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Article

Relationship between Husband's Support, Family Support and Adjustment to the New Role as a Mother with Events Postpartum Blues in the Andalas Health Center Working Area

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A B S T R A C T

Postpartum blues or as it is often called baby blues or maternity blues is a mild psychological disorder that occurs temporarily, namely 2 days to 2 weeks after giving birth, which is characterized by anxiety, panic easily, fatigue, often blaming yourself and feeling unable to take care of the baby. This research aims to determine the relationship between husband's support, family support and adjustment to a new role as a mother with events postpartum blues in the Andalas Health Center working area.

Quantitative research by design cross-sectional, carried out in the working area of the Andalas Health Center, Padang City from January to December 2021. The respondents of this study were 58 pregnant women in the third trimester of July. Sampling is carried out using techniques proportional sampling. The research instrument used was a questionnaire. Univariate and bivariate analysis using chi square ($p < 0.05$).

The research results showed that 34.5% of respondents experienced postpartum blues. The results of bivariate analysis show that there is a relationship between husband's support ($p = 0.010$), family support ($p = 0.018$), and adjustment to the new role as a mother ($p = 0.020$) with the incidence of postpartum blues in the Andalas Health Center working area.

There is a relationship between husband's support, family support and adjustment to a new role as a mother and events postpartum blues in the Andalas Health Center working area.

I. Introduction

Experience and role of being a mothers are not all considered pleasing to every woman. The realization of the changing roles and responsibilities of being a mother is often possible creates conflict for a woman and is a factor that can trigger emotional, behavioral and intellectual disorders in a woman. Various forms of adjustment are really needed by a woman undergoing new activities and roles as a mother. Some women can adapt to these changes well, but other women cannot adapt and experience psychological disorders commonly known as postpartum blues (Rini and Kumala, 2017:101).

Postpartum blues or as it is often called baby blues or maternity blues is a mild psychological disorder that can occur in mothers after giving birth, which is characterized by anxiety, panic easily, fatigue, often blaming themselves and feeling unable to take care of their baby (Litter, 2017: 303). Phenomenon postpartum blues This generally lasts temporarily, namely 2 days to 2 weeks after giving birth and the peak is on the 3rd to 5th day after giving birth (Rukiyah and Yulianti, 2018: 57).

Information from World Organization (2018) noted Health that prevalence of occurrence postpartum blues universally it is 3-8% where 50% of problems occur in the productive age group, namely 20-50 years. WHO stated that cases postpartum blues This affects approximately 20% of women at some point in their lives (Hutagaol, 2019 in Yunitasari and Suryani, 2020: 304). Case incidence rate postpartum blues in various countries it is quite diverse, such as in Japan around 15-50%, the United States around 27%, Nigeria 31.3%, France 31.7% and Greece around 44.5% (Cury et al, 2008). Meanwhile, the prevalence of incidence postpartum blues in Asia it varies greatly and is quite high, namely around 26-85% in postpartum mothers (Munawaroh, 2008: 18). In Indonesia, the number of cases postpartum blues namely around 50-70% in women after giving birth (Hidayat, 2014 in Qiftiyah, 2018: 10).

Symptoms that arise in mothers who experience it Postpartum blues such as being easily sad, crying often, being irritable, worrying for no reason, lability of feelings, difficulty sleeping, loss of appetite, often blaming yourself and feeling trapped and angry with your partner and baby (Rini and Kumala, 2017:105). Many mothers after giving birth feel something different happening to them, but they don't know what they are experiencing so they feel as if will fight against this themselves (Rukiyah and Yulianti, 2010: 378).

Many factors are the cause postpartum blues, including hormonal factors, inconvenience physique, inability to adapt to the new role as a mother, age and parity factors, experience during pregnancy and childbirth, level of education, adequacy of support from husband and family, fatigue after giving birth, changes in the role of being a mother and the mother's psychosocial background such as marital status, level of education, unplanned pregnancy, socioeconomics and previous history of psychological disorders (Rini and Kumala, 2017:107). Psychological factors that influence postpartum blues among them coping with stress, personal adjustment and social support, and among these three factors, self-adjustment is considered to have the greatest influence on postpartum blues (Ningrum, 2017: 216).

Mother experienced it postpartum blues can causing internal disturbances activities, disturbances in relating to other people, even mothers who experience postpartum blues will lose attention in caring for herself and her baby. Mother who postpartum blues has a negative influence on the baby, such as the mother not being able to care for her baby optimally because feeling helplessness and incompetence which will ultimately make the mother avoid her responsibilities as a mother (Juliani and Yuliani, 2014: 5).

Mother experienced it postpartum blues tend to feel sad, so this will make the mother less sensitive in providing positive effects to her baby. As a result, babies do not learn to develop these positive feelings and ultimately create feelings of insecurity in their future development process (Purwati and Kustiningsih, 2017: 2). Postpartum blues It can also cause problems in the relationship between mother and baby, so that this will cause the baby to experience psychopathological disorders and developmental delays in the baby (Purwati and Kustiningsih, 2017: 2).

Postpartum blues It is included in the category of mild mental disorders that can go away on their own. Because of this, often postpartum blues This is not given much attention and the incident is not diagnosed so that follow-up is not carried out as it should be. If postpartum blues This is considered mild and sufferers are often ignored, so this condition can become a serious disorder and continue to become postpartum depression even postpartum psychosis (Wahyuni, 2018: 81).

The transition process of changing the role of being a mother begins during pregnancy and continues until the new role of being a mother is achieved (Uriko, 2019: 222). The change in role from a woman to a mother after giving birth is a significant change, requiring physical, psychological, biological, social and cultural adjustments (Nakamura et al, 2015: 54). During the postpartum period, various changes will occur which require the mother to be able to adapt to these various changes, especially for the mother primiparawho have no previous experience of pregnancy and childbirth, so postpartum mothers' adjustment to their new role as mothers is an important aspect in psychological adaptation during the postpartum period (Ningrum, 2017: 209).

During the postpartum period, the mother will pass phasetaking in which takes place on days 1-3 postpartum, phasetaking hold which takes place on days 3-10 postpartum and phaseletting go which takes place on the 10th day and beyond (Purwoastuti and Walyani, 2017: 77-78). Difficulty in adjusting to the new role as a mother will be especially for postpartum mothers, so that it can make mothers experience postpartum blues (Ningrum, 2017: 214).

One other important factor that influences postpartum blues This is adequate support, especially from husband and family (Rini and Kumala, 2017: 101). The husband is the closest family member to the mother, this means that all forms of action taken by the husband will have an impact on the mother's psychological condition and influence the mother's smoothness in undergoing the postpartum period (Fitrah and Helina, 2017: 23). Husband's support is one of the biggest influencing factors postpartum blues, This is because Husband's support is a very important coping strategy when mothers experience stress and functions as a preventive effort to reduce stress (Fitrah and Helina, 2017: 24).

Postpartum mothers who receive adequate husband support, including emotional, instrumental, appreciative and informative support, experience relatively little postpartum blues, on the other hand, postpartum mothers who lack the support of their husbands tend to experience postpartum blues (Fitrah and Helina, 2017: 19). Mothers really need positive support from their husbands during the postpartum period. If the husband does not provide enough support, this can make the mother feel sad and overwhelmed in taking care of the baby (Fitrah and Helina, 2017: 20).

Family support can be in the form of the ability of family members to obtain education, knowledge and skills. The emotional support provided by the family to postpartum mothers can be done by providing motivation or encouragement in the form of attention and care, so that this will create mental peace and provide a sense of comfort to the mother (Dale and Dale, 2019: 210). Family support has a close

relationship with the incident postpartum blues especially mothers primipara. The higher the level of family support, the lower the mother's tendency to experience postpartum blues, and vice versa (Wahyuni, 2018: 110).

According to data obtained from the Padang City Health Service, the number of postpartum mothers in Padang City in 2018 was 17,530, while in 2019 there were 17,365 and in 2020 there were 17,264. From these data it is also known that the highest number of postpartum mothers is in Padang Timur District, namely in the working area of the Andalas Health Center. The number of postpartum mothers in the Andalas Health Center working area has always been the highest in the last three years, namely in 2018 as many as 1,604, in 2019 as many as 1,589 and in 2020 as many as 1,580 people.

Based on the researcher's initial survey do this by interviewing 10 postpartum mothers primipara in the Andalas Community Health Center working area, of the 10 postpartum mothers, 7 of them often felt anxious, afraid and for no reason. feeling scared or panicking easily, feeling sad, feeling uncomfortable with their current physical condition, sometimes often blaming themselves and feeling like their sleep time is decreasing.

From the results of the initial survey, it can be seen that postpartum mothers generally experience symptoms postpartum blues or around 70% of postpartum mothers experience postpartum blues. Of the 10 postpartum mothers, it was also found that 6 of them did not receive enough support from their husbands, such as husbands rarely providing encouragement, rarely providing information about the baby's development, never helping mothers with housework, husbands sometimes criticizing mothers when taking care of the baby, husbands sometimes getting angry. get angry when the baby cries, never ask what the mother is feeling and rarely listen to the mother's complaints. Apart from that, 8 people said they didn't fully understand the duties of a mother, didn't know how to care for a baby, couldn't bathe a baby, change diapers and swaddle a baby, mothers felt bored with their current routine, felt dizzy when the baby cried, felt they didn't have time to himself and hanging out with his friends.

Based on the data above, the author interested do research for find out the relationship between husband's support, family support and adjustment to a new role as a mother with events postpartum blues in the working area of the Andalas Health Center, Padang City.

II. METHOD

Approach *Cross Sectional* which was carried out in the Andalas Health Center Working Area, Padang City from January to December 2021. The sample in this was pregnant women in the 3rd trimester of July in the Andalas Health Center Working Area in 2021. Data was obtained from the Andalas Health Center and from respondents by filling in questionnaires. Data will be analyzed in univariate and bivariate using analysis chi-square ($p < 0,05$).

III. RESULTS

Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics

Karakteristik Responden	Frekuensi (f) (n=58)	Persentase (%)
Umur		
< 20 tahun	1	1,7
20-35 tahun	56	96,6
> 35 tahun	1	1,7
Status Pekerjaan		
Tidak Bekerja	48	82,8
Bekerja	10	17,2
Pendidikan Ibu		
Tamatan SD	0	0
Tamatan SLTP	0	0
Tamatan SLTA	27	46,6
Perguruan Tinggi	31	53,4
Status Kehamilan		
Tidak Direncanakan	0	0
Direncanakan	58	100
Status Perkawinan		
Tidak Menikah	0	0
Menikah	58	100

Based on table 1 it shows that the majority of respondents were in the 20-35 year age group, namely 96,6%, most of the respondents were also unemployed, namely 82,8%. The most recent education of respondents was a college graduate, namely 53,4% and all respondents had planned pregnancy status and were married.

Univariate Analysis

Table 2. Frequency Distribution of Events Postpartum Blues in the Andalas Health Center Working Area

Postpartum Blues	Frequency (f)	Persentase (%)
Yes	20	34.5
No	38	65.5
Amount	58	100

Based on table 2 it can be seen that 20 out of 58 respondents experienced this postpartum blues, or around 34,5% experienced postpartum blues while 65,5% of other

respondents did not experience it postpartum blues.

Table 3. Frequency Distribution of Husband's Support

Support Husband	Frequency (f)	Percentase (%)
There isn't any	23	39.7
There is	35	60.3
Amount	58	100

Based on table 3 it can be seen that 23 (39,7) respondents did received husband's support and 35 (60,3%) other respondents received husband's support. From these results it can be seen that the number of respondents who received husband's support was greater than the number of respondents who did not receive husband's support.

Table 4. Frequency Distribution of Family Support

Support Family	Frequency (f)	Percentase (%)
There isn't any	24	41.4
There is	34	58.6
Amount	58	100

Based on table 4 it can be seen 41,4% or around 24 respondents did not receive family support, while 58,6% of respondent or around 34 other respondents received family support. From these results it can also be interpreted that almost half of the respondents did not receive family support.

Table 5. Frequency Distribution of Adjustment to the New Role as a Mother

Adjustment Self Against New Role As a Mother	Frequency (f)	Percentase (%)
Unable	19	32,8
Capable	39	67,2
Amount	58	100

Based on table 5 it can be seen The number of respondents who were unable to adjust to their new role as mothers was 19 people or around 32,8%. Meanwhile, the number of respondents who were able to adapt to their new role as mothers was 39 people or around 67,2%.

Bivariate Analysis

Table 6. Relationship Between Husband's Support And Incidents Postpartum Blues in the Andalas Health Center Working Area

Support an Husband	Postpartum Blues						P Val ue
	Yes		No		Amount		
	f	%	f	%	f	%	
There is	13	56, 4	10	43	23	100	0,0 1
There is not	7	20	28	80	35	100	
Amount	20	34,5	38	65, 5	58	100	

From table 6 it can be seen that respondents who do not receive husband's support tend to experience postpartum blues amounted to 56,5%, while respondents who received husband's support tended not to experience this postpartum blues namely 80%. After testing *chi square*, a value is obtained p-value 0,010 ($p < 0,05$), meaning there is a relationship between husband's support and the incident postpartum blues.

Table 7. Relationship between family support and incidents Postpartum Blues in the Andalas Health Center Working Area, Padang City

Support an Family	Postpartum Blues						P Val ue
	Yes		No		Amount		
	f	%	f	%	f	%	
There is	13	54, 2	11	45, 8	24	100	0,0 8
There is not	7	20, 6	27	79, 4	34	100	
Amount	20	34,5	38	65, 5	58	100	

From table 7 it can be seen that respondents who do not receive family support tend to experience postpartum blues amounted to 54,2%, while respondents who received family support tended not to experience this postpartum blues amounting to 79,4%. Test results *chi square* earned value p-value 0,018 ($p < 0,05$) means there is a relationship between family support and the incident postpartum blues.

Table 8. Relationship between Adjustment to the New Role as a Mother and Events Postpartum Blues in the Andalas Health Center Working Area, Padang City

Support an Family	Postpartum Blues						P Val ue
	Yes		No		Amount		
	f	%	f	%	f	%	
There is	11	57,	8	42,	19	100	0,0

		9		1			8
There is not	9	23,1	30	76,9	39	100	
Amount	20	34,5	38	65,5	58	100	

From table 8 it is known that respondents who are unable to adjust to their new role as mothers tend to experience postpartum blues amounted to 57,9%, while respondents who were able to adjust to their new role as mothers tended not to experience this postpartum blues amounting to 76,9%. Results of bivariate analysis with test *chi square* value is obtained p-value 0,020 ($p < 0,05$), meaning that there is relationship between adjustment to a new role as a mother and the incidence postpartum blues.

IV. DISCUSSION

Univariate Analysis

Incident Postpartum Blues.

The results of this study state that the incidence rate post partum blues in the working area of the Andalas Health Center, Padang City in 2021, it was 34,5%, meaning that almost half of the respondents experienced post partum blues. The results of this research are the same as the results of research by Okunola, et al (2021) in Nigeria which stated that almost half of the respondents experienced postpartum blues namely 45,5%. The same results were also found in research Rezaie, et al (2020) in Iran stated that the prevalence of incidence postpartum blues is 39%, meaning that almost half of the respondents experienced postpartum blues.

The results of this research are in line with the results of Nurhayati's (2021) research in West Java which stated that around 40% of respondents experienced postpartum blues. A similar thing was also found in the research of Astri, et al (2020) which stated that more than a third of respondents experienced postpartum blues (40,6%). The same results were also found in Manoppo and Wongkar's (2018) research which stated that one third of respondents experienced postpartum blues or around 33,9% of mothers experienced postpartum blues. Similar results were also found in research by Salat, et al (2021) which stated that almost half of the respondent experience this postpartum blues namely 38%.

Postpartum blues is Psychological disorders during the postpartum period which usually appear around 2 days to 2 week after delivery are characterized by feeling of sadness, fear, anxiety, frequent crying, sensitivity and lack of self-confidence (Febriyanti, 2021: 78).

Many factors cause this postpartum blues such as lack of support from husband and family, lack of information regarding how to care for a baby and lack of readiness to accept and carry out a new role as a mother (Febriyanti, 2021: 78). Causative factor postpartum blues others are like the lack of it support social, disharmony marriage, social low economy and domestic violence (Ntaouti et al., 2018: 3).

Psychologically, mothers who have just given birth will experience psychological pressure, at first glance they may appear happy, but along with that, feelings of sadness, depression and mood disturbances also appear, which are symptoms of postpartum blues (Qiftiyah, 2018: 17). Mother with postpartum blues must

be observed and paid attention to so that it does not progress to a more serious situation such as postpartum depression and postpartum psychosis (Okunola, 2021: 1).

Based on the results of this research, it was found that 20 out of 58 respondents experienced postpartum blues. Respondents who experienced postpartum blues including experiencing symptoms such as sometimes feeling worried, afraid and blaming themselves, not being happy or enthusiastic about carrying out daily activities, occasionally being sad, having trouble sleeping and often crying and feeling that many things are a burden and sometimes they can't handle them.

Husband's Support.

The results of this study showed that almost half of the respondents (39.7%) did not receive husband support. This is in line with research in West Sulawesi regarding the relationship between husband's support and incidents postpartum blues in urban areas which stated that almost half of the respondents (47.5%) did not receive husband's support which caused this to happen postpartum blues (Samria, 2021: 55). The results of this research are also in line with Nurhayati's (2021) research on the relationship between husband's support for mothers after giving birth and postpartum blues which stated that almost half of the respondents did not get husband's support (40%).

Similar results were also found in Fitriah and Helina's (2018) research on the relationship between husband's support and incidents postpartum blues which stated that around 42.2% of respondents did not get husband's support. Mothers who have just given birth really need attention and support from their husbands to increase their self-confidence and increase their self-esteem. Husband's support can be given in the form of good cooperation as well as providing moral and emotional support, so that this will make the mother feel confident in taking care of the baby and carrying out her role as a mother.

The husband is the wife's partner and a husband is fully responsible and has an important role in a family (Rahman and Suhita, 2018: 44). Husband's support can be interpreted as an attitude of attention given by the husband in the form of providing psychological assistance, moral support, attention and acceptance, as well as collaborating well with the mother in various activities during the postpartum period (Febriyanti, 2021: 79).

Husband's support can also be done by helping the mother with baby care, such as bathing the baby, changing diapers, preparing food for the mother, accompanying the mother to breastfeed and helping the mother take care of the baby at night (Ristanti and Masita, 2020: 66).

Husband's support is really needed by mothers after giving birth to create calm, motivation and enthusiasm in undergoing the postpartum period, this is because husband's

support has a big influence on the mother's coping during pregnancy facing various changes after giving birth (Nurhayati, 2021: 216).

Husband's support in this study describes the form of support given by the husband to his wife during the postpartum period which can prevent this from happening postpartum blues. The form of husband's support consists of emotional, instrumental, appreciation and information support.

The emotional support provided by the husband in this study was such as the husband taking time to play with the baby, the husband providing encouragement when the mother was tired, the husband easily accepting the situation that he now has a baby and when he was sad, the husband always listened to complaints and gave advice, this is what make the mother feel loved by her husband. In this research,

husbands also provided instrumental support such as giving money to meet the baby's needs, helping to look after the baby at home and sometimes helping with housework such as washing, sweeping, and others. Forms of appreciation support given by the husband, such as praising the mother and not comparing the mother with other people. And the form of information support provided by husbands in this research is that husbands sometimes look for information regarding how to care for babies.

Family support.

The results of this study show that almost half of the respondents (41.4%) did not receive family support. The results of this research are in line with research by Sopia, et al (2020) in Karawang regarding relationships self-efficacy, family and socio-cultural support with events postpartum blues which stated that around 42.2% of respondents or almost half of the respondents did not receive family support. The same results were also found in Qiftiyah's (2018) research on influencing factors postpartum blues, which stated that almost half of the respondents or around 46% of respondents did not get good family support.

Family support is a form of supportive activity provided by family members to the mother during her postpartum period which makes the mother feel appreciated, cared for and loved by her family members (Alifariki, et al, 2020: 545). Family support can also be interpreted as connection interpersonal which it contains actions and attitudes of acceptance towards family members. Family support can be provided by internal family members such as husbands, parents, in-laws, siblings, brothers-in-law, grandparents, and so on (Salat, et al, 2021: 120). Mothers who do not get good support from their families will feel that they are worthless and not cared for, so this will make mothers more sensitive and often experience stress and ultimately will make mothers experience postpartum blues (Febriyanti, 2021: 80).

Family support can be in the form of emotional, appreciation, information and instrumental support. Forms of emotional support that family members can provide to the mother include showing attention and care by accompanying the mother in caring for the baby, encouraging the mother, comforting the mother when she is sad and doing other things that make the mother feel comfortable and cared for, while the form of information support is the family can provide to the mother, such as teaching the mother how to care for the baby and providing information regarding how to care for the baby, then the form of instrumental support that the family can provide, such as helping the mother in caring for the baby and doing housework and meeting the mother's needs, and the form of appreciation support that the family can provide to the mother such as giving praise to the mother and appreciating the mother's efforts in caring for the baby or doing housework (Astri, et al, 2020: 19).

In this research, the respondent said that he received family support from his parents, in-laws and siblings. The form of family support provided includes paying close attention when the mother speaks, the family teaching how to care for the baby and helping to calm the baby when it cries and the family also helping the mother with daily housework. Good family support will make the mother feel valuable and meaningful and will increase the mother's enthusiasm in carrying out her new role as a mother (Astri, et al, 2020: 19).

Adjustment to the New Role as a Mother

Based on the results of this research, it can be seen that one third of respondents (32.8%) unable to adjust to the new role as a mother. The results of this research are in line with Suryani's (2019) research on psychological and psychosocial factors related

topostpartum blues which stated that 34.8% of mothers were able to adjust to their new role as mothers and 65.2% of respondents were unable to adjust to their new role as mothers.

Change role become mother is a major transition in a woman's life accompanied by increased roles and responsibilities for caring for their baby. The demands of the role as a mother will feel even heavier if the mother does not have good knowledge about baby care, especially for primiparous mothers who have given birth for the first time (Zagoto, 2020: 109).

Postpartum mothers need both physical and psychological adjustments in carrying out their new activities and roles as mothers. Some mothers can adjust well while others cannot adjust to these changes and experience psychological disorders during the postpartum period or postpartum blues (Masithoh, et al, 2019: 459).

Most primiparous mothers who give birth for the first time do not have adequate experience in caring for babies and they do not fully understand the duties and responsibilities of being a mother, this makes them need to adjust to this change in role (Rahman and Suhita, 2018: 40).

In this study, respondents who were able to adapt to their new role as mothers, as seen from their psychological condition, were ready to become mothers, felt confident they could take care of their babies well, enjoyed carrying out activities taking care of babies, understood their duties and responsibilities as mothers, never think about using the services of a babysitter and be able to adapt to changes in lifestyle after giving birth.

Bivariate Analysis

Relationship between Husband's Support and Events Postpartum Blues.

Based on the results obtained from the test chi-square between husband's support and events postpartum blues obtained p-value value 0,010 ($p < 0.05$) which means there is a significant relationship between husband's support and the incident postpartum blues, so that H_0 is rejected and H_a is accepted. The results of this research are in line with Samria's (2021) research on the relationship between husband's support and incidents postpartum blues in urban areas which states that there is a relationship between husband's support and incidents postpartum blues ($p\text{-value} = 0,003$). The same results were also found in Febriyanti's (2021) research on the relationship between maternal characteristics and husband's support and incidents postpartum blues which states that there is a relationship between husband's support and the incident postpartum blues with value p value 0,000.

The husband is the family member closest to the mother, this means that all forms of treatment and actions of the husband will have an impact on the mother's psychological condition. The mother really needs her husband's support during the postpartum period, if the mother does not get adequate husband support then this will make the mother sad and overwhelmed in taking care of the baby which in the end will make the mother experience postpartum blues (Samria, 2021: 55).

The same research results were also found in Nurhayati's (2021) research on the relationship between husband's support for mothers after giving birth and postpartum blues which states that there is a significant relationship between husband's support and the incident postpartum blues, with value p -value 0.000 and from this research it is also known that if the mother does not get adequate support from her husband then the mother is 77 times at risk of experiencing postpartum blues. Similar results were also found in Fitrah and Helina's (2018) research conducted in City

Pekanbaru about relationship between husband's support for the incident postpartum blues which said that there was a significant relationship between husband's support and the incident postpartum blues with p-value 0,000.

The same results were also found in research by Renata and Agus (2021) regarding

the relationship between husband's support and postpartum blues in postpartum mothers which states that there is a significant relationship between husband's support and incident post partum blues with value pvalue 0.042 and mothers who do not get good husband support have a 2.331 times greater risk of experiencing postpartum blues compared to mothers who get good husband support.

The level of husband's support is an important factor that influences a mother's coping in facing problems and pressures as well as various changes after giving birth. Mothers who receive adequate support from their husbands will enable them to overcome their sadness and control their emotions well so that this can prevent the occurrence of postpartum blues (Renata and Agus, 2021: 142).

Similar results were also found in Rahman and Suhita's (2018) research on factors related to postpartum blues stated that there was a relationship between husband's support and the incident postpartum blues with p-value 0.005 and mothers who do not get good husband support have a risk of 4.518 times experiencing postpartum blues compared to mothers who get good husband support.

Mothers really need husband's support during the postpartum period, apart from that, husband's support is a very important coping strategy when mothers experience stress and functions as a prevention and can reduce stress in mothers. Forms of support that husbands can provide to mothers after giving birth include accompanying and helping the mother in taking care of the baby, meeting the mother's needs, helping with household work, providing encouragement and attention to the mother and others (Rahman and Suhita, 2018: 44).

In this study, the type of support most often given by husbands was information support and appreciation. Meanwhile, there is still little emotional support, such as sometimes the husband chooses to spend time alone at home playing cell phone and indifferent when spoken to, the husband sometimes criticizes the mother in terms of taking care of the baby, sometimes the husband does not take him to the posyandu because he considers the task of caring for the baby is the mother's task and the husband's task is to find a marriage, besides that the husband's busy life makes the mother feel alone and lonely so this makes the mother feel like she spends more time with the baby without her husband and this is what makes the mother experience postpartum blues.

Mother experienced it postpartum blues In this study, there was also a lack of instrumental support from her husband, such as when the baby cried in the middle of the night, the husband was not awake and helped calm the baby, apart from that, when the mother had trouble taking care of the baby, the husband did not immediately help and this is what made the mother often tired and overwhelmed. in taking care of the baby and making the mother experience postpartum blues.

The Relationship between Family Support and Events Postpartum Blues

Based on bivariate analysis with test chi square, the results showed that there was a relationship between family support and the incident postpartum blues with p-value 0.018 ($p < 0.05$). The results of this study are in line with research Rahmadayanti (2018) in Palembang stated that there is a significant relationship between family support and incidents postpartum blues with value pvalue 0.030. The same results were

also found in Kamila's (2019) research on the relationship between birth history, socio-economics and family support with events postpartum blues who gets value $p=0.013$ means there is a relationship between family support and the incident postpartum blues. This is the same as Fatmawati and Gartika's (2019) research on the relationship between social support and pregnancy planning and events postpartum blues which states that there is a relationship between family social support and events postpartum blues with $p=0.000$, meaning that family support greatly influences the occurrence postpartum blues to mother.

Family support is support or assistance provided by family members to mothers who have just given birth, consisting of emotional, appreciation, information and instrumental support, which makes the mother feel appreciated, cared for and not alone (Ningrum, 2017: 210). The results of this research are in line with research by Jannah, et al (2020) regarding the relationship between social support and events postpartum blues which states that there is a relationship between family social support and events postpartum blues with value $p=0.002$. Good family social support can provide comfort and calm to the mother so that it can improve the well-being of the psychological condition as well as being a source of strength for postpartum mothers and can prevent the onset of postpartum blues. Postpartum mothers who do not receive good family social support will tend to feel they are worthless and overwhelmed in taking care of their babies and in the end this will make the mother experience postpartum blues (Jannah, et al, 2020: 69).

The same results were also found in Kumalasari and Hendawati's (2019) research on risk factors for incidents postpartum blues in Palembang City which stated that there was a relationship between family support and incidents postpartum blues with $p=0.009$ and mothers who do not receive family support are 10.99 times more likely to experience postpartum blues. Raising and caring for a baby is not an easy task, especially for primiparous mothers who do not have experience in caring for babies, therefore support and direction from the family is really needed by mothers as a reference in caring for babies on a daily basis. If the family does not provide support, it will make the mother feel sad, confused, stressed and overwhelmed in taking care of the baby so that this allows the mother to experience postpartum blues (Kumalasari and Hendawati, 2019: 94).

Similar results were also found in research by Salat, et al (2021) regarding the relationship between family support and incidents postpartum blues which states that there is a relationship between family support and the incident postpartum blues with $p=0.000$, this can also be interpreted that the better the family support, the lower the occurrence postpartum blues. Good family support is very effective in dealing with stress in mothers and can be used as a preventive measure in dealing with psychological disorders during the postpartum period, one of which is postpartum blues.

In this study, the most family support was provided by parents and in-laws. Form of information support provided. The family to the respondents in this study was good, such as teaching the mother how to care for the baby and providing information about baby care, but the family never provided books that contained information about maternal and baby health. Likewise, the emotional support provided by the family to respondents is also good, such as always listening when the mother tells stories, but sometimes the family does not calm the mother when she faces problems. Respondent which experience postpartum blues in this study, most did not receive instrumental support and appreciation from their families.

This can be seen from families who sometimes do not immediately help calm the baby when it cries and do not immediately help when the mother is tired. Families

always control mothers when it comes to taking care of babies and sometimes often compare mothers with other people when it comes to taking care of babies. This is what makes mothers feel sad, overwhelmed, exhausted, worthless and lacks self-confidence, which in the end makes mothers experience postpartum blues.

The Relationship between Adjustment to the New Role as a Mother and Events Postpartum Blues

Based on statistical tests chi square obtained p-value 0.020 is smaller than the value $\alpha = 0.05$, meaning that H_0 is rejected and H_a is accepted, meaning that there is a relationship between adjustment to the new role as a mother and the incident postpartum blues. The results of this research are in line with Ningrum's (2017) research on psychological factors related to postpartum blues which states that there is a relationship between adjustment to a new role as a mother and postpartum blues with p-value 0,000, as well as adjustment to the new role as a mother has a big influence on the emergence of the incident postpartum blues if a mother is able to adjust well, it will reduce the mother's chances of experiencing postpartum blues.

The same results were also found in research by Suryani, et al (2019) regarding psychological and psychosocial factors related to postpartum blues, states that there is a relationship between self-adjustment to wards the new role as a mother with events postpartum blues with p-value 0,000. Primiparous mothers or those giving birth for the first time really need to adapt to the various changes that occur both physically, psychologically, and in habits before and after giving birth. Some mothers find it difficult to adjust to new activities and roles, so this will give rise to feelings of discomfort, such as worry, fear, anxiety, sadness, feeling alone, and this is a sign of postpartum blues (Suryani, et al, 2019: 11).

Each individual has different adaptation abilities in facing various changes in their lives, including changes in the role of becoming a mother. Some are able to adapt to their new role as a mother well and some are not, this may be because they are not yet ready to give birth and become a mother (Masithoh, et al, 2019: 460). Primiparous mothers who have given birth for the first time do not have experience in caring for and caring for a baby, so this makes these mothers feel afraid and worried if they make mistakes in caring for the baby. Likewise, when carrying out their new role as a mother, usually mothers who have given birth for the first time will feel confused and burdened and feel a lack of freedom because of the presence of the baby. Mothers who do not have knowledge and experience regarding baby care will affect their new duties and roles as mothers (Putriarsih, et al, 2018: 19).

The change in the role of becoming a mother is accompanied by several important changes such as changes in family dynamics, finances and life priorities, so this makes mothers need to adapt both physically and psychologically to the various changes that occur. However, there are some women who cannot adjust well, this is due to their lack of confidence in their abilities, so this will make them feel stressed and helpless and ultimately experience postpartum blues (Putriarsih, et al, 2018: 21).

The birth of the first child is a happy thing for the mother, however this is also a stressor in itself for the mother, such as having difficulty sleeping at night because the baby is crying and fussing, plus if the mother doesn't know how to care for the baby, then this will make the mother overwhelmed and difficult to adjust to her new role and responsibilities as a mother, as a result. This is something the mother may experience postpartum blues (Bohari, et al, 2020: 613).

In this study, respondents who experienced postpartum blues most are unable

to adapt to their new role as mothers, because they don't understand how to educate and care for a baby, don't understand how to breastfeed properly, don't know the nutrition a baby needs, can't allocate time for the baby and for themselves, don't fully understand what to do. proper baby care and not being independent in taking care of the baby and still dependent on other people. This makes mothers experience postpartum blues, because they are stressed due to confusion in taking care of the baby, feel insecure about their abilities and feel unable to carry out their role as a mother.

V. CONCLUSION

Based on the results of research in the working area of the Andalas Health Center, Padang City in 2021 and the discussion described previously. The conclusions obtained are as follows:

1. Less than half of respondents (34.5%) experienced postpartum blues, with characteristics namely 20-35 years old, not working, college graduate, planned pregnancy and married.
2. Less than half of respondents (39.7%) did not receive husband's support.
3. Less than half of respondents (41.4%) did not receive family support.
4. Less than half of respondents (32.8%) were unable to adjust to their new role as mothers.
5. There is a relationship between husband's support and the incident postpartum blues.
6. There is a relationship between family support and the incident postpartum blues.
7. There is a relationship between adjustment to a new role as a mother and occurrence of postpartum blues.

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