

Social Support in the Prevention of Postpartum Mood Disorder

Ponco Indah Arista Sari^{1*}, Widya Hary Cahyati¹, Irwan Budiono¹

¹Universitas Negeri Semarang, Central Java, Indonesia

Corresponding author: pindaharistaszulianto@students.unnes.ac.id

Abstract: Postpartum is a transitional period of changes both physiologically and psychologically. Mothers are expected to adapt to all the changes. In undergoing this postpartum period, mothers need a lot of support, especially from the people and environment closest to them. Mothers will be able to carry out their role well if they are well adapted. Poor adaptation certainly causes uncomfortable condition which will affect psychologically. Frequently occurring psychological problems in postpartum mothers include baby blues and postpartum blues, and if it cannot be managed, it will lead to postpartum depression. This study aimed to determine the relationship of social support in the prevention of postpartum mood disorder. The research used descriptive analytic method with cross sectional design using a total population of 46 postpartum women. The data were analyzed univariate using frequency distribution tables and bivariate with cross tabulation and Chi square. The results of this study indicated that mothers who received good social support and did not experience postpartum mood disorders were 21 people (78%). Mothers who received less social support and did not experience postpartum mood disorders were 4 people (21%). The results also indicated $p \text{ value} < \alpha$ where $0.000 < 0.05$, meaning that social support could prevent postpartum mood disorders. From these results, it can be concluded that it is necessary to provide social support to postpartum mothers as an effort to prevent postpartum blues. Social support from the environment including spouses, family, relatives, friends and health workers is considered to have an effect on reducing postpartum mood disorders.

Keywords: Social support, postpartum, postpartum mothers

INTRODUCTION

The postpartum period is a very important transition period for a woman, starting from birth and lasting until about 6 weeks or 42 days. In this crucial period, mothers experience many changes and have new roles (Almalik, 2017). In addition to physical changes, mothers also experience profound psychological changes (Bingol et al., 2021). Mothers who are able to adapt well will go through the postpartum period comfortably, but for mothers who are unable to adapt, it will have an impact on their daily lives, including their relationships with their surroundings. Mothers' psychology must be properly maintained, so in this case the mental health of the postpartum mothers is needed. Complex emotional changes such as joy, fatigue, love and anxiety will be mixed together. All of these feelings must be felt by a mother amidst the discomfort of her physiological process. In response to this, mothers must receive support from people around them, including

their husbands, family or relatives, peer groups and health workers. Mothers' roles will begin when they start living a new life, adapting and learning new skills and going through a new routine. A mother will need to adapt to her new activities and role as a mother in the first few weeks or months after giving birth (Ghodrati, 2020). Physiological adaptation is still the main focus in postpartum health care, in contrast to psychological adaptation which still receives less attention in the community.

Maternal functions in the postpartum period include self-care, baby care, family care as well as social and work activities (Shamasbi et al., 2020). It can be seen that the care of psychological needs is still not a concern. The family and the surrounding environment tend to pay less attention to the care of postpartum mothers because all attention is focused on the baby. In this condition, if postpartum blues or baby blues is not treated properly, the problem will lead to a psychological disorder, i.e., postpartum depression. Symptoms of postpartum blues often begin when a pregnant woman enters the third trimester of pregnancy. According to a study, levels of stress, anxiety, and depression tend to be high in third trimester up to 4-6 months postpartum (Clout & Brown, 2015). The similar statement was made by (Hanach et al., 2024) that during the childbirth consultation process, mental stress problems such as anxiety, unexplained crying, lack of confidence or nervousness were the most common complaints experienced by postpartum mothers (10%), then genital infections like vaginal discharge and vaginal infections (8%), and problems with breastfeeding (5%).

According to data from the World Health Organization (WHO) in 2017, around 322 million people in the world suffered from depression, mostly in Southeast Asia and the Western Pacific region. Based on the results of systematic reviews and meta-analyses, the prevalence of postpartum blues obtained from 26 studies from various countries is from 13.7% to 76% (Keikhaie et al., 2020). In Southeast Asia, the number of depression cases is 27%, while Indonesia with a prevalence of depression is 3.7% and second in India at 4.5% (WHO, 2017). Postpartum blues is found in connection with mild symptoms with prevalence rates ranging from 30% to 75% after childbirth on day 3 or 4 (Idaiani & Basuki, 2012). From previous research, it was found that 35% of mothers who experienced postpartum blues occurred in the first week after giving birth and 20% experienced postpartum depression within 1 month after giving birth (Akbarzadeh et al., 2015).

The overall prevalence within 6 months is more likely to occur in Indonesia, and urban areas is higher at 5.7% compared to rural areas at 2.9% (Putri, 2023). Postpartum blues tends to be a predictor of postpartum depression by 15% to 20% (Manurung & Setyowati, 2021). Another

study reported that in one of the hospitals in East Java Province, postpartum mothers who experienced postpartum blues were 55.84% (Alifah, 2016). Some factors that lead to postpartum blues include drastic hormonal changes, history of pregnancy, labor and delivery. According to van der Zee-van den Berg et al., (2021), there are several risk factors that cause psychological disorders in the postpartum period, including being divided into before pregnancy, during pregnancy and before pregnancy. From a study conducted in Morocco, researchers found that the risk factors that trigger postpartum blues include low-income families, parity, difficult relationships with in-laws and parents, adverse events during pregnancy and lack of physical assistance (Nasreen et al, 2013). Postpartum blues can have an immediate impact as well as long-term risks to the mothers' psychology. In children, it can interfere with physical, social, and mental development. In this case, of course, support from the surrounding, especially family, is needed. Based on research from van der Zee-van den Berg et al., (2021), social support is one of the causes of postpartum anxiety and depression. Support is given to mothers so that mothers feel comfortable in the postpartum period which is a new experience for primiparous mothers and a recurring event for multiparous mothers. From this description, the researcher is interested in examining social support in preventing postpartum mood disorders.

METHOD

This was a quantitative analytic research with a cross sectional approach. The population was postpartum mothers in the Turi Health Center in November and December 2023. The sample in was all postpartum mothers in those months. The data were collected by using a questionnaire given through the Basic Emergency Obstetric Neonatal Care in Turi Health Center and returned to the researcher after 2 weeks of postpartum. The instrument was the Edinburgh Postnatal Depression Scale (EPDS) questionnaire for the postpartum mood disorder variable and a closed answer questionnaire was provided for the social support variable. The purpose of this study was to determine the frequency distribution of social support, determine the relationship between social support, and the risk of postpartum blues depression.

RESULTS

The following are the research results which will be presented in frequency distribution and test results

Table 1. Respondents' Characteristics Based on Age, Parity, Educational Level, Work Status

| Characteristics | F | % |
|---------------------------|----|------|
| Age | | |
| 15-20 years | 17 | 32.6 |
| 20-30 years | 16 | 67.3 |
| 31-40 years | 13 | |
| Parity | | |
| Primiparous | 20 | 43.4 |
| Multiparous | 26 | 56.5 |
| Education | | |
| Not graduated from school | 0 | |
| Elementary school | 0 | 58.6 |
| High school | 27 | 41.3 |
| Higher education | 19 | |
| Employment status | | |
| Working | 28 | 60.8 |
| Not working | 18 | 39.1 |

Table 1 presents the characteristics of postpartum mothers based on age, parity, education level, and employment status. A total of 17 respondents (32.6%) aged 15-20 years, 26 (56.5%) of them were multiparous, 27 (58.6%) respondents were high school graduates, and they were mostly working mothers (60.8%).

Table 2. Frequency Distribution of Social Support in Preventing Postpartum Mood Disorder

| No. | Social Support | Postpartum Mood Disorder | | Total | P Value |
|-----|----------------|--------------------------|------------|-----------|---------|
| | | No | Yes | | |
| 1 | Good | 21 (78%) | 6 (22%) | 27 (100%) | 0,0001 |
| 2 | Poor | 4 (21%) | 15 (78,9%) | 19 (100%) | |
| | Total | 25 | 21 | 46 | |

From Table 2 above, it can be seen that 21 postpartum women (78%) received good social support, while the result of Chi Square indicated p value α namely $0,000 < 0,05$

DISCUSSION

1. Social Support

Based on research that has been conducted in the Turi Health Center Working Area in 2023, the results are that 27 postpartum women (59%) received good social support, while 19 postpartum women (41%) received good support. From these results it can be concluded that there are still many postpartum women who did not receive social support from their husbands, families, and relatives. This is supported by the results of research that mothers who lack support are higher

than mothers who get good support from their husbands. From the results of the study, the social support obtained by mothers during the postpartum period included husbands who paid attention to the needs of mothers during the postpartum period. Family other than the husband provides attention in the form of helping to care for the baby, attention to providing food that the mother likes, helping the mother look after the baby so that the mother can rest during the day (Saleh et al., 2022).

A mother who is going through the postpartum period will greatly need support and attention from her husband, family, peers and health workers. Support and attention will really help the mother to gain confidence and self-esteem as a wife who deserves to be appreciated by a husband. There are various kinds of support which can be provided, including emotional support, appreciation support, instrumental support, information support (Khasanah, 2017). This is in accordance a study which suggests that instrumental support consists of real services, money, time and resources, information support in the form of providing knowledge, advice and education, emotional support in the form of providing comfort and encouragement or motivation, and appreciation support contains messages as a form of appreciation (Tang et al, 2016). From the results of the study, mothers who received good social support met four criteria for such support. Some mothers are workers so that their social environment provides support in an effort to lighten the mother's workload.

The results of research conducted by Negron et al (2013) indicated that there are four major themes from group discussions that describe social support in the postpartum period, including: a) The needs and challenges of the main period of postpartum mothers, b) Expectations of social support and support providers, c) How postpartum mothers manage the support, d) Barriers in managing social support. Postpartum mothers will expect to get enough social support from people around them. The realized expectations will help them in the recovery period after melting. Support from the family outside the husband is also important to be given to the mother through the parents of the mother, in-laws, relatives or other family members. Forms of support from the family, especially parents (mothers) in the form of communication and good and warm emotional relationships (House et al., 2016). Husbands can also play an active role when accompanying mothers to health care centers. This form of support if given properly will make the mother feel that she is getting extraordinary motivation. Another support that must be given is appreciation support. Forms of appreciation support that can be given to postpartum mothers include, among others, husbands reminding mothers to meet their nutritional needs, husbands

understand what mothers need and want related. Family outside the husband can also provide support and motivation to the mother without judgment, the family can help look after the baby when the mother needs rest. In the research results of multiparous mothers totaling 26 people (56.5%), social support for these mothers is also needed in order to maintain the physical health of the mother. Primiparous mothers certainly have responsibilities other than caring for the baby who has just been born. With social support from the surrounding environment, the mother will get help that will ease her work.

Other support can come from peers. Peers are considered to have gone through the same experience. Mothers can share about baby care, baby equipment, handling postpartum problems according to their' experiences. Other support comes from health workers, in this case midwives. Information provided by midwives, good communication by midwives can make mothers more comfortable and not hesitate to express what they are experiencing. In accordance with the government program, contact between mothers and midwives during the postpartum period can be done within 4 times. In research entitled Schedules for home visits in the early postpartum period (Yonemoto et al., 2021), it is stated that the importance of visiting or contacting mothers with health workers. From this interaction, it will be able to detect early problems felt by the mother, both in the form of physiological or psychological. Health workers will be able to provide information according to the needs of mothers in the postpartum period.

2. Postpartum Mood Disorder

From the results of the study, it was found that postpartum women who did not have postpartum mood disorders were 25 people (54.3%), postpartum women with a risk of depression were 21 (45.6%). From these results it can be concluded that there are still postpartum women who are very likely to be depressed at this time. Postpartum mothers experience changes in mood due to natural changes in the body. The change must get a good response, otherwise, postpartum mothers will not be able to go through the postpartum period with a happy mood. Postpartum mothers are said to suffer from postpartum blues if the mother experiences mood changes that occur every time after the mother gives birth. The mood changes often occur on the 3rd and 4th postpartum days and peak on the 5th to 14th day (Goodman, 2019). The peak is characterized by brief crying, feelings of loneliness or rejection, anxiety, confusion, anxiety, fatigue, forgetfulness and sleeplessness. According to Bobak's theory, postpartum mothers who experience postpartum blues have symptoms including tearfulness, moodiness, sadness, anxiety, mood swings, restlessness, irritability, lack of concentration and forgetfulness.

From the results of the EPDS questionnaire, it was found that some mothers who might be depressed were characterized by not being able to see the future happily, feeling anxious and worried very often for no apparent reason, being unhappy so that the mother had difficulty sleeping all the time, crying all the time, often thinking of hurting themselves. According to research, determinants of age at risk, type of delivery, parity, education and family support have a significant effect on the occurrence of postpartum blues symptoms (Handayani et al., 2021; Kasanah, 2017). This study recommends the need for early detection efforts and increased counseling for postpartum women to prevent postpartum blues.

Postpartum mood disorders can be in the form of baby blues, postpartum blues and if not treated properly, it is likely to become a more severe disorder, namely postpartum depression. A serious maternal mental health problem and can have a negative impact on the mother and her baby (Leger & Letourneau, 2015). This psychological problem is very common but not visible because many people still consider it as something less important to get attention. Therefore, early detection, which should be part of health services during pregnancy and postpartum, has not been implemented in Indonesia.

3. Social Support and Risks of Postpartum Blues Depression

Based on the results of the research, it was found that mothers who received good social support, 21 postpartum mothers (78%) were not at risk of depression. Mothers who obtained less social support tended to experience the risk of postpartum blues. From the results of cross tabulation using Chi Square, the p value was obtained $0.000 < 0.05$ so that H_0 was rejected, and H_a was accepted, meaning that social support had a relationship with the process of postpartum mood disorders or more precisely could be used as a step to prevent postpartum mood disorders. Husband support is the biggest factor to trigger postpartum blues which is one of the forms of postpartum mood disorders (Maliszewska et al., 2016). Husband's support is a very important stress coping strategy when the mother goes through the postpartum period. Husband's support also serves as a preventive effort to overcome postpartum depression and vice versa, mothers who do not get good social support are likely to experience postpartum mood disorders. Husband's support is a stress coping strategy that is essential when the mother goes through the postpartum period. Husband support also serves as a preventive effort to overcome postpartum mood. Mothers who get good social support can be used as an effort to prevent postpartum mood disorders.

A study mentioned that mothers in urban and rural areas have the same chance of experiencing postpartum depression (Putri, 2023). Postpartum depression is strongly related to the

availability of others to accompany young mothers during the postpartum period and be able to offer support related to reproductive issues. Support from family and the health care system is essential to maintain the mental health of the mother from pregnancy to the postpartum period. A good service system should involve the family to support the mother's mental health. The family is an important part of the process of preventing postpartum disorders. The previous research indicated that there was a significant relationship between family support and maternal self-confidence (Puspasari et al., 2018; Gao et al., 2014). Mothers who have confidence in their abilities are better prepared to carry out their new roles well than mothers who do not have self-confidence. Self-confidence is obtained from social support from the mother's closest environment.

Attention to symptoms of mood disorders in postpartum mothers is a very important part to be combined with physical care. The psychological dimension of care can be improved through educational programs that are intended for mothers and families before and after childbirth (Rezaie-Keikhaie et al., 2020; Syamantha et al., 2023). The study mentioned that health workers such as midwives, nurses and doctors play a very important role in identifying the occurrence of postpartum mood disorders and their severity through psychosocial care and mental health support provided by surrounding people.

Based on the previous research, there was a significant relationship between social support provided by husbands and the incidence of postpartum blues (Renata & Agus, 2021). Mothers who get support from their environment, especially their husbands, will increase the mother's self-confidence and comfort during the postpartum period. Overall, the findings indicate that social support programs from peers can improve mental health outcomes (Prevatt et al., 2018).

CONCLUSION

In conclusion, this study found that there are a number of mothers who receive less support from their husbands and may be experiencing depression. Health services for psychology should continue to be provided to mothers from pregnancy to postpartum period because with a healthy mentality, the mother will be able to carry out her role well, so that the family being cared for will grow to be part of a superior and healthy society.

Conflict of Interest

There is no conflict of interest in this research.

Acknowledgment

Thank you to all parties who have helped complete this article, supervisors, heads of institutions where they work and fellow doctoral students in the cooperation class.

REFERENCES

- Akbarzadeh, M., Mokhtaryan, T., Amooee, S., Moshfeghy, Z., & Zare, N. (2015). Investigation of the Effect of Religious Doctrines on Religious Knowledge and Attitude and Postpartum Blues in Primiparous Women. *Iranian Journal of Nursing and Midwifery Research*, 20(5), 570–576. <https://doi.org/10.4103/1735-9066.164586>.
- Alifah, N. (2016). *Hubungan Faktor Psikososial Terhadap Kejadian Post Partum Blues Di Ruang Nifas RSUD dr Abdoer Rahem Situbondo*. Universitas Airlangga .
- Almalik, M.M.A. (2017). Understanding Maternal Postpartum Needs: A Descriptive Survey of Current Maternal Health Services. *Journal of Clinical Nursing*, 26(23–24), 4654–4663. <https://doi.org/10.1111/jocn.13812>
- Bingol, B.F., Bal, M.D., Aydin, O.S., Zengin, O., & Civ, B. (2021). The Adaptation of the Postpartum-Specific Anxiety Scale into the Turkish language. *Journal of Reproductive and Infant Psychology*, 39(1), 86–99. <https://doi.org/10.1080/02646838.2019.1705265>
- Clout, D., & Brown, R. (2015). Sociodemographic, Pregnancy, Obstetric, and Postnatal Predictors of Postpartum Stress, Anxiety and Depression in New Mothers. *Journal of Affective Disorders*, 188, 60–67. <https://doi.org/10.1016/j.jad.2015.08.054>
- Gao, L.L., Sun, K., & Chan, S.W.C. (2014). Social Support and Parenting Self-Efficacy Among Chinese Women in the Perinatal Period. *Midwifery*, 30(5), 532–538. <https://doi.org/10.1016/j.midw.2013.06.007>
- Ghodrati, F. (2020). Investigating Some Spiritual-Personality and Religious Aspects in the Prevention of Postpartum Blues. *International Journal of Multicultural and Multireligious Understanding*, 7(1), 537–547. <https://doi.org/10.18415/ijmmu.v7i1.1335>
- Goodman, J.H. (2019). Perinatal Depression and Infant Mental Health. *Archives of Psychiatric Nursing*, 33(3), 217–224. <https://doi.org/10.1016/j.apnu.2019.01.010>
- Hanach, N., Radwan, H., Bani Issa, W., Saqan, R., & de Vries, N. (2024). The Perceived Mental Health Experiences and Needs of Postpartum Mothers Living in the United Arab Emirates : A Focus Group Study. *Midwifery*, 132, 103977. <https://doi.org/10.1016/j.midw.2024.103977>
- Handayani, T.E., Santosa, B.J., Suparji, S., & Setyasih, P.A. (2021). Determinants of Postpartum Blues for Postpartum Mothers Survey Study at the Madiun City General Hospital. *Open Access Macedonian Journal of Medical Sciences*, 9, 288–292. <https://doi.org/10.3889/oamjms.2021.7348>

- House, S.J., Tripathi, S.P., Knight, B.T., Morris, N., Newport, D.J., & Stowe, Z.N. (2016). Obsessive-Compulsive Disorder in Pregnancy and the Postpartum Period: Course of Illness and Obstetrical Outcome. *Archives of Women's Mental Health*, 19(1), 3–10. <https://doi.org/10.1007/s00737-015-0542-z>
- Kasanah, U. (2017). Hubungan Suami Dalam Perawatan Masa Nifas Dengan Kejadian Baby Blues. *Jurnal Ilmu Keperawatan Dan Kebidanan. Jurnal Ilmu Keperawatan Dan Kebidanan*, III(2), 56–116.
- Leger, J., & Letourneau, N. (2015). New Mothers and Postpartum Depression: A Narrative Review of Peer Support Intervention Studies. *Health and Social Care in the Community*, 23(4), pp. 337–348). <https://doi.org/10.1111/hsc.12125>
- Maliszewska, K., Światkowska-Freund, M., Bidzan, M., & Preis, K. (2016). Relationship, Social Support, and Personality as Psychosocial Determinants of the Risk for Postpartum Blues. *Ginekologia Polska*, 87(6), 442–447. <https://doi.org/10.5603/GP.2016.0023>
- Manurung, S., & Setyowati, S. (2021). Development and Validation of the Maternal Blues Scale Through Bonding Attachments in Predicting Postpartum Blues. *Malaysian Family Physician*, 16(1), 64–74. <https://doi.org/10.51866/OA1037>
- Nasreen, H.E., Nahar, K.Z., Forsell, Y., & Edhborg, M. (2013). Impact of Maternal Depressive Symptoms and Infant Temperament on Early Infant Growth and Motor Development: Results from a Population Based Study in Bangladesh. *Journal of Affective Disorders*, 146(2), 254–261. <https://doi.org/10.1016/j.jad.2012.09.013>
- Negron, R., Martin, A., Almog, M., Balbierz, A., & Howell, E.A. (2013). Social Support During the Postpartum Period: Mothers' Views on Needs, Expectations, and Mobilization of Support. *Maternal and Child Health Journal*, 17(4), 616–623. <https://doi.org/10.1007/s10995-012-1037-4>
- Prevatt, B.S., Lowder, E.M., & Desmarais, S.L. (2018). Peer-Support Intervention for Postpartum Depression: Participant Satisfaction and Program Effectiveness. *Midwifery*, 64, 38–47. <https://doi.org/10.1016/j.midw.2018.05.009>
- Puspasari, J., Nur Rachmawati, I., & Budiati, T. (2018). Family Support and Maternal Self-Efficacy of Adolescent Mothers. *Enfermeria Clinica*, 28, 227–231. [https://doi.org/10.1016/S1130-8621\(18\)30073-1](https://doi.org/10.1016/S1130-8621(18)30073-1)
- Renata, B., & Agus, D. (2021). Association of Husband Support and Postpartum Blues in Postpartum Women Hubungan antara Dukungan Suami dan Gangguan Postpartum Blues pada Perempuan Pascamelahirkan.
- Rezaie-Keikhaie, K., Arbabshastan, M.E., Rafiemanesh, H., Amirshahi, M., Ostadkelayeh, S.M., & Arbabisarjou, A. (2020). Systematic Review and Meta-Analysis of the Prevalence of the Maternity Blues in the Postpartum Period. In *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 49(2), pp. 127–136). Elsevier B.V. <https://doi.org/10.1016/j.jogn.2020.01.001>

- Saleh, O.A., Halperin, O., & Baron-Epel, O. (2022). Predictors of Maternal Self-Efficacy and the Mediating Role of Postpartum Fatigue for Jewish and Arab Women in Northern Israel. *Midwifery*, 107. <https://doi.org/10.1016/j.midw.2022.103281>
- Shamasbi, S.G., Barkin, J.L., Ghanbari-Homayi, S., Eyvazzadeh, O., & Mirghafourvand, M. (2020). The Relationship between Maternal Functioning and Mental Health After Childbirth in Iranian Women. *International Journal of Environmental Research and Public Health*, 17(5). <https://doi.org/10.3390/ijerph17051558>
- Syamantha, P.A., Wurisastuti, T., Yunita Suryaputri, I., & Mubasyiroh, R. (2023). Postpartum Depression in Young Mothers in Urban and Rural Indonesia. *Journal of Preventive Medicine and Public Health*, 56(3), 272–281. <https://doi.org/10.3961/jpmph.22.534>
- Tang, L., Zhu, R., & Zhang, X. (2016). Postpartum Depression and Social Support in China: A Cultural Perspective. *Journal of Health Communication*, 21(9), 1055–1061. <https://doi.org/10.1080/10810730.2016.1204384>
- van der Zee-van den Berg, A.I., Boere-Boonekamp, M.M., Groothuis-Oudshoorn, C.G.M., & Reijneveld, S.A. (2021). Postpartum Depression and Anxiety: A Community-Based Study on Risk Factors Before, During and After Pregnancy. *Journal of Affective Disorders*, 286, 158–165. <https://doi.org/10.1016/j.jad.2021.02.062>
- WHO. (2017). Depression and Other Common Mental Disorders Global Health Estimates. <https://www.who.int/publications/i/item/depression-global-health-estimates>
- Yonemoto, N., Nagai, S., & Mori, R. (2021). Schedules for Home Visits in the Early Postpartum Period. *Cochrane Database of Systematic Reviews*, 2021(7). John Wiley and Sons Ltd. <https://doi.org/10.1002/14651858.CD009326.pub4>