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The Influence of Husband's Support on Baby Blues Syndrome among First-Time Mothers

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Abstract: The birth of a baby is a highly anticipated and meaningful event for married couples. However, empirical evidence indicates that approximately 57% of mothers in Indonesia experience baby blues syndrome, placing Indonesia among the countries with the highest prevalence of this condition in Asia. The significance of a husband's assistance in reducing postpartum emotional disorders is shown by this phenomenon. The purpose of this research was to look at first-time mothers and how much impact a spouse's support has on baby blues syndrome. Participating first-time postpartum mothers were the subjects of this quantitative study that used a purposive sampling method. A measure measuring husband support and the Edinburgh Postnatal Depression measure (EPDS) were used to gather data. With the help of Statistical Product and Service Solutions (SPSS) version 25 for Windows, we performed data analysis using basic linear regression. A correlation coefficient of R = -0.813 and a significant value of p = 0.000 ($p < 0.05$) showed that the husband's support had a highly significant impact on infant blues syndrome. These results show that first-time moms are less likely to experience baby blues syndrome if their husbands are more supportive. Women experience less emotional distress after giving birth to their first child when they have their husband's support.

Keywords: Baby blues Syndrome, Husband Support, Primiparous Mothers, Postpartum Blues, Psychosocial

INTRODUCTION

Childbirth is a significant life event that brings profound changes to a woman's life, particularly for mothers experiencing childbirth for the first time. The postpartum adjustment period is often accompanied by emotional changes that may trigger baby blues syndrome, which is characterized by feelings of sadness, anxiety, irritability, and fatigue during the first week after delivery (American Psychiatric Association, 2022). If left untreated, this condition may have negative consequences for maternal health, parenting practices, and child development (Tolossa, Fetensa, Yilma, Abadiga, Wakuma, Besho, Fekadu, & Etafa, 2020), and may potentially progress into postpartum depression or postpartum psychosis (Sambas, Novia, & Hersoni, 2022).

The National Population and Family Planning Board of Indonesia (BKKBN) reported that in 2024, approximately 57% of mothers in Indonesia experienced baby blues syndrome, making Indonesia the country with the highest prevalence in Asia (CNN Indonesia, 2024). Primiparous mothers are more vulnerable to this condition due to limited experience and psychological readiness for motherhood (Almida, Dahlia, Ronanarasafa, & Shammakh, 2023). Several risk factors have been identified, including inadequate social

support, maternal or infant health conditions, economic pressure, and infant characteristics (Putri & Putri, 2022). Among these factors, husband's support has been shown to be a significant protective factor in preventing and reducing symptoms of baby blues syndrome (Ristanti & Masita, 2020; Rahmi & Inriani, 2023).

Previous studies have demonstrated a significant association between husband's support and the occurrence of baby blues syndrome (Samria & Haerunnisa, 2021; Anggraini, 2024), as well as the effectiveness of husband involvement in postpartum care (Dehshiri, Ghorashi, & Lotfipur, 2022). However, studies that specifically examine the influence of husband's support on mothers who give birth to their first child remain limited. Therefore, this study was conducted to analyze the influence of husband's support on baby blues syndrome among first-time mothers.

LITERATURE REVIEW

Baby blues syndrome refers to a period of emotional distress that typically occurs between the third and tenth day after childbirth and affects a substantial proportion of postpartum mothers (Bahiyatun, 2009; American Psychiatric Association, 2022). Common manifestations include increased irritability, mood swings, anxiety, dizziness, feelings of sadness, and loneliness. This condition is generally transient and differs from clinical depression, as it does not involve severe or persistent depressive symptoms. Baby blues syndrome is believed to be influenced by rapid hormonal changes following delivery and usually resolves within one to two weeks postpartum. Baby blues syndrome is commonly characterized by three primary symptoms: depression, anxiety, and anhedonia, as proposed by Cox, Holden, and Sagovsky (1987) and further discussed by Paramita, Faradiba, and Febrayosi (2020).

Depression includes feelings of sadness, helplessness, and decreased motivation. Anxiety involves excessive worry, fear, or nervousness, while anhedonia refers to a reduced ability to experience pleasure or enjoyment in activities that were previously found rewarding. Husband's support refers to the attention, care, and responsibility provided by a husband to his wife, encompassing both emotional and practical dimensions (Yanti & Wirastri, 2022; Lubis, Meilani, & Wulandari, 2023). Such support plays a vital role in enhancing maternal well-being by promoting emotional security, reducing psychological burden, and improving overall health outcomes during the postpartum period. Husband's support consists of four main aspects: emotional support, instrumental support, informational support, and appraisal support, as conceptualized by Sarafino and Smith (2011).

Emotional support involves empathy, understanding, and emotional presence. Instrumental support includes tangible assistance such as helping with household tasks and childcare. Informational support refers to providing advice, information, and guidance related to the mother's condition, while appraisal support involves encouragement, appreciation, and positive feedback that enhance the mother's self-esteem and confidence.

Research Objective

This study aimed to determine the influence of husband's support on baby blues syndrome among first-time mothers.

RESEARCH METHODE

Unit of Analysis

The unit of analysis in this study consisted of individual first-time postpartum mothers who had recently given birth. The participants were women aged between 20 and 35 years who were experiencing motherhood for the first time. This age range was selected

because it represents early adulthood and the reproductive period, which involves significant psychological, emotional, and social adjustments related to maternal role transition. According to Sasmita, Santy, Abdullah, Fujiko, and Azis (2024), women within this age range are particularly vulnerable to postpartum emotional disturbances due to hormonal changes, increased caregiving responsibilities, and heightened psychosocial demands, making them a relevant population for examining baby blues syndrome.

Research Design

Using a cross-sectional design, this study utilized a quantitative research approach. We chose a cross-sectional strategy to look at first-time moms' experiences with baby blues syndrome and husband support since it only requires us to gather data at one moment in time. Without changing the settings or trying to prove a causal relationship, this approach is perfect for finding statistical correlations between variables.

Postpartum women in their twenties and thirties who were participants in this study were considered a population. Respondents were hand-picked according to predefined inclusion criteria using a non-probability sampling technique known as purposive sampling., namely: (1) women aged 20–35 years and (2) mothers who had delivered their first child. A total of 165 respondents participated in this study. Data were collected using self-report questionnaires administered online. Measurement was conducted using a Likert scale ranging from “Strongly Agree” to “Strongly Disagree” to assess husband’s support and baby blues syndrome. The collected data were screened to ensure validity and completeness before being tabulated and analyzed using statistical methods.

Data Sources

Primary data used in this study came from online surveys administered to participants using a pre-designed questionnaire. Mothers who had just given birth and who fulfilled the researcher's inclusion criteria were surveyed. In order to achieve the aims of the study, a purposive sampling strategy was used to select individuals according to predetermined criteria. To collect data, we used easily available social media sites to disseminate the survey and recruit qualified participants. Participation in this study was voluntary.

Data Collection Techniques

Psychological measuring scales were used to gather data for this investigation. The Edinburgh Postnatal Depression Scale (EPDS), which was revised by Mardiyyah (2022) from its initial version by Cox, Holden, and Sagovsky (1987), was used to measure baby blues syndrome. Anhedonia, depression, and anxiety are the three aspects that this scale assesses. With a reliability coefficient of 0.80, the EPDS is comprised of 10 items: 8 positive and 2 negative.

A husband's support scale, revised by Achmada (2022), was developed from a model by Sarafino and Smith (2011) and used to measure husbands' levels of support. All four aspects of support—emotional, instrumental, informational, and appraisal—are covered by this scale. The reliability coefficient of the 20-item scale is 0.948, and it has 14 positive items and 6 negative ones.

Data Analiysis

This study employed simple linear regression analysis to examine the effect of husband’s support on baby blues syndrome in first-time mothers. Data analysis was conducted with the assistance of Statistical Product and Service Solution (SPSS) version 25 for Windows.

RESULT AND DISCUSSION

Simple Linear Regression Analysis

In this study, we used simple linear regression analysis to examine the data and find out if spouse support had an effect on infant blues syndrome. To analyze the data, we used SPSS 25 for Windows, which stands for Statistical Product and Service Solution.

Regression results showed that the effect of husband support on baby blues syndrome was statistically significant (p0.000), hence accepting Ha as the null hypothesis. This finding provides more evidence that spouse support significantly mitigates the symptoms of infant blues syndrome in first-time mothers. Furthermore, the obtained F value was 387.271. The strength of the influence husband's support and baby blues syndrome in first-time mothers was very strong, with a correlation coefficient (R) of 0.813, as presented in the Model Summary table. The regression analysis also yielded an R Square value of 0.661, indicating that husband's support accounted for 66.1% of the variance in baby blues syndrome among first-time mothers, while the remaining 33.9% was influenced by other factors beyond the variables examined in this study.

Table1. Hipotesis Test Result

Variabel	F	Sig	R	R Square
Baby Blues Syndrome Husband Support	387,271	0,000	-0,813	0,661

Levels of Baby Blues Syndrome and Husband Support

Based on the results of the descriptive analysis, the empirical mean (ME) of the baby blues syndrome variable was 39.452, while the hypothetical mean (MH) was 30, with a hypothetical standard deviation (SDH) of 6.67. The empirical mean (ME) on the baby blues syndrome scale was located between 36.66 and 43.33. This finding indicates that first-time mothers in this study were classified as having a high level of baby blues syndrome.

Furthermore, the descriptive analysis of the husband's support variable showed an empirical mean (ME) of 43.174, a hypothetical mean (MH) of 60, and a hypothetical standard deviation (SDH) of 13.33. The empirical mean (ME) on the husband's support scale was located between 33.33 and 46.66. This result indicates that first-time mothers in this study were classified as having a low level of husband's support.

Table 2. Mean Empirical Baby Blues Syndrome and Husband Support

Scale	Empirical Mean	Category
Baby Blues Syndrome	39,452	High
Husband Support	43.174	Low

Demographic Characteristics and Descriptive Pattern

The researcher conducted additional analyses on the descriptive data of the research participants. The total number of respondents in this study was 201. The descriptive data analysis included participants' age, domicile, highest level of education, husband's highest level of education, husband's occupation, and length of marriage. The following section presents a detailed explanation of each descriptive characteristic.

In this study, the descriptive analysis based on age was divided into four groups: respondents aged 20–25 years totaled 85 individuals (42.3%), those aged 26–30 years totaled 84 individuals (41.8%), respondents aged 31–35 years totaled 25 individuals (12.4%), and those aged over 35 years totaled 7 individuals (3.5%). The results of the

empirical mean calculation for baby blues syndrome based on age categories indicated that respondents aged 20–25 years, 26–30 years, and 31–35 years were classified in the high category, while respondents aged over 35 years were classified in the moderate category. Meanwhile, the empirical mean calculation for husband's support based on age categories showed that respondents aged 20–25 years, 26–30 years, and 31–35 years were classified in the low category, whereas respondents aged over 35 years were classified in the moderate category.

The descriptive analysis based on respondents' domicile was categorized into five groups: Jakarta, with 60 respondents (29.9%); Bogor, with 36 respondents (17.9%); Depok, with 24 respondents (11.9%); Tangerang, with 33 respondents (16.4%); and Bekasi, with 48 respondents (23.9%). The results of the empirical mean calculation for baby blues syndrome based on domicile categories indicated that respondents residing in Jakarta, Bogor, and Depok were classified in the high category, while those residing in Bekasi were classified in the moderate category. Meanwhile, the empirical mean calculation for husband's support showed that respondents living in Jakarta, Bogor, and Depok were classified in the low category, whereas respondents residing in Bekasi were classified in the moderate category.

Furthermore, the descriptive analysis based on the wife's highest level of education was divided into five groups: senior high school/vocational high school (SMA/SMK equivalent) with 64 respondents (31.8%), Diploma (D3/D4) with 23 respondents (11.4%), Bachelor's degree (S1) with 108 respondents (53.7%), Master's degree (S2) with 5 respondents (2.5%), and Doctoral degree (S3) with 1 respondent (0.5%). The empirical mean calculation of baby blues syndrome based on respondents' educational level showed that respondents with SMA/SMK equivalent, Diploma (D3/D4), Bachelor's degree (S1), and Master's degree (S2) were classified in the high category, whereas respondents with a Doctoral degree (S3) were classified in the very high category. Meanwhile, the empirical mean calculation of husband's support based on respondents' educational level indicated that respondents with SMA/SMK equivalent education were classified in the moderate category, those with Diploma (D3/D4), Bachelor's degree (S1), and Master's degree (S2) were classified in the low category, and respondents with a Doctoral degree (S3) were classified in the very low category.

In addition, the descriptive analysis based on length of marriage was divided into four groups: 1–5 years with 129 respondents (64.2%), 6–10 years with 60 respondents (29.9%), 11–15 years with 8 respondents (4.0%), and 16–20 years with 4 respondents (3.5%). The empirical mean analysis of baby blues syndrome based on length of marriage indicated that respondents with a marriage duration of 1–5 years and 6–10 years were classified in the high category, whereas those with a marriage duration of 11–15 years and 16–20 years were classified in the moderate category. Meanwhile, the empirical mean analysis of husband's support based on length of marriage showed that respondents with a marriage duration of 1–5 years and 6–10 years were classified in the low category, while those with a marriage duration of 11–15 years and 16–20 years were classified in the moderate category.

Table 3. Demographic Characteristis of Participants

Demographic Data	∑	**%**	**Baby Blues Syndrome**		**Husband Support**	
Age			**ME**	**Category**	**ME**	**Category**
20 – 25	85	42,3%	40,28	High	42,33	Low
26 – 30	84	41,8%	39,89	High	41,63	Low

31 – 35	25	12,4%	38,64	High	43,68	Low
>35	7	3,5%	27	Moderate	70,14	Moderate
Domicile			**ME**	**Category**	**ME**	**Category**
Jakarta	60	29,9%	41	High	39,88	Low
Bogor	36	17,9%	42,69	High	37,64	Low
Depok	24	11,9%	41,46	High	34,79	Low
Tanggerang	33	16,4%	43,42	High	34,55	Low
Bekasi	48	23,9%	31,35	Moderate	61,56	Moderate
Wife's Education Background			**ME**	**Category**	**ME**	**Category**
Senior High School	64	31,8%	35,98	High	51,36	Moderate
Associate Degree (D3/D4)	23	11,4%	40,22	High	39,52	Low
Bachelor's Degree (S1)	108	53,7%	41,24	High	39,55	Low
Master's Degree (S2)	5	2,5%	40,80	High	36,20	Low
Doctoral Degree / PhD	1	0.5%	44	Very High	30	Very Low
Marriage Duration			**ME**	**Category**	**ME**	**Category**
1 – 5	129	64,2%	40,10	High	42,03	Low
6 – 10	60	29,9%	40,10	High	41,57	Low
11 – 15	8	4%	31	Moderate	61,25	Moderate
16 – 20	4	3,5%	25,75	Moderate	68	Moderate

Discussion

This study aimed to empirically examine the influence of husband support on baby blues syndrome among first-time mothers. Based on the hypothesis testing results, it was found that there is a very significant effect of husband support on baby blues syndrome in mothers who gave birth to their first child. This is evidenced by the regression analysis results, which show a significance value of 0.000 ($p < 0.05$) and an R value of -0.813, indicating a very significant negative relationship between husband support and baby blues syndrome among first-time mothers. This finding is consistent with the study conducted by Dewi, Nuha, Kurniawati, Safitri, Yesima, and Ani (2024), which concluded that there is a significant effect of husband support on the incidence of baby blues syndrome among mothers after childbirth.

This study is supported by the theory proposed by Cohen and Nonacs (2005), which states that during the first week after childbirth, a large number of mothers experience affective instability disorders known as baby blues syndrome. Warren and Berger (2022) revealed that baby blues syndrome generally decreases within the first two weeks, although it may persist for up to one year after childbirth. Baby blues syndrome is caused by sudden hormonal changes after delivery, which significantly affect mood changes in postpartum mothers. These changes may trigger prolonged feelings of sadness, anxiety, and mood swings.

First-time mothers (primiparous women) are more vulnerable to experiencing baby blues syndrome or postpartum blues, which supports the research hypothesis. This vulnerability may occur because first-time mothers tend to have high expectations regarding their maternal role; when these expectations are not fulfilled, feelings of failure may arise and eventually trigger affective symptoms such as baby blues syndrome (Kendall-Tackett, 2017). This statement is also in line with the theory proposed by

Hendrick (2006), which states that baby blues syndrome peaks approximately 3–4 days after childbirth and disappears within a few hours to several days. Therefore, pregnant women should be educated about the potential occurrence of mood symptoms during the first week after childbirth and be advised to contact healthcare providers if the symptoms persist for a long time or become very severe, thereby interfering with the mother's ability to perform daily activities.

Based on the analysis results, it was found that the magnitude of the influence of husband support on baby blues syndrome among first-time mothers was 66.1%, while the remaining 33.9% was influenced by other variables outside this study. This finding may occur because emotional, instrumental, appraisal, and informational support from husbands play an important role in helping mothers feel valued, heard, and not alone while undergoing the transition into parenthood. The presence of a responsive and caring husband can enhance self-confidence, improve quality of life and maternal well-being, reduce psychological burden, and strengthen emotional resilience in facing physical and mental changes after childbirth (Setyaningrum, 2021; Ainy, 2023; Serla, 2023).

Based on the descriptive results of both variables, the empirical mean value of husband support was 43.174, indicating that husband support falls into the low category. This suggests that, in general, respondents in this study experienced low or insufficient levels of husband support. Dewi, Nuha, Kurniawati, Safitri, Yasmita, and Ani (2024) stated that inadequate husband support causes mothers to feel neglected, overwhelmed in performing their new role, and less capable of managing stress and emotional changes after childbirth. This emphasizes that the husband's role as the primary source of support is crucial, not only in physical aspects but also in providing emotional security, calmness, and a sense of being valued. Therefore, the active involvement of husbands in accompanying and assisting mothers during the postpartum period is essential for maintaining maternal mental health and preventing postpartum mood disorders.

Furthermore, the empirical mean of baby blues syndrome was 39.452, indicating that baby blues syndrome falls into the high category. This finding suggests that, in general, respondents in this study experienced relatively significant symptoms of baby blues syndrome. This condition reflects emotional instability experienced by postpartum mothers, such as excessive sadness, frequent crying, irritability, mental fatigue, and difficulties in establishing emotional bonding with the baby. The high score may also reflect various unmanaged risk factors, including lack of social support, hormonal changes, physical exhaustion, and psychological pressure due to the transition into motherhood (Putri, Aqurisnawati, Patrika, 2022; Darwiyati, Rofika, & Fitjannah, 2024). Based on these results, it can be concluded that adequate husband support can reduce the risk of baby blues syndrome among first-time mothers.

The descriptive analysis based on the empirical mean of baby blues syndrome by age category showed that respondents aged 20–25 years were in the high category, those aged 26–30 years were in the high category, those aged 31–35 years were also in the high category, and those aged over 35 years were in the moderate category. Meanwhile, the descriptive analysis of husband support showed that respondents aged 20–25 years were in the low category, those aged 26–30 years were in the low category, those aged 31–35 years were also in the low category, and those aged over 35 years were in the moderate category. These findings indicate that the more mature the mother's age, the greater the likelihood of receiving better support from her spouse. This finding is consistent with the study conducted by Ramayana, Simanjuntak, Dina, Afriani, Dewi, and Simanjuntak (2023), which found that mothers aged 20–35 years have a higher risk of experiencing baby blues. Although this age range is considered a productive age for women, women in this range

tend to face greater psychological and social pressures, particularly in their new role as mothers.

The descriptive analysis based on the empirical mean of baby blues syndrome by domicile category showed that respondents living in Jakarta, Bogor, Depok, and Tangerang were in the high category, while those living in Bekasi were in the moderate category. Meanwhile, the descriptive analysis of husband support showed that respondents living in Jakarta, Bogor, Depok, and Tangerang were in the low category, while those living in Bekasi were in the moderate category. These findings indicate that mothers living in densely populated urban areas such as Jakarta, Bogor, Depok, and Tangerang may face greater environmental and social pressures, which contribute to higher levels of baby blues syndrome and lower levels of spousal support.

This study is in line with the research conducted by Afrina and Rukiah (2024), which revealed that physical fatigue and low levels of husband social support contribute to an increased risk of baby blues syndrome among postpartum mothers in South Bogor. Mothers who experience physical exhaustion and do not receive sufficient emotional support from their husbands tend to be more vulnerable to emotional disorders such as baby blues syndrome. These results emphasize that the husband's role is crucial in maintaining maternal mental health, especially in urban environments that tend to be dense and stressful.

The descriptive analysis based on the empirical mean of baby blues syndrome by educational level showed that respondents with Senior High School/Vocational High School education, Diploma (D3/D4), Bachelor's Degree (S1), and Master's Degree (S2) were in the high category, while respondents with a Doctoral Degree (S3) were in the very high category. Meanwhile, the descriptive analysis of husband support by educational level showed that respondents with Senior High School/Vocational High School education were in the moderate category, those with Diploma (D3/D4), Bachelor's Degree (S1), and Master's Degree (S2) were in the low category, while those with a Doctoral Degree (S3) were in the very low category. The high level of baby blues syndrome among respondents with a Doctoral Degree may be attributed to the complexity of psychosocial pressures they experience. In addition to high professional demands, mothers in this group tend to experience role conflict and perfectionism, which can trigger emotional distress. Combined with low spousal support, these factors further increase vulnerability to baby blues syndrome. This indicates that higher educational attainment does not necessarily reduce the risk of postpartum affective disorders; instead, it may increase emotional pressure if not accompanied by adequate support.

These findings are supported by the study conducted by Hasifah, Nurparisih, Maliga, and Lestasi (2024), which concluded that highly educated women tend to have a greater likelihood of experiencing postpartum blues or baby blues syndrome compared to women with lower levels of education. This is due to social pressures and role conflicts faced by highly educated women, particularly the demands to remain active in the workforce while fulfilling responsibilities as housewives. This role imbalance can trigger emotional stress, especially during the psychologically vulnerable postpartum period.

The descriptive analysis based on the empirical mean of baby blues syndrome by length of marriage showed that respondents with a marriage duration of 1–5 years were in the high category, those with 6–10 years were also in the high category, those with 11–15 years were in the moderate category, and those with 16–20 years were in the moderate category. Meanwhile, the descriptive analysis of husband support showed that respondents with a marriage duration of 1–5 years were in the low category, those with 6–10 years were

also in the low category, those with 11–15 years were in the moderate category, and those with 16–20 years were in the moderate category.

This finding is consistent with the study conducted by Albariroh (2021), which revealed a relationship between length of marriage and the risk of baby blues syndrome among primiparous mothers. Length of marriage influences an individual's physical and mental readiness to undergo pregnancy and assume the maternal role; therefore, the shorter the duration of marriage, the greater the likelihood that mothers will experience baby blues syndrome. This condition is caused by psychological factors, as mothers may not yet be fully prepared to adapt to married life and accept pregnancy as part of their role.

CONCLUSION

The findings of this study indicate a very significant effect of husband support on baby blues syndrome among first-time mothers. The relationship shows a negative direction, meaning that higher levels of husband support are associated with lower levels of baby blues syndrome, while lower levels of husband support are associated with higher levels of baby blues syndrome.

The descriptive analysis of the research variables shows that the level of baby blues syndrome among first-time mothers is classified as high, whereas the level of husband support is classified as low.

SUGGESTION

Based on the findings of this study, the researcher proposes several recommendations. Respondents or prospective mothers are advised to enhance their understanding of the early symptoms of baby blues syndrome and to equip themselves with knowledge related to postpartum mental health, supported by an environment that provides emotional support. Husbands or prospective fathers are expected to take an active role in providing emotional and physical support and to understand the psychological condition of mothers after childbirth as a shared responsibility in building a healthy family. The community is encouraged to create a more caring, empathetic, and responsive social environment toward postpartum mothers to prevent the occurrence of baby blues syndrome. Future research is recommended to examine other relevant variables, expand the number of respondents, or employ qualitative approaches to obtain more comprehensive research findings.

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