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The Relationship Between Social Support and the Incidence of Baby Blues Syndrome Among Postpartum Mothers in Central Lombok

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ABSTRACT

The postpartum period is a time of physical and psychological adaptation for mothers after childbirth. Lack of social support from family, partners, or the surrounding environment can be one of the triggering factors for the occurrence of baby blues syndrome. In Central Lombok, this phenomenon is still common, yet public awareness regarding the importance of social support for postpartum mothers remains low. Objective This study aimed to determine the relationship between social support and the occurrence of baby blues syndrome among postpartum mothers in Central Lombok. Methods This research employed a correlational analytic design with a cross-sectional approach. The population consisted of 60 postpartum mothers, with 53 respondents meeting the inclusion criteria. Samples were obtained using purposive sampling. Data were collected using a social support questionnaire and the Edinburgh Postnatal Depression Scale (EPDS) to assess symptoms of baby blues. Data were analyzed using SPSS with the Chi-Square test at a 95% confidence level. Results The results showed a significant relationship between social support and the occurrence of baby blues syndrome (p-value < 0.05). Mothers with low levels of social support were more likely to experience baby blues syndrome compared to those who received good social support. Conclusion There is a significant relationship between social support and the incidence of baby blues syndrome among postpartum mothers in Central Lombok. Therefore, active involvement of healthcare providers and families is essential in providing optimal social support to prevent baby blues among postpartum mothers.

INTRODUCTION

The puerperium, or postpartum period, is a critical time that leaves mothers vulnerable to various health issues, encompassing both physical and mental well-being (Shorey et al., 2021). One of the most common mental health disturbances experienced by mothers after childbirth is the baby blues syndrome. This condition is characterized by symptoms such as feelings of sadness, frequent crying, excessive fatigue, irritability, and heightened anxiety about one's ability to care for the newborn (Shorey et al., 2021). On a global scale, the World Health Organization (WHO) estimates that 10-20% of mothers experience mental health disorders following delivery, with baby blues being the most frequently encountered form in the first few days to weeks after childbirth (World Health Organization, 2020).

In Indonesia, the reported prevalence of baby blues is notably high. Data from the Indonesian Psychiatric Association (PDSKJI) indicates that approximately 22-33% of postpartum mothers in Indonesia exhibit symptoms of baby blues, which, if not properly addressed, can progress into the more serious condition of postpartum depression (PDSKJI, 2022). This phenomenon is also a concern in the province of West Nusa Tenggara (NTB). Preliminary studies conducted in the NTB region indicate a high psychological burden among postpartum mothers, which is strongly suspected to be linked to local social, economic, and cultural factors (Dinas Kesehatan Provinsi NTB, 2023). Specifically, in Central Lombok, a region with a community characterized by strong family values, the level of social support is hypothesized to be a key factor influencing the mental health of postpartum mothers.

The baby blues syndrome has implications that extend beyond the mother, adversely affecting mother-infant bonding, breastfeeding patterns, and the infant's emotional development (Fiorelli et al., 2023). The etiology of baby blues is multifactorial, with one of the most significant contributing factors being a lack of social support. Social support, which encompasses emotional, instrumental, informational, and appraisal support from husbands, family, and the surrounding community, can act as a buffer or stress deterrent during the transition to motherhood (Chen et al., 2024). Mothers who feel supported tend to be more self-confident and better equipped to adapt to their new role.

METHOD

This study employed a correlational analytic design with a cross-sectional approach. This approach was chosen to analyze the relationship between the independent variable (social support) and the dependent variable (incidence of baby blues syndrome) at a single point in time. The population of this study was all postpartum mothers (up to 6 weeks after childbirth) who visited the X Community Health Center in Central Lombok during totaling 60 people. The sample consisted of 53 respondents, selected from the population who met the inclusion criteria. The sampling technique used was purposive sampling**.** Data were collected using two structured questionnaires (1) Social Support Questionnaire**.** This instrument measured support from husbands, family, and the social environment. It consisted of several statements measured using a Likert scale. The total score was categorized into "Low" (score <60) and "High" (score ≥60). (2) Edinburgh Postnatal Depression Scale (EPDS) Questionnaire: A standard questionnaire comprising 10 items to detect symptoms of baby blues and postpartum depression. Mothers with an EPDS score ≥ 10 were categorized as experiencing baby blues syndrome, while a score <10 was categorized as not experiencing it. the collected data were processed and analyzed using Univariate Analysis Used to describe the frequency and percentage distribution of each variable (social support and baby blues). Bivariate Analysis Used to analyze the relationship between social support and the incidence of baby blues. The Chi-Square **test** was used with a 95% confidence level ($\alpha = 0.05$). A relationship was considered statistically significant if the p-value was < 0.05.

RESULT

Univariate Analysis

Univariate analysis was used to describe the characteristics of the respondents and the frequency distribution of each researched variable. The following are the univariate analysis results from 53 respondents.

Table 1. Frequency Distribution of Respondent Characteristics (n=53)

Characteristic	Category	Frequency (n)	Percentage (%)
Mother's Age	< 20 Years	8	15.1
	20 - 35 Years	40	75.5
	> 35 Years	5	9.4
Number of Deliveries	Primipara (First child)	22	41.5
	Multipara (Second child & more)	31	58.5
Type of Delivery	Normal / Spontaneous	35	66.0
	Cesarean / Operation	18	34.0

Characteristic	Category	Frequency (n)	Percentage (%)
Latest Education	≤ Senior High School	45	84.9
	> Senior High School (D3/Bachelor)	8	15.1

Table 2. Frequency Distribution of Research Variables (n=53)

Variable	Category	Frequency (n)	Percentage (%)
Social Support	Low	23	43.4
	High	30	56.6
B[aby Blues Syndrome	Not Experiencing	19	35.8
	Experiencing	34	64.2

Based on Table 2, it can be seen that 34 mothers (64.2%) experienced baby blues syndrome. The majority of respondents, 30 mothers (56.6%), had high social support.

Bivariate Analysis

Bivariate analysis was conducted to test the relationship between the independent variable (social support) and the dependent variable (incidence of baby blues syndrome) using the Chi-Square test. The analysis results are presented in Table 3.

Table 3. Relationship Between Social Support and the Incidence of Baby Blues Syndrome (n=53)

Social Support	Incidence of Baby Blues Syndrome		Total		p-value	
	No		Yes			
	n	%	n	%	n	%	
Low	3	13.0%	20	87.0%	23	100%	0.002
High	16	53.3%	14	46.7%	30	100%	
Total	19	35.8%	34	64.2%	53	100%	

Based on Table 3, out of 23 respondents with low social support, 20 people (87.0%) experienced baby blues. Conversely, out of 30 respondents with high social support, 14 people (46.7%) experienced it. The result of the Chi-Square statistical test showed a p-value = 0.002. Since the p-value (0.002) < α (0.05), the Null Hypothesis (H_0) is rejected and the Alternative Hypothesis (H_a) is accepted. This means there is a statistically significant relationship between social support and the incidence of baby blues syndrome among postpartum mothers in Central Lombok.

DISCUSSION

The findings of this study reveal that the prevalence of baby blues syndrome in Central Lombok reached 64.2%, a figure considered quite high. This rate is significantly higher than the global WHO estimate of 10-20% (World Health Organization. 2020) and the national data from PDSKJI, which reports a prevalence of 22-33% in Indonesia (.PDSKJI. 2022) The high incidence in Central Lombok is strongly suspected to be related to the socio-cultural characteristics and specific risk factors unique to the research area. Several previous studies indeed confirm that the expression and prevalence of baby blues are highly influenced by the local cultural context, including traditional postpartum practices, kinship systems, and the level of mental health literacy (Fisher, J., et al. 2020).

The bivariate test results consistently prove a statistically significant relationship between social support and the incidence of baby blues. Mothers with low social support were 7.62 times more likely to experience baby blues compared to mothers enjoying high social support. This finding aligns with the stress-buffering model by Cohen and Wills (1985), which states that social support functions as a buffer against the negative effects of psychosocial stressors (Cohen, S., & Wills, T. A. 1985). In the postpartum context, emotional support (such as attention and empathy), instrumental support (direct help with baby care and household chores), informational support (advice and information), and appraisal support from husbands, family, and healthcare workers together can build the mother's self-confidence and competence in adapting to her new role (Razurel, C., et al. 2023). Several recent international and national journals also reinforce this finding, where social support, especially from the husband, proves to be a dominant protective factor against postpartum psychological disorders (Pratomo, H., & Shaluhiyah, Z. 2021).

However, the finding that 46.7% of mothers with high social support still experienced baby blues indicates the complex etiology of this disorder. This reality shows that although social support is a very important factor, it is not the sole determinant. Biological factors, such as drastic fluctuations in estrogen and progesterone hormones after childbirth, are physiological contributors that cannot be ignored[10]. Furthermore, a previous history of mental health issues (such as a history of depression or anxiety), extreme physical fatigue, breastfeeding difficulties, and social pressures related to the demands of being a "perfect" mother also play important roles in triggering baby blues symptoms (Beck, C. T. 2021).. Therefore, a comprehensive and multidimensional management approach is essential. Interventions should not only focus on strengthening the social support system but also need to address biological aspects through health monitoring, psychological aspects through counseling, and educational aspects through outreach on fatigue and stress management.

CONCLUSION

There is a significant relationship between social support and the incidence of baby blues syndrome among postpartum mothers in Central Lombok. Therefore, active involvement of healthcare providers and families is essential in providing optimal social support to prevent baby blues among postpartum mothers

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