 15% of mothers	About 0.1- 0.2% of mothers
Crying	Persistent sadness	Hallucinations of hearing and vision
Sad	Decreased concentration	Paranoid
Worried	Feeling unworthy and disappointed	Anxious
Sensitive	Sensitive/ feeling empty	Thoughts of killing or committing suicide
Insomnia	Insomnia Hypersomnia	Insomnia
Labile	Another somatic symptom, poor bonding with the baby, repeated suicidal thoughts	Delusion gets strange orders to hurt babies

Postpartum Blues

Postpartum blues or often referred to as "*Baby Blues*", is an emotional state that mothers commonly experience after childbirth. In the first few days to weeks after giving birth, this condition will appear and be characterized by feelings of sadness, anxiety, irritability, and fatigue (Sri et al., 2024). Symptoms: *Postpartum Blues*. *Postpartum blues* are characterized by symptoms such as depressive/sad/dysphoric reactions, easy crying (Tearfulness), irritability, anxiety, headache, emotional lability, tendency to self-blame, feeling inadequate, difficulty sleeping, and appetite disorders (Purwati et al., 2023)—impact *Postpartum Blues*. Proper treatment needs to be obtained by mothers who experience *postpartum blues*, because if not treated immediately, it can increase the likelihood of chronic mental health problems and have a long-term impact on the role of mothers in the family and in the development of children's emotions and behaviors (Purwati et al., 2023). Pathophysiological. After childbirth, an imbalance of estrogen levels, progesterone, prolactin, and estradiol results in the occurrence of *Postpartum Blues* coupled with a significant decrease in estrogen levels. It turns out that estrogen inhibits the activity of brain enzymes that regulate emotions (Rohana, 2021). *Hormonal changes experienced by women cause postpartum blues*. In women, hormonal changes begin during pregnancy and continue after childbirth. Hormonal changes affect the mother's physical well-being. After childbirth, several hormones decrease, including estrogen. Estrogen triggers the growth of the breast milk ducts, making breastfeeding easier for mothers.

This hormone increases during pregnancy and decreases after childbirth—the progesterone hormone. In the breasts, progesterone affects alveolar growth and size. The amount of this hormone increases during pregnancy and decreases during labor. Oxytocin hormone. Oxytocin aims to facilitate and simplify the delivery process, reducing the mother's pain by increasing catecholamine levels. Catecholamine hormones are needed by mothers to help the childbirth process. This hormone also causes discomfort for the mother, such as dry lips and enlarged pupils, and can increase the mother's emotions—prolactin. Prolactin can increase the amount of breast milk available and the sustainability of its production, increasing maternal alertness, but if produced in excess, it can cause anxiety in the mother. Beta Endorphins. Beta endorphins are released when the body experiences stress or pain, which can increase the body's resistance to pain. The feelings that mothers experience after childbirth are also related to this hormone. After childbirth, levels of the stress-triggering hormone cortisol increase, while levels of the hormones lactogen and prolactin increase. However, very low levels of estrogen and progesterone accompanied by a decrease in the hormones produced by the thyroid gland can lead to fatigue, feelings of stress, and decreased *Mood*. Low estrogen levels can inhibit the activity of non-adrenaline and serotonin enzymes, which contribute to mood and depression.

Handling *Postpartum Blues*

The treatment for *postpartum blues* is basically not much different from the treatment of other mental disorders. Postpartum blues mothers need real help. In addition to the physical needs, mothers also need psychological support. Mothers need to express their thoughts and feelings regarding the situation that worries them.

To care for mothers who suffer from *Postpartum Blues*, a comprehensive approach is required. Sometimes, medical care, emotional support, practical help, and a good understanding of their experiences and expectations are needed. In general, it can be stated that treatment should be carried out in various aspects, such as behavioral, emotional, intellectual, social, and psychological, simultaneously involving the people around them, including partners, family, and friends. (Yanti & Fatmasari, 2023).

Postpartum blues *measuring tool*

One of the assessment instruments that can be used in detecting psychological disorders during the postpartum period is EPDS (*Edinburgh Postnatal Depression Scale*), developed by Cox, Holden, and Sagovsky since 1987. EPDS is one of the standard instruments that can be

used to screen postpartum mothers who have a risk of symptoms of *Postpartum Blues*. The EPDS has 10 question points that can determine if a mother is experiencing symptoms of *Postpartum Blues* at the time of puerperium. This instrument is one of the methods that can be easily used during the 6-week postpartum assessment period. Contains questions about how a mother has felt in the past week. The assessment time required when using this questionnaire is 5–10 minutes. The questionnaire can be completed by the health worker or the client (Yanti & Fatmasari, 2023).

Hypothesis

The hypothesis in this study is:

1. H0: There was no age relationship with the incidence of *postpartum blues* in the Plumbon Health Center Working Area.
Ha: There is an age relationship with the incidence of *postpartum blues* in the Plumbon Health Center Working Area.
2. H0: There is no relationship between education and the incidence of *postpartum blues* in the Plumbon Health Center Working Area.
Ha: There is a relationship between education and the incidence of *postpartum blues* in the Plumbon Health Center Working Area.
3. H0: There was no relationship between husband support and *the incidence of postpartum blues* in the Plumbon Health Center Working Area.
Ha: There is a relationship between husband support and *the occurrence of postpartum blues* in the Plumbon Health Center Working Area.

RESEARCH METHODS

This type of research uses quantitative observational analysis with a cross-sectional approach. According to (Budiman & Wahyuningsih, 2023) Observational analytics is research or surveys that investigate how and why a health event occurs. In this study, the researcher used a quantitative observational design to explore the factors related to the occurrence of *Postpartum Blues*. While *cross-sectional* according to (Purwati et al., 2023) is a study in which independent and dependent variables are measured simultaneously. In this study, the researcher took a cross-sectional approach to measure the independent and dependent variables over time. This means that each respondent's measurement is carried out only once.

DISCUSSION

This research was carried out in the Plumbon Health Center Working Area in July 2025, with a total of 34 respondents, and the questionnaire results were collected and processed using SPSS. The statistical test used is *Spearman's rank test*. The results of the data obtained were presented in a frequency distribution table, describing age, education, and husband support in relation to the incidence of *postpartum blues*.

Univariate analysis

Age

Table 2
Frequency Distribution of Respondents by Age

Age	Frequency (n)	Percentage (%)
At risk (<20 years and >35 years)	7	20,6
No Risk (20-35 years)	27	79,4
Total	34	100

Source: Primary Data, 2025

Based on Table 2 above, the majority of respondents (27, 79.4%) are in the non-risk age group (20-35 years).

Education

Table 1
Frequency Distribution of Respondents by Education

Education	Frequency (n)	Percentage (%)
Elementary (SD, SMP, SMA)	31	91,2
High (D3,D4,S1,S2,S3)	3	8,8
Total	34	100

Source: Primary Data, 2025

Based on Table 3 above, 34 respondents have low education, with 31 (91.2%) having low education.

Husband's Support

Table 4 shows that of the 34 respondents, the majority received support from 24 respondents (70.6%), and there were still 10 respondents who did not receive support from their husbands (29.4%).

Table 4
Frequency Distribution of Respondents Based on Husband Support

Husband's Support	Frequency (n)	Percentage (%)
No support	10	29,4
There is support	24	70,6
Total	34	100

Source: Primary Data, 2025

Postpartum Blues

Postpartum blues, or often referred to as "baby blues", is an emotional state that mothers commonly experience after childbirth. In the first few days to weeks after giving birth, this condition will appear and be characterized by feelings of sadness, anxiety, irritability, and fatigue (Sri et al., 2024). The results showed that out of 34 respondents, most mothers did not experience *postpartum blues*, and there were still mothers who experienced *postpartum blues*.

In accordance with research (Sari & Saputri, 2023) The majority of mothers do not experience *Postpartum blues*. According to (Yanti & Fatmasari, 2023) *Postpartum blues* are the feelings of sadness experienced by the mother after giving birth; this is related to her baby. *Postpartum blues* is a mood disorder that lasts for 3 to 4 days after giving birth. Researchers concluded that the *Postpartum Blues* is still experienced by postpartum mothers.

Table 5
Frequency Distribution of Respondents Based on Postpartum Blues

<i>Postpartum Blues</i>	Frequency (n)	Percentage (%)
Yes	15	44,1
No	19	55,9
Total	34	100

Source: Primary Data, 2025

Based on Table 5 above, 15 respondents (44.1%) still experienced postpartum blues, while 19 respondents (55.9%) did not.

Age relationship with the incidence of *postpartum blues*.

According to (Yanti & Fatmasari, 2023), A woman aged 20-35 years is considered physically and psychologically ready to give birth and care for a child. Because at such an age, maturity, thinking, and behavior will also increase. According to Purwati et al. (2023), Age has a great influence on pregnancy and childbirth; the ideal age for pregnancy is between 20 and 35 years. At this age, in general, mothers are mentally and physically mature; they are ready to

get married, so their way of thinking supports their ability to fulfill the role of a mother and to control their emotions.

On the other hand, pregnancy in women under the age of 20 or over 35 years is considered less ideal for pregnancy and childbirth. Mothers <20 years old are more vulnerable because they are not able to control their emotions and are not ready to become mothers. Mothers who are >35 years old are more likely to face psychological burdens such as decreased physical health and feelings of anxiety about the situation they are facing, so they are more susceptible to experiencing *Postpartum Blues*. (Purwati et al., 2023).

The results showed that of the 34 respondents, almost all were at a risk-free age, meaning they were at the ideal age for pregnancy and childbirth. In accordance with research (Rati Purnama Sari, Azmiza Densy, 2020) With the title of Event Risk Factor Analysis *Postpartum Blues* At the Perumnas Health Center in Rejang Lebong Regency, the most vulnerable age is 20-35 years old, where this age is ideal for pregnancy and childbirth. Researchers concluded that the ideal age for pregnancy and childbirth is 20-35 years old, when individuals are psychologically and physically mature enough to become parents.

Table 6
Age relationship with the incidence of postpartum blues in postpartum mothers in the Plumbon Health Center Working Area

Age	<i>Postpartum Blues</i>				Total		<i>p value</i>	OR	<i>Correlation Coefficient</i>
	Yes		No		n	%			
	n	%	n	%					
Risky	2	28,6	5	71,4	7	100	0,368	0,431	-0,159
No Risk	13	48,1	14	51,9	27	100			
Total	15	44,1	19	51,9	34	100			

Based on Table 6 above, respondents who experienced postpartum blues were the majority of the age group not at risk, as many as 13 respondents (48.1%), and respondents who did not experience postpartum blues were the majority of the age group at risk, as many as five respondents (71.4%). The *p-value* is 0.368, which means $p > 0.05$; thus, H_0 is acceptable, and H_a is rejected. This shows that there is no relationship between age and the incidence of *postpartum blues*. The *Odds ratio* value shows 0.431, meaning that age 0.431 times is not related to the incidence of postpartum blues. The *Correlation Coefficient* value is -0.159, indicating a negative relationship. However, because the *p-value* is not significant, this suggests

that the age of respondents who are at risk or not at risk is not meaningfully related to the incidence of postpartum blues.

Age has a significant influence on pregnancy and childbirth; the ideal age for pregnancy is 20-35 years. Vulnerable at this age, mothers are generally mentally and physically mature. They are ready to get married, so their way of thinking supports taking on the role of a mother more effectively and better controlling emotions. On the other hand, pregnancy in women under the age of 20 or over 35 years is considered less ideal for pregnancy and childbirth. Because they are not able to control their emotions and face psychological burdens such as decreased physical health and feelings of anxiety about the situation they are facing, so they are more vulnerable to experiencing *Postpartum Blues* (Purwati et al., 2023). Based on these references, the researcher concluded that the age of <20 years is perilous, because apart from being physically unprepared, the psyche is also not ready where at that age the mother is not able to control emotions, the same as the age of >35 years where in maturity it is mature but because of its age it is risky to make the mother feel anxious about her childbirth.

The results of this study show that respondents who experience *postpartum blues* are mainly of an age who are not at risk. Respondents who do not experience *postpartum blues* are the majority at risk. The results of the Spearman's rank-order test showed no relationship between age and the incidence of postpartum blues. The odds ratio for age was 0.431, not dependent on the incidence of postpartum blues, and the correlation coefficient indicated a weak, negative relationship.

This is in line with research (Sri et al., 2024) entitled *The Relationship Between Postpartum Maternal Characteristics and the Incidence of Postpartum Blues at the Yuna Medan Clinic*, which states that there was no significant relationship between the age of the mother giving birth and the incidence of Postpartum Blues, with a p-value of 0.357. According to Sri et al. (2024), age is not necessarily related to the incidence of *Postpartum Blues*. The mother's age at childbirth is a key factor in maternal and infant health. Ideally, the mother's age ranges from 20 to 35 years old because the risk of complications is lower. This is also in line with research (Purwarini & Armaya, 2021) entitled *Factors Related to Events Postpartum Blues at "Y" Bekasi Hospital*, which showed that in the age variable, it was seen that respondents with non-at-risk ages (20-35 years) experienced *Postpartum Blues*, as many as 34 (44.1%) respondents. Analysis results *Chi Square Obtained Scores p value = 0.934*, which means there is no significant relationship between age and incidence of *Postpartum Blues*. According to

Purwarini and Armaya (2021), those under 20 years old pose a risk to the baby and mother because the mother may not be ready to have a child or to adapt to the changes that occur after childbirth. Meanwhile, the age of over 35 years will cause anxiety about the conditions of pregnancy and childbirth that will be undergone because the mother feels that her reproductive organs are too old to get pregnant. Anxiety that arises can trigger the occurrence of *Postpartum Blues*.

According to researchers, age is not the only factor in whether a person experiences an event, such as Postpartum Blues; other factors, such as husband support, can also affect it. Where mothers who are at risk or not at risk, if the support is lacking, they will experience *Postpartum Blues*. According to (Rati & Densy, 2020) With social support from the husband, it will be invaluable for postpartum mothers in navigating and overcoming the first days after childbirth, helping prevent postpartum blues due to the absence of attention and a place to share to get through the first week after childbirth. Lack of social support from husbands is the cause of emotional problems in the postpartum period.

The relationship between education and the occurrence of *postpartum blues*

Education is an effort to improve character and abilities, both inside and outside the school, that lasts a lifetime. The role of education is critical in society. With adequate education, a person can benefit themselves and others in need. Education has a significant influence on mothers' knowledge about health, where it is hoped that individuals who get higher education will have a broader insight, so that health problems such as *Postpartum Blues* are Avoidable (Mardhatillah, 2019).

The study found that of the 34 respondents, almost all had low levels of education. In accordance with research (Niar et al., 2024) Entitled Factors Related to Incident Risk *Postpartum Blues*, where the most education is in low education. According to (Wulandari & Yumni, 2019) Said that the education a person receives will affect their way of thinking and how they see themselves and their environment.

Therefore, respondents with a higher educational background will change their attitudes and ways of thinking when responding to the childbirth process, so that most of the education will be lacking in *Postpartum blues*. Compatible with the theory (Yanti & Fatmasari, 2023) that the higher the advanced education and the breadth of knowledge, on the other hand, the lower the education, the lower the mother's knowledge. The researcher concluded that

education indeed has a significant influence on postpartum mothers' knowledge of *Postpartum Blues*.

Table 7
The relationship between education and the incidence of postpartum blues in postpartum mothers in the Plumbon Health Center Working Area

Education	<i>Postpartum Blues</i>				Total		<i>p value</i>	OR	<i>Correlation Coefficient</i>
	Yes		No		n	%			
	n	%	n	%					
Low	15	48,4	16	51,6	31	100	0,114	0	0,276
Height	0	0	3	100	3	100			
Total	15	44,1	19	55,9	34	100			

Based on Table 7 above, respondents who experienced postpartum blues were mainly from low education, with 15 respondents (48.4%), and those who did not experience postpartum blues were mainly from higher education, with three respondents (100%). The *p-value* is 0.114, which means $p > 0.05$; thus, H_0 is acceptable, and H_a is rejected. This shows that there is no relationship between education and the incidence of *postpartum blues*. The *odds ratio* is 0, indicating that 0 times education is not related to the incidence of *postpartum blues*. The *Correlation Coefficient value* is 0.276, indicating a weak, positive relationship. This shows that respondents' educational attainment is not meaningfully associated with the incidence of *postpartum blues*.

The level of education has a significant influence on emotional intelligence; mothers with higher levels of education tend to think more rationally and are more likely to receive information. Mothers who do not get adequate information about pregnancy and childbirth will generally find it difficult to adjust to their new roles and activities, allowing psychological disorders such as postpartum blues to occur (Mardhatillah, 2019). Based on these references, researchers concluded that a person's level of education affects how they think about the knowledge they acquire.

The results of this study show that respondents who experience *postpartum blues* are mostly of low education, and those who do not experience *postpartum blues* are mostly of higher education. Spearman's rank-order test showed no relationship between education and the incidence of postpartum blues. The educational odds ratio is 0, indicating no association with postpartum blues, and the correlation coefficient indicates a weak, positive relationship.

This is in line with research. (Christin Jayanti, 2022) In a study entitled "Genesis Postpartum Blues To Mrs. Nifas," among 20 respondents, information was obtained on a group of postpartum mothers with low education who experienced Postpartum Blues. There were five people (25%), while postpartum mothers with higher education who experienced Postpartum Blues were seven people (35%). Test results: Chi-Square Obtained Scores; p-value = 0.361. It was concluded that there was no relationship between education and the incidence of *Postpartum blues*. Education levels, both low and high, are not significantly associated with the incidence of *Postpartum Blues*. Although most postpartum mothers are highly educated, they can still be at risk of developing *Postpartum Blues*. This is also in line with research. (Purwarini & Armaya, 2021) Entitled Factors Related to Events *Postpartum Blues* at "Y" Bekasi Hospital that in the educational variable, it can be seen that postpartum mothers' education, namely higher education (high school and PT) that has experienced *Postpartum Blues* in the severe category as many as 39 postpartum mothers (43%), while low education (elementary & junior high) who experienced *Postpartum Blues* weight category as many as two postpartum mothers. Results of Statistical Test Analysis: Chi-Square Obtained Score: p-value = 0.274, indicating no significant relationship between education and *Postpartum Blues*. A person with higher education may experience *Postpartum Blues* Because her job requires a lot of attention. A postpartum mother who has to return to her work routine after giving birth will have a dual role that can cause emotional disturbances.

According to researchers, education can affect the way people think, how they receive information, and how they prepare to face new roles. However, the reality is that mothers with higher and lower education still have the potential to experience *postpartum blues*, Because there are other factors such as the knowledge of postpartum mothers related to *Postpartum Blues*, where postpartum mothers who are poorly educated will find it difficult to understand information, while postpartum mothers who are highly educated can experience *Postpartum Blues* Because of work, where working mothers will have more potential to experience postpartum blues. According to Herlina et al. (2023), Knowledge is a very important factor in shaping a person's actions. The higher a person's education, the easier it is to receive information, so the more knowledge one has, and vice versa. If education is low, it will hinder a person's development of an attitude towards new values introduced. According to Masithoh et al. (2019), highly educated women face role conflicts, namely the demands of being a woman with a job outside the home, between playing the role of housewife and doing work outside the

home, and their roles as housewives and parents. The workload imposed on the mother is very influential on the risk of the mother being affected by *Postpartum Blues*. Because taking care of the baby alone has made you physically exhausted, staying up late almost every night, plus the burden of office work.

The relationship between husband support and *the incidence of postpartum blues*

According to (Yanti & Fatmasari, 2023) The husband's support given to the mother will affect the mother's psychological condition, so that the mother will have a strong motivation to go through the postpartum psychological adaptation period well. The study found that of the 34 respondents, almost all received support from their husbands, and some did not. In accordance with the research (Mardhatillah, 2019) titled "Factors Related to the Incidence of Postpartum Blues in the Temidung Health Center Work Area," one form of support husbands can provide is psychological support in the form of motivation, attention, and acceptance of the decisions made.

Researchers concluded that husbands' support reflects the care and presence of loving, appreciative, and reliable people, such as their affection for their wives. Good husband support is also very influential in the occurrence of *postpartum blues*, where if the support is good, the mother will not experience *postpartum blues*.

Table 8
The relationship between husband support and the incidence of postpartum blues in postpartum mothers in the Plumbon Health Center Work Area

Husband's Support	<i>Postpartum Blues</i>				Total		<i>p value</i>	O R	<i>Correlation Coefficient</i>
	Yes		No		n	%			
	n	%	n	%					
No support	9	90	1	10	10	100	0,000	27	0,596
There is support	6	25	18	75	24	100			
Total	15	44,1	19	55,9	34	100			

Based on Table 8 above, the majority of respondents who experienced postpartum blues had no husband support (90%), and those who did not experience *postpartum blues* had the majority of 18 respondents (75%). The p-value is 0.000, which means $p < 0.05$; thus, H0 is rejected, and Ha is accepted. This shows that there is a very meaningful relationship between husband support and the occurrence of *postpartum blues*. The odds ratio value is 27, indicating

that the husband's support is 27 times more likely to be associated with the occurrence of postpartum blues. The *Correlation Coefficient value* is 0.596, indicating a strong, positive relationship. This shows that the greater the husband's support, the less likely the mother is to experience *postpartum blues*.

The role of the husband as a leader is to protect his wife, educate, direct, and explain the truth to his wife, as well as provide material and spiritual sustenance, behave well, and maintain a harmonious relationship. One of the forms of support that the husband can provide is psychological assistance in the form of motivation, attention, and acceptance of the decisions taken. Support from the husband reflects the care and presence of a loving, appreciative, and reliable person, such as his affection for his wife. (Wulandari & Yumni, 2019). Based on these references, the researcher concluded that husband support is essential during the postpartum period, as strong support can motivate the mother and help her avoid *Postpartum Blues*.

The results of this study showed that the majority of respondents who experienced *postpartum blues* had no support from their husbands, and those who did not experience postpartum blues had the majority of their husbands' support. The results of the *Spearman's rank test* showed that there was a relationship between husband support and the incidence of *postpartum blues*. The odds ratio for husband support indicated a 27 times higher risk of postpartum blues, and the correlation coefficient indicated a strong, positive relationship. This emphasizes the importance of the husband's support role in reducing the risk of *postpartum blues symptoms* in postpartum mothers.

This is in line with research. (Ginting, 2024) According to the study entitled Factors Influencing the Incidence of Postpartum Blues in TPMB I in 2024, the husband support variable has a coefficient with a t value of 2.737 and a significance value (Sig) of 0.011. Husband's support has a significant influence on the incidence of *Postpartum Blues*. These findings underscore the importance of social roles and support in the context of postpartum maternal mental health. This is also in line with research. (Haerunnisa et al., 2021) With the title Husband's Support Relationship with Incident *Postpartum Blues* In Urban Areas, the results of the analysis using the Chi-Square test indicate that the relationship between the two variables is significant ($p = 0.003 < \alpha 0.05$), so H_a is accepted. If H_o is rejected, then there is a relationship between husband support and the incidence of *Postpartum Blues* in urban areas. Respondents who experienced *Postpartum Blues*. On average, mothers do not get more attention from their families, especially husbands.

According to researchers, a husband is one of the family members who is very close to the mother. All forms of actions taken by husbands related to the mother's postpartum period will have an impact on the mother's psychological state as well as the mother's smooth transition period. Positive support from the husband is vital in helping the mother's condition during the postpartum period. If the husband does not support the postpartum mother, it can make the mother feel sad and overwhelmed in caring for her baby in the first week postpartum, which can cause the mother to experience *postpartum blues*. Husband support is also a form of interaction in which a relationship involves giving and receiving real help. This suggests that a sense of love and attention, meaning the husband's support, is very influential in the occurrence of postpartum blues. If the husband's support is good, the mother will not experience *postpartum blues*. On the other hand, if the mother lacks support, she has the potential to experience *postpartum blues*.

Research Limitations

1. The researcher did not examine the variables of knowledge of postpartum mothers.
2. Limited number of respondents.

CONCLUSIONS

Based on the results and discussion of the research, it can be concluded that Factors Related to the Incidence of *Postpartum Blues* in Postpartum Mothers in the Plumbon Health Center Working Area in 2025 show that from 34 respondents, the following results were obtained:

1. Almost all respondents were not at risk (20-35), as many as 27 respondents (79.4%).
2. Almost all respondents were poorly educated, as many as 31 respondents (91.2%).
3. Almost all of them received support from their husbands, as many as 24 respondents (70.6%), and there were still those who did not get support from their husbands, as many as 10 respondents (29.4%).
4. There was no association between age and *the incidence of postpartum blues*, with a *p value* of $0.368 > 0.05$, with a negative relationship direction, which means that the age at risk or not at risk was not significantly related to the incidence of *postpartum blues*, and age 0.431 times was not associated with the incidence of *postpartum blues*.
5. There was no relationship between education and the incidence of *postpartum blues*, with a *p-value* of $0.114 > 0.05$, with the direction of this relationship being weak but positive.

This shows that low and high levels of education were not meaningfully related to the

incidence of postpartum blues. That education was 0 times not related to postpartum blues incidence.

6. There was a relationship between husband support and the incidence of *postpartum blues* with a *p value* of $0.000 < 0.05$, with a strong relationship direction and a positive value, this shows that the greater the husband's support, the less likely the mother to experience *postpartum blues*, and the husband's support 27 times is related to *the incidence of postpartum blues*.

Suggestions

Some of the suggestions that can be given by researchers from the results of the research that has been carried out are:

1. For the next researcher

It is hoped that further research can examine other factors, such as the postpartum mother's knowledge, economic status, occupation, type of delivery, and psychological conditions during pregnancy.

2. For Health Workers

It is hoped that new regulations related to the mental health of postpartum mothers can be applied, and can provide reinforcement or motivation when it is indicated that there are mothers who lack family support, especially husbands, at the time of examination.

3. For Respondents

It is hoped that respondents will know information and involve families, especially husbands, about *postpartum blues* so that mothers can prevent or overcome the occurrence of *postpartum blues*.

4. For Puskesmas

It is expected to provide wider information through innovative media based on *evidence, and hold a companion class for postpartum mothers*, which is mainly aimed at husbands.

5. For educational institutions

It is hoped that this research can serve as a source of literature for future research, thereby enhancing students' insight and knowledge about *postpartum blues*.

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