

The Relationship Between Social Support and Postpartum Blues Symptoms in Postpartum Mothers

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ABSTRACT

The postpartum period is a vulnerable phase that may trigger mood disorders such as postpartum blues. Social support plays a vital role in maintaining maternal mental health. This quantitative study used a cross-sectional design to examine the relationship between social support and postpartum blues symptoms. Conducted in the working area of Sukorame Public Health Center, Kediri, in April May 2025, it involved 38 postpartum mothers selected through simple random sampling. Data were collected using sociodemographic questionnaires and the Edinburgh Postnatal Depression Scale (EPDS), and analyzed using the Spearman Rank test. Most respondents received good social support (66%) and were not at risk of postpartum blues (68%). A significant negative correlation was found between social support and postpartum blues symptoms ($\rho = 0.000$; $r = -0.718$), indicating that higher social support is associated with lower risk of postpartum blues. However, this study has several limitations. The cross sectional design does not allow for causal inference, and data collection at a single early postpartum time point (day 3) may not capture the full progression of symptoms. Additionally, potential confounding factors such as maternal age, parity, educational level, socioeconomic status, hormonal changes, and prior psychological history may influence postpartum blues symptoms but were not controlled in the analysis. Despite these limitations, the findings highlight the importance of family and social support in reducing the risk of postpartum blues. Strengthening emotional, informational, and instrumental support from family members, especially spouses, is essential to promote maternal psychological well-being during the postpartum period.

Keywords: EPDS, postpartum blues, postpartum mothers, social support

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BACKGROUND

The postpartum period begins immediately after childbirth and lasts up to six weeks, marked by significant physiological and psychological changes that demand maternal adaptation (Fitri et al., n.d.). While many women adjust well, others experience early emotional disturbances known as postpartum blues (Fitrah et al., 2019). This condition is commonly triggered by hormonal fluctuations and can affect both physical and emotional well-being. If left unaddressed, it may progress to postpartum depression or psychosis, posing risks to the mother, infant, and breastfeeding process (Astri et al., 2020). Emotional symptoms in new mothers may include mood swings, anxiety about family support, body image, breastfeeding adequacy, restlessness, and loss of interest in daily activities (Wulandari et al., 2023). Symptoms may emerge within hours to the first weeks, such as appetite changes, sleep disturbances, dysphoria, crying spells, irritability, anxiety, and self-blame (Wulandari et al., 2023).

Globally, the WHO estimated in 2018 that postpartum blues affects 3–8% of mothers, with 50% of cases occurring during reproductive age (Purwati et al., 2023). Prevalence in Asia ranges from 26–85%, while in Indonesia, 50–70% of postpartum women are affected (Wiyanto & Ambarwati, 2021). Data from BKKBN reported by Sehat Negeriku in 2023 showed that 57% of Indonesian mothers experienced baby blues the highest rate in Asia (Rokom, 2024). Other reports suggest an incidence of 1–2 per 1,000 births, with 50–60% of cases occurring among first-time mothers. Approximately 50% have a family history of mood disorders, and postpartum depression is slightly more common in urban areas (51.1%) than rural (48.9%) (Wulan et al., 2023). In East Java, 2016 estimates ranged from 11–30%, while RSUD dr. Soetomo in 2023 reported that 55.84% of postpartum women experienced baby blues (Darsono, 2023). A local study in Sukorame, Kediri, found that 50% of 10 postpartum mothers showed signs of postpartum blues, with most unaware of the condition (Saidah, 2020). Preliminary data from Sukorame Public Health Center (Jan–Dec 2023) recorded 480 postpartum mothers (averaging 40/month), with KF1–KF4 coverage reaching 95.07%.

Postpartum stress is influenced by internal factors (e.g., maternal anxiety, infant care, financial concerns, psychological state, and postpartum beliefs) and external factors (e.g., family support, household dynamics, hormonal changes) (Wulandari et al., 2023). Social support especially from spouses and families has a protective role against postpartum blues. It can take the form of emotional care, practical help, information, affirmations, and empathetic communication (Mariany et al., 2022). Management interventions include therapeutic communication, relaxation or breathing exercises, daily light physical activity, emotional expression facilitation, and positive reinforcement of maternal roles (Sinaga et al., n.d.).

Recent studies highlight that social support functions as a stress-buffering mechanism, reducing the psychological burden associated with childbirth and maternal role transition. Emotional support such as empathy, care, and active listening has been shown to significantly reduce anxiety and depressive symptoms among postpartum mothers. Instrumental support, including assistance with infant care and household tasks, helps reduce fatigue and role overload. Informational support improves maternal knowledge and self-efficacy, while appraisal support strengthens confidence and emotional resilience (Shorey et al., 2021; Razurel et al., 2022; Zhang et al., 2023).

Furthermore, social support also influences maternal mental health through biopsychosocial mechanisms. Positive interpersonal interactions are associated with improved emotional regulation, reduced stress hormone (cortisol) levels, and increased oxytocin release, which contributes to maternal bonding and psychological stability. Contemporary stress and coping perspectives emphasize that the availability and quality of social resources play a crucial

role in shaping an individual's psychological response to stress, including during the postpartum period (Almeida et al., 2020; Kim et al., 2022; Numan et al., 2023).

Given the high prevalence and importance of early postpartum adjustment (e.g., on the third day after delivery), this study explores the relationship between social support and postpartum blues symptoms among postpartum mothers in the Sukorame Public Health Center area, Kediri City. The term "puerperium" derives from Latin words *puer* (infant) and *paros* (to give birth), referring to the recovery period during which the mother's reproductive system returns to its pre-pregnancy state (Azizah & Rosyidah, 2019). Social support is one of the key factors influencing the onset of postpartum blues (Mariany et al., 2022), and may come from spouses, family, neighbors, or the surrounding community (Astri et al., 2020).

This research aims to examine the correlation between social support and postpartum blues symptoms among postpartum mothers in the working area of Sukorame Public Health Center, Kediri. It also seeks to identify the level of social support received, the symptoms experienced, and the extent to which social support influences the development of postpartum blues.

METHODS

A research design is a structured plan that serves as a guide in conducting a study. Based on the applied reasoning pattern, the design may be detailed and structured or more flexible, allowing for adjustments as needed (Arifin, 2018). This study employs a quantitative correlational research design, which enables the analysis of the relationship between two distinct variables: social support and postpartum blues symptoms (Hikmawati, 2020). It uses a cross-sectional approach, where data is collected at a single point in time specifically on the third day postpartum to observe the association between social support and symptoms of postpartum blues.

The research will be conducted from April to May 2025 in the working area of Sukorame Public Health Center, Kediri. The population consists of postpartum mothers at the Sukorame Health Center, totaling 480 patients over a 12-month period (January–December 2023), with an average of 40 postpartum patients per month. The study applies a simple random sampling technique, and the planned sample size is 38 respondents.

The dependent variable in this study is postpartum blues (PPB) or maternity blues (MB) a temporary mood disorder characterized by symptoms such as anxiety, frequent crying, fatigue, irritability, sleep disturbances, difficulty concentrating, and mood instability (Herien & Raharja, 2024). The independent variable, social support, refers to the presence of close individuals during difficult situations that are hard to handle alone. This type of support is crucial as it helps individuals regain motivation and engage in daily life activities (Amhar et al., 2023).

RESULTS

This study is an analytical research using a correlational approach with a cross-sectional design. After respondents received a Pre-Study Explanation (PSE), they were provided with an informed consent form. Respondents signed the informed consent before participation. Data collection was carried out by the researcher using questionnaires. Collected data were then processed through editing, coding, and tabulating, followed by analysis using computer software. The data were analyzed through univariate and bivariate analyses.

The research findings consist of general and specific data. General data describe the characteristics of the postpartum mothers, while specific data represent the study variables social support and postpartum blues. The data are presented in tables to facilitate interpretation. The statistical test used in this study is the Spearman Rank correlation test, which aims to examine the relationship between the two variables.

Table 1. Distribution of Social Support

Variable	Amount (n)	Presentation (%)
Social Support		
Good	25	66
Sufficient	9	24
Poor	4	10
Total	38	100

Source: Primary Data, period April - May 2025

It was found that the majority of respondents received good social support, with 25 individuals (66%) falling into this category. Meanwhile, 9 respondents (24%) were categorized as having moderate social support, and 4 respondents (10%) were classified as having low social support. These findings indicate that most postpartum mothers have adequate access to social support from their surroundings, including spouses, family members, and healthcare providers.

Table 2. Distribution of Postpartum Blues

Variable	Amount (n)	Presentation (%)
Postpartum Blues		
No Risk	26	68
Risk	12	32
Positive	0	0
Total	38	100

Source: Primary Data, period April - May 2025

A total of 26 respondents (68%) were not at risk of experiencing postpartum blues, while 12 respondents (32%) were categorized as being at risk. None of the respondents showed positive symptoms of postpartum blues (0%). The proportion of those at risk suggests that, although most postpartum mothers received good social support, those with only moderate or low levels of support may still be vulnerable to mild emotional disturbances during the postpartum period. These findings highlight the importance of the quality of social support in preventing psychological disorders after childbirth.

Table 3. Results of the Relationship between Social Support and Postpartum Blues Symptoms

Social Support (X)	Postpartum blues (Y)						Total	
	No Risk		Risk		Positive			
	F	%	F	%	F	%	F	%
Good	24	92	1	8	0	0	25	66
Sufficient	2	8	7	59	0	0	9	24
Poor	0	0	4	33	0	0	4	10
Total	26	100	12	100	0	0	38	100

Source: Primary Data, period April - May 2025

The frequency distribution between the level of social support received by postpartum mothers and the presence of postpartum blues symptoms was analyzed. Out of 38 respondents, the majority (66%) received good social support, 24% received moderate support, and 10% experienced low levels of support.

Among mothers who received good social support, most (92%) did not show symptoms of postpartum blues, and only 1 respondent (8%) was categorized as at risk—none exhibited positive symptoms. This indicates that high levels of social support serve as a protective factor against emotional disturbances in the postpartum period. Meanwhile, respondents with moderate social support were more likely to be at risk of postpartum blues (59%) compared to those not at risk (8%). Although no respondents in this group showed positive symptoms, the proportion at risk is notable and warrants attention. While no positive cases were identified, the data suggest that insufficient social support is strongly associated with increased vulnerability to psychological distress among postpartum mothers.

Nonparametric Correlations

		Correlations		
			Support	EPDS
Spearman's rho	Support	Correlation Coefficient	1.000	-.718
		Sig. (2-tailed)	.	.000
		N	38	38
EPDS	Support	Correlation Coefficient	-.718**	1.000
		Sig. (2-tailed)	.000	.
		N	38	38

** . Correlation is significant at the 0.01 level (2-tailed)

Based on the results of the Spearman correlation test, the correlation coefficient was found to be -0.718, with a significance value (p-value) of 0.000. This indicates a strong and statistically significant relationship between the level of social support and the Edinburgh Postnatal Depression Scale (EPDS) scores, which reflect symptoms of postpartum blues.

The negative direction of the correlation suggests that the higher the level of social support received by postpartum mothers, the lower their risk of experiencing postpartum blues. Conversely, limited support increases the likelihood of emotional disturbances during the postpartum period.

A significance level of 0.000 (< 0.01) indicates that the relationship is statistically significant at the 99% confidence level, meaning the findings are unlikely to have occurred by chance. Overall, the analysis indicates a clear pattern: lower levels of social support are associated with higher risk of postpartum blues. The absence of positive cases may be due to the timing of data collection, which occurred early in the postpartum period, or due to other protective factors.

The results of this study highlight the important role of social support in maintaining maternal mental health and preventing postpartum blues. Most respondents received good social support (66%), followed by moderate (24%) and low support (10%). Social support in this study includes emotional, instrumental, informational, and appraisal support, with informational (40%) and emotional (39%) dimensions being the most prevalent. This reflects the role of spouses, family, and community in offering practical help, advice, and emotional care to postpartum mothers (Astri et al., 2020; Mariany et al., 2022; Muthmainah, 2022). These findings align with previous studies emphasizing that support, especially from a husband, can enhance a mother's psychological resilience (Mariany et al., 2022).

Respondent characteristics such as age, education, occupation, parity, delivery method, and family income were also found to influence both the level of social support and the risk of postpartum blues. The majority of respondents were aged 21–35 years (92%), a physiologically and emotionally optimal age range for postpartum adaptation, while mothers aged over 35 may require closer attention due to declining physical function (Marwiyah et al., 2022). Most had completed senior high school (84%), followed by diploma/bachelor's degrees (13%). Higher education levels can facilitate better access to health information and communication with

healthcare providers (Wulan et al., 2023). Primiparous mothers were more prone to postpartum blues due to limited experience and self-confidence (Sari et al., 2020). In addition, lower family income was associated with greater vulnerability to postpartum emotional stress (Purwati et al., 2023)

Regarding symptoms of postpartum blues, this study found that 68% of postpartum mothers were not at risk, while 32% fell into the at-risk category. Commonly reported symptoms included self-blame, excessive anxiety, irrational fears, and sleep disturbances. These results support previous findings that inadequate social support especially from the husband can increase the likelihood of emotional distress among postpartum mothers (Azizah & Rosyidah, 2019; Wiyanto & Ambarwati, 2021). Postpartum hormonal changes, such as a sharp decline in estrogen and progesterone levels, also play a role in mood regulation and can worsen the risk of postpartum blues if not buffered by adequate social support (Jannah & Latifah, 2022).

The analysis confirmed a strong and significant negative correlation between the level of social support and postpartum blues symptoms ($r = -0.718$; $p = 0.000$). Higher social support corresponds to a lower risk of postpartum blues. However, the risk observed in the “moderate support” group indicates that quantity does not always equate to quality support that is purely practical or inconsistent may be insufficient to prevent emotional distress (Wahyuningsih, 2018). Furthermore, the quality of spousal involvement is a crucial factor; consistent emotional support and physical presence are more impactful than nominal “supportive” status (Halima et al., 2022).

In conclusion, these findings emphasize the need for a holistic approach to postpartum blues prevention encompassing emotional, instrumental, informational, and appraisal support. The active involvement of husbands, families, and community-based healthcare systems is essential in strengthening the support network for postpartum women. Educational efforts through prenatal classes, social media, and professional healthcare providers should also be optimized to ensure that mothers receive sufficient information and guidance (Mariany et al., 2022).

DISCUSSION

This study finds a statistically significant and strong negative correlation between social support and postpartum blues symptoms ($r = -0.718$; $p = 0.000$). These results indicate that the higher the level of social support received by postpartum mothers, the lower their risk of experiencing postpartum blues. Conversely, mothers who receive only moderate or low levels of support are more likely to be at risk, even if no positive clinical symptoms are detected during the time of data collection.

These findings align with previous studies that emphasize the protective role of social support in maternal mental health. (Mariany et al., 2022) report that emotional, informational, instrumental, and appraisal support particularly from spouses play a critical role in reducing emotional vulnerability among postpartum women. Similarly, (Astri et al., 2020) find that mothers who receive comprehensive support from both family members and healthcare providers tend to demonstrate greater emotional stability during the postpartum period.

The absence of respondents exhibiting positive symptoms may result from the timing of data collection, which occurs on the third day postpartum when symptoms may not yet fully manifest. However, the presence of 32% of respondents categorized as at risk suggests that early emotional disturbances are already emerging and may potentially worsen without appropriate intervention (Wiyanto & Ambarwati, 2021).

Interestingly, even though 66% of respondents receive good social support, those with only moderate support exhibit a higher proportion of risk. This suggests that the quality and

consistency of support may be more influential than its mere availability, as superficial or inconsistent support may not effectively buffer psychological stress (Wahyuningsih, 2018).

In addition, several potential confounding factors should be considered when interpreting these findings. Maternal characteristics such as age, parity, educational level, and socioeconomic status may independently influence both the level of social support and the risk of postpartum blues. For example, primiparous mothers may experience higher anxiety due to lack of experience, while mothers with lower educational levels may have limited access to health information, which can affect coping mechanisms. Similarly, economic constraints may increase stress levels while simultaneously limiting access to adequate support systems.

Biological and psychological factors also play a crucial role. Hormonal fluctuations, particularly the rapid decline in estrogen and progesterone after childbirth, can significantly affect mood regulation. In addition, a prior history of mental health problems, levels of prenatal stress, and individual coping styles may predispose mothers to postpartum blues, regardless of the level of social support received. These factors may act as confounders that were not controlled in this study, potentially influencing the strength of the observed relationship.

Contextual and cultural factors should also be taken into account. In the Indonesian context, extended family systems often play a significant role in postpartum care. While this can provide strong support, it may also introduce additional pressures, such as expectations regarding maternal roles, infant care practices, or breastfeeding. Cultural norms surrounding emotional expression may also affect how mothers report or experience postpartum symptoms. Therefore, the relationship between social support and postpartum blues cannot be fully understood without considering these sociocultural dynamics.

Demographic characteristics also appear to influence both social support and emotional risk. Most respondents are aged 21–35, a group generally considered emotionally and physically prepared for motherhood (Marwiyah et al., 2022). However, mothers over 35 may require more focused psychological attention. Additionally, education level plays a role, as mothers with higher educational attainment have better access to health information and services (Wulan et al., 2023).

The most frequently reported symptoms among at-risk respondents include self-blame, anxiety, irrational fears, and sleep disturbances, which reflect common indicators of postpartum blues (Herien & Raharja, 2024). These symptoms often intensify due to hormonal fluctuations, especially a rapid decline in estrogen and progesterone levels after childbirth (Jannah & Latifah, 2022). In the absence of adequate social support, these biological factors may further destabilize emotional well-being.

Furthermore, the cross-sectional design of this study limits the ability to establish causal relationships. It remains unclear whether low social support leads to postpartum blues, or whether mothers experiencing emotional distress perceive social support as inadequate. Longitudinal studies are needed to better understand the directionality and temporal dynamics of this relationship.

The researcher believes that strengthening social support particularly emotional and informational aspects serves as an effective preventive measure. Supportive interventions should go beyond physical assistance and involve empathy, active communication, and shared responsibility in childcare. In particular, husband involvement significantly influences maternal psychological outcomes (Halima et al., 2022).

In conclusion, a holistic approach to postpartum care is essential. This includes integrating health education during pregnancy, family-based counseling, and active community health support systems. Health education delivered through antenatal classes, trained health workers, or digital media should aim to raise family awareness of postpartum emotional health (Bawafi et al., 2024; Mariany et al., 2022).

CONCLUSION

Based on the findings, most postpartum mothers in the working area of Sukorame Public Health Center receive social support in the good category (66%), and the majority are not at risk of experiencing postpartum blues (68%). These results highlight the vital role of adequate social support particularly informational (40%) and instrumental (38.25%) support in maintaining psychological stability during the postpartum period. Spearman correlation analysis reveals a strong and statistically significant negative relationship between social support and postpartum blues symptoms ($r = -0.718$; $p = 0.000$), indicating that higher levels of social support are associated with a lower risk of postpartum blues.

Other contributing factors, such as being in the reproductive age range (21–35 years), higher educational attainment, marital status, and sufficient income, also strengthen the quality of support received and help reduce the risk of emotional disturbances after childbirth.

However, several methodological limitations should be acknowledged. The use of a cross-sectional design limits the ability to establish causal relationships between social support and postpartum blues symptoms. In addition, data collection conducted at a single early postpartum time point (day 3) may not fully capture the progression or peak of postpartum emotional disturbances. The relatively small sample size ($n = 38$) and the use of a single study setting may also restrict the robustness of the findings. Furthermore, potential confounding variables such as prior mental health history, hormonal factors, and psychosocial stressors were not controlled in this study, which may influence the observed relationship.

These limitations also affect the generalizability of the findings. The results may not be fully applicable to broader populations with different sociodemographic characteristics, healthcare access, or cultural contexts. Therefore, caution should be exercised when extrapolating these findings beyond the study setting. Future research involving larger, more diverse samples and longitudinal designs is recommended to enhance external validity and better understand causal relationships.

As a follow-up, healthcare providers are encouraged to enhance education, counseling, and guidance for postpartum mothers and their families, including early screening for postpartum blues symptoms using tools such as the EPDS. The study site is advised to develop community-based programs, such as postpartum support classes and peer support groups, to reinforce social networks and improve access to mental health services at the primary care level.

Future researchers are recommended to involve larger and more diverse populations using longitudinal methods for more representative results. Additionally, educational institutions, particularly in midwifery, should emphasize postpartum mental health topics including postpartum blues and the importance of social support to equip graduates with comprehensive knowledge and awareness.

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