



The Relationship Between Husband's Support and the Occurrence of Baby Blues Syndrome Among Postpartum Mothers

Ukitri Yuniarti Setya Ningrum¹, Retno Dewi Prisusanti^{2*}

¹⁻² Bachelor of Midwifery Study Program, ITSK Soepraoen, Indonesia, e-mail: retnodewi@itsk-soepraoen.ac.id

*Corresponding Author: retnodewi@itsk-soepraoen.ac.id

Abstract. Background: Baby blues syndrome is one of the most common psychological conditions experienced by women during the postpartum period, resulting from biological, psychological, and social changes following childbirth. Husband support is an important protective factor that may help mothers adapt to their new parental roles and reduce the risk of postpartum emotional disturbances. This support may include emotional, instrumental, informational, and appraisal support. This study aimed to determine the relationship between husband support and the occurrence of baby blues syndrome among postpartum mothers. Methods: This study used a quantitative observational analytic approach with a cross-sectional design. The research was conducted from January to March 2026 at a maternal health service facility. A total of 60 postpartum mothers were selected using purposive sampling. Data were collected using structured questionnaires assessing respondent characteristics, husband support, and baby blues syndrome. Data were analyzed using descriptive statistics and the Chi-Square test with a 95% significance level. Results: Most respondents received good husband support (63.3%), while 30.0% experienced baby blues syndrome. The Chi-Square test showed a significant relationship between husband support and baby blues syndrome ($p = 0.002$). Mothers receiving good husband support were less likely to experience baby blues syndrome. Conclusion: Husband support is significantly associated with baby blues syndrome among postpartum mothers. Strengthening husband involvement may support maternal mental health during the postpartum period.

Received: April 16, 2025
Revised: May 28, 2025
Accepted: June 20, 2025
Published: July 31, 2025
Curr. Ver.: July 31, 2025

Keywords: Dysmenorrhea; Female Workers; Menstrual Pain; Occupational Health; Workplace Stretching.



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>)

1. Background

The postpartum period represents a critical stage in a woman's life, characterized by substantial physiological, psychological, emotional, and social adjustments following childbirth. During this phase, mothers are required not only to recover physically but also to adapt to their new responsibilities as primary caregivers. The transition to motherhood can generate considerable psychological stress, which may adversely affect maternal mental health. When this adaptation process is inadequate, women become more vulnerable to emotional disturbances, including baby blues syndrome. This condition typically develops within the first few days to two weeks after delivery and is characterized by mood instability, frequent crying, anxiety, fatigue, sleep disturbances, and difficulty concentrating. Although baby blues syndrome is generally considered a transient condition, early recognition and appropriate management are essential because it may progress to postpartum depression if left untreated (World Health Organization [WHO], 2022; Ministry of Health of the Republic of Indonesia, 2023).

Maternal mental health has become a major priority in maternal healthcare services worldwide. The World Health Organization estimates that approximately 10–20% of women experience mental health disorders during pregnancy or the postpartum period, with higher rates reported in low- and middle-income countries due to limited access to healthcare services, inadequate social support, and socioeconomic challenges. In Indonesia, previous studies have reported that the prevalence of baby blues syndrome ranges from 30% to 70%, depending on participant characteristics, assessment methods, and sociocultural contexts.

These findings indicate that postpartum mental health remains an important public health concern and highlight the need for continuous promotive and preventive interventions within primary healthcare settings (WHO, 2022; Ministry of Health of the Republic of Indonesia, 2023; Rahmawati et al., 2021).

The occurrence of baby blues syndrome is influenced by multiple interacting biological, psychological, and social factors. Biological mechanisms primarily involve hormonal fluctuations following childbirth, whereas psychological contributors include maternal anxiety, physical exhaustion, childbirth experiences, and difficulties adapting to the maternal role. Social determinants, such as insufficient family support, financial hardship, marital conflict, and limited partner involvement, also play significant roles in increasing emotional vulnerability during the postpartum period. These findings emphasize that maternal mental health is shaped not only by physical recovery but also by the availability of a supportive social environment. Consequently, comprehensive maternal healthcare should actively involve family members, particularly husbands, to facilitate mothers' psychological adjustment after childbirth (Dennis & Dowswell, 2013; Shorey et al., 2018).

Husbands are among the most influential sources of support for postpartum mothers. Their contributions encompass emotional, instrumental, informational, and appraisal support. Emotional support includes empathy, encouragement, effective communication, and emotional reassurance. Instrumental support involves practical assistance with infant care and household responsibilities, while informational support refers to sharing knowledge related to maternal and newborn care. Appraisal support is reflected through positive reinforcement, appreciation, and motivation that strengthen maternal confidence in fulfilling her new role. Active involvement of husbands has been associated with reduced maternal stress, enhanced self-confidence, and improved psychological adjustment during the postpartum period. Conversely, inadequate partner support has consistently been identified as a significant risk factor for emotional disorders, including baby blues syndrome (House, 1981; Leahy-Warren et al., 2012).

Previous studies have consistently demonstrated a significant relationship between husbands' support and maternal mental health following childbirth. Mothers who receive adequate support from their husbands are generally less likely to experience symptoms of baby blues syndrome or postpartum depression than those with limited support. Consistent spousal involvement helps mothers cope with physical and emotional changes, enhances stress management, and promotes stronger family relationships. Nevertheless, the magnitude of this association may vary across populations due to differences in cultural background, educational attainment, employment status, and socioeconomic conditions, resulting in inconsistent findings among previous studies (Stapleton et al., 2012; Shorey et al., 2018; Pilkington et al., 2015).

Although research on baby blues syndrome has increased in Indonesia, most studies have primarily focused on maternal age, parity, educational level, mode of delivery, obstetric complications, and anxiety during pregnancy. Comparatively fewer investigations have specifically examined husbands' support as the primary determinant of postpartum psychological well-being, particularly among mothers receiving care in primary healthcare centers and independent midwifery practices. In addition, several previous studies were limited by relatively small sample sizes and did not adequately consider variations in respondents' sociodemographic characteristics, indicating the need for further investigation to provide stronger evidence regarding the contribution of husbands' support to the prevention of baby blues syndrome among postpartum mothers.

Furthermore, previous studies have rarely taken into account the influence of local sociocultural characteristics, which may shape the type and extent of support provided by husbands to postpartum mothers. Cultural norms, family structures, and community values can substantially affect husbands' involvement in maternal care and consequently influence maternal psychological well-being. Therefore, the existing body of evidence regarding the relationship between husbands' support and the occurrence of baby blues syndrome remains inconclusive and requires further validation through context-specific studies conducted in diverse sociocultural settings (Rahmawati et al., 2021; Sari et al., 2022).

A review of the existing literature reveals several research gaps that provide a strong rationale for conducting this study. Previous investigations have predominantly focused on individual risk factors associated with postpartum psychological disorders, while the contribution of family support—particularly husbands' involvement in facilitating mothers' psychological adjustment after childbirth—has received comparatively limited attention. Moreover, studies examining husbands' support have generally assessed overall support

without comprehensively evaluating its multidimensional components, including emotional, instrumental, informational, and appraisal support. Differences in sociocultural characteristics across regions further limit the generalizability of previous findings, highlighting the need for context-specific research that reflects the unique characteristics of local populations (Dennis & Dowswell, 2013; Shorey et al., 2018).

The importance of this study is further emphasized by the broad consequences of baby blues syndrome, which extend beyond maternal psychological well-being. The condition may adversely affect mother–infant bonding, the success of exclusive breastfeeding, parenting practices, and children's emotional and developmental outcomes. When left undetected and untreated, baby blues syndrome may progress to postpartum depression and contribute to long-term mental health problems. Therefore, identifying protective factors, particularly husbands' support, is essential for developing effective preventive strategies that can be implemented by midwives, nurses, and other healthcare professionals through family-centered education and counseling programs during pregnancy and the postpartum period (Slomian et al., 2019; WHO, 2022).

The novelty of this study lies in its comprehensive assessment of the relationship between husbands' support and the occurrence of baby blues syndrome by examining multiple dimensions of social support and their association with postpartum maternal psychological well-being within a local healthcare context. Unlike previous studies that primarily measured general support, this research evaluates emotional, instrumental, informational, and appraisal support simultaneously to identify which dimensions are most influential in preventing baby blues syndrome. The findings are expected to provide more specific evidence for designing family-based intervention programs that actively engage husbands in maternal healthcare services, thereby strengthening promotive and preventive efforts to improve maternal mental health after childbirth (House, 1981; Shorey et al., 2018).

Based on the above considerations, husbands' support can be recognized as an important determinant of maternal psychological well-being during the postpartum period. The relatively high prevalence of baby blues syndrome, the limited availability of comprehensive studies addressing husbands' support, and the need to develop evidence-based family-centered interventions constitute the primary rationale for this research. Accordingly, this study aims to examine the relationship between husbands' support and the occurrence of baby blues syndrome among postpartum mothers. It is anticipated that the findings will provide scientific evidence to support improvements in maternal healthcare services by reinforcing the active involvement of husbands and families in promoting maternal mental health during the postpartum period (Dennis & Dowswell, 2013; WHO, 2022; Ministry of Health of the Republic of Indonesia, 2023).

2. Literature Review

Husband's support is a crucial component of social support that contributes significantly to maintaining maternal physical and psychological well-being throughout pregnancy and the postpartum period. According to the social support theory proposed by House (1981), social support encompasses four primary dimensions: emotional support, appraisal support, instrumental support, and informational support. During the postpartum period, emotional support is reflected through affection, empathy, attention, and the husband's willingness to listen to the mother's concerns. Instrumental support includes practical assistance, such as helping with infant care, household responsibilities, and meeting the mother's daily needs. Informational support involves providing accurate knowledge regarding maternal and newborn care, while appraisal support consists of encouragement, positive reinforcement, and expressions of confidence that strengthen the mother's belief in her ability to fulfill her new maternal role. Adequate support across these dimensions facilitates maternal adjustment to the physical and emotional changes following childbirth and may reduce the risk of postpartum psychological disorders, including baby blues syndrome (House, 1981; Dennis & Dowswell, 2013).

Baby blues syndrome is a mild and transient emotional disturbance that commonly develops between the third and fourteenth day after childbirth. The condition is characterized by mood fluctuations, frequent crying, anxiety, fatigue, sleep disturbances, and heightened emotional sensitivity resulting from hormonal changes and the challenges associated with adapting to parenthood. Although the symptoms generally resolve spontaneously within a short period, early identification remains essential because untreated baby blues syndrome may progress to postpartum depression. Such progression can negatively affect maternal quality of life, breastfeeding success, mother–infant attachment, parenting practices, and children's emotional and developmental outcomes. The occurrence of baby blues syndrome is influenced by multiple factors, including maternal age, parity, childbirth experience,

socioeconomic status, family support, and particularly the support provided by husbands, who represent the primary source of emotional and practical support during the postpartum period (WHO, 2022; Slomian et al., 2019).

Relationship Between Husband's Support and Baby Blues Syndrome

The stress-buffering model suggests that social support mitigates the adverse effects of stress by strengthening an individual's capacity to cope with psychological challenges. In the postpartum period, husbands' involvement plays an essential role in reducing maternal anxiety, fostering a sense of security, enhancing self-confidence, and facilitating adjustment to the new responsibilities of motherhood. Conversely, inadequate support from a spouse may increase psychological distress and contribute to the development of baby blues syndrome. Therefore, husband's support is widely recognized as an important protective factor for preserving maternal mental health during the postpartum period (Cohen & Wills, 1985; Shorey et al., 2018).

Previous Studies

A growing body of evidence has demonstrated a significant association between husbands' support and maternal psychological well-being during the postpartum period. Leahy-Warren et al. (2012) reported that mothers who received adequate social support experienced better psychological well-being than those with insufficient support. Similarly, Shorey et al. (2018) found that partner involvement was associated with a lower risk of postpartum depression and other emotional disturbances following childbirth. In Indonesia, several studies have likewise shown that postpartum mothers who receive strong support from their husbands are less likely to experience baby blues syndrome than those receiving limited support. Nevertheless, inconsistencies across studies remain because findings are influenced by participant characteristics, cultural backgrounds, and social environments. These variations underscore the need for further investigations involving diverse populations and healthcare settings to strengthen the existing evidence.

Conceptual Framework and Research Hypothesis

Drawing upon social support theory, the stress-buffering model, and previous empirical findings, this study proposes that husband's support functions as a protective factor against the occurrence of baby blues syndrome among postpartum mothers. Greater emotional, instrumental, informational, and appraisal support provided by husbands is expected to reduce the likelihood of postpartum emotional disturbances. Conversely, inadequate support may increase maternal vulnerability to baby blues syndrome. Based on this theoretical framework, the study hypothesizes that there is a significant relationship between husband's support and the occurrence of baby blues syndrome among postpartum mothers.

3. Research Methods

This study employed a quantitative approach using an observational analytic design with a cross-sectional framework. The cross-sectional design was selected because both husband's support and the occurrence of baby blues syndrome were measured simultaneously, allowing the association between these variables to be examined objectively. This design is widely applied in epidemiological and public health research to identify relationships between variables within a defined population at a specific point in time (Notoatmodjo, 2018).

The study population consisted of all postpartum mothers receiving postpartum care at the selected healthcare facility during the data collection period. Participants were recruited using purposive sampling based on predefined inclusion and exclusion criteria. Eligible participants were postpartum mothers who agreed to participate, were able to communicate effectively, and were within the designated postpartum period at the time of assessment. Mothers with a history of diagnosed psychological disorders before pregnancy or those experiencing severe postpartum complications were excluded. The required sample size was determined using the standard formula for analytical studies by considering the confidence level, statistical power, and estimated event proportion reported in previous studies (Lemeshow et al., 1997).

The independent variable was husband's support, whereas the dependent variable was the occurrence of baby blues syndrome among postpartum mothers. Husband's support was evaluated according to four dimensions of social support: emotional, instrumental, informational, and appraisal support. Baby blues syndrome was identified using a standardized screening instrument that has been widely utilized in maternal health research. Operational definitions for each variable were developed based on established theoretical frameworks to ensure comprehensive measurement of the study constructs.

Data were collected using structured questionnaires consisting of respondents' demographic characteristics, a husband's support assessment instrument, and a baby blues syndrome screening questionnaire. Prior to data collection, all instruments underwent validity and reliability testing. The validity analysis demonstrated that all questionnaire items achieved correlation coefficients exceeding the critical value ($r_{\text{calculated}} > r_{\text{table}}$), indicating satisfactory construct validity. Reliability testing using Cronbach's alpha produced coefficients greater than 0.70, confirming good internal consistency and supporting the suitability of the instruments for data collection (Sugiyono, 2022).

Data analysis was conducted in two stages: univariate and bivariate analyses. Univariate analysis was performed to summarize respondents' characteristics and describe the distribution of each study variable using frequencies, percentages, means, and standard deviations, as appropriate. Bivariate analysis was applied to examine the relationship between husband's support and the occurrence of baby blues syndrome. Because both variables were categorical, the Chi-square test was employed with a significance level of $\alpha = 0.05$. A p-value of less than 0.05 was considered to indicate a statistically significant association between the variables (Dahlan, 2020).

The conceptual model of this study illustrates the relationship between the independent and dependent variables. Husband's support (X) was conceptualized as the independent variable that may influence the occurrence of baby blues syndrome among postpartum mothers (Y). In this framework, X represents the level of husband's support received during the postpartum period, whereas Y denotes the occurrence of baby blues syndrome. The relationship between these variables was analyzed to determine whether the level of husband's support is significantly associated with the development of baby blues syndrome, in accordance with the objectives of the study.

4. Results and Discussion

The study was conducted after obtaining ethical approval and official permission from the relevant institutions and the selected research site. Data collection was carried out through direct interviews and questionnaire administration involving postpartum mothers who met the predetermined eligibility criteria. Prior to participation, each respondent received a detailed explanation regarding the objectives of the study, its potential benefits, data confidentiality, and their right to withdraw from the study at any stage without any consequences. Mothers who agreed to participate provided written informed consent before completing the questionnaires independently. Whenever clarification was required, the researcher provided guidance to ensure that all questions were clearly understood.

Following data collection, all completed questionnaires underwent a systematic data management process, including editing for completeness, coding of responses, data entry, data cleaning, and statistical analysis using appropriate statistical software.

The study was conducted between January and March 2026 at (Name of the Healthcare Facility). During the study period, a total of 60 postpartum mothers fulfilled the inclusion criteria and all agreed to participate, resulting in a response rate of 100%.

Results

Respondent Characteristics

The demographic characteristics of the participants, including age, educational attainment, employment status, and parity, are presented in Table 1.

Table 1. Demographic Characteristics of the Respondents

Characteristics	Frequency (n)	Percentage (%)
Age		
< 20 years	4	6.7
20–35 years	46	76.7
> 35 years	10	16.6
Educational Level		
Primary Education	12	20.0
Secondary Education	34	56.7
Higher Education	14	23.3
Employment Status		
Employed	22	36.7
Unemployed	38	63.3
Parity		

Characteristics	Frequency (n)	Percentage (%)
Primiparous	29	48.3
Multiparous	31	51.7

Source: Simulated Research Data, 2026.

As presented in Table 1, the majority of respondents were 20–35 years of age (76.7%). More than half had attained secondary education (56.7%), 63.3% were unemployed, and 51.7% were multiparous mothers.

Husband's Support

The distribution of respondents according to the level of husband's support is presented in Table 2.

Table 2. Distribution of Husband's Support

Husband's Support	Frequency (n)	Percentage (%)
Good	38	63.3
Moderate	15	25.0
Low	7	11.7
Total	60	100.0

Source: Simulated Research Data, 2026.

As shown in Table 2, the majority of postpartum mothers received a high level of husband's support, accounting for 38 respondents (63.3%).

Baby Blues Syndrome

The distribution of baby blues syndrome among postpartum mothers is presented in Table 3.

Table 3. Distribution of Baby Blues Syndrome Among Postpartum Mothers

Incidence of Baby Blues Syndrome	Frequency (n)	Percentage (%)
Yes	18	30.0
No	42	70.0
Total	60	100.0

Source: Simulated Research Data, 2026.

As presented in Table 3, 18 respondents (30.0%) were identified as experiencing baby blues syndrome, whereas the remaining 42 respondents (70.0%) showed no evidence of the condition.

Association Between Husband's Support and the Occurrence of Baby Blues Syndrome

The results of the bivariate analysis examining the association between husband's support and the occurrence of baby blues syndrome, using the Chi-square test, are presented in Table 4.

Table 4. Association Between Husband's Support and the Occurrence of Baby Blues Syndrome

Husband's Support	Baby Blues Yes	Baby Blues No	Total
Good	5	33	38
Moderate	8	7	15
Low	5	2	7
Total	18	42	60

The Chi-square test yielded a p-value of 0.002 at a significance level of $\alpha = 0.05$.

Source: Simulated Research Data, 2026.

As presented in Table 4, the prevalence of baby blues syndrome was lower among postpartum mothers who received a high level of husband's support than among those who reported moderate or low levels of support. The obtained p-value (0.002) indicates a statistically significant association between husband's support and the occurrence of baby blues syndrome. These findings suggest that greater support from husbands is associated with a reduced likelihood of developing baby blues syndrome during the postpartum period.

Discussion

The findings of this study indicate that most postpartum mothers received a high level of support from their husbands, whereas only a minority experienced baby blues syndrome. These results suggest that active husband involvement during the postpartum period may positively influence mothers' ability to adapt to the physical, emotional, and psychological changes that follow childbirth. Support provided through empathy, effective communication,

practical assistance with infant care, and positive reinforcement can foster a sense of security, strengthen maternal confidence, and facilitate successful adjustment to the transition into motherhood. According to social support theory, individuals who receive adequate support from those closest to them develop more effective coping strategies when confronted with stressful situations, thereby reducing their vulnerability to emotional disturbances (House, 1981; Cohen & Wills, 1985).

The bivariate analysis demonstrated a statistically significant association between husband's support and the occurrence of baby blues syndrome among postpartum mothers. Mothers who reported greater support from their husbands were less likely to develop emotional disturbances following childbirth than those who received insufficient support. This finding is consistent with the stress-buffering model, which proposes that social support mitigates the adverse effects of stress by enhancing psychological resilience, promoting effective coping mechanisms, and improving overall emotional well-being. Within the postpartum context, husbands serve as a primary source of emotional and practical support, helping mothers cope with hormonal changes, physical exhaustion, and the challenges of assuming new parental responsibilities (Cohen & Wills, 1985; Dennis & Dowswell, 2013).

Among the various dimensions of social support, emotional support appears to play a particularly important role in protecting maternal mental health. Expressions of empathy, affection, encouragement, and open communication from husbands may alleviate maternal anxiety, reduce feelings of inadequacy, and strengthen confidence in caring for a newborn. These findings indicate that postpartum psychological well-being is influenced not only by biological changes but also by the quality of interpersonal relationships within the family, particularly the marital relationship during the period of adjustment after childbirth (House, 1981; Slomian et al., 2019).

Instrumental support also represents an essential protective component against baby blues syndrome. Practical assistance from husbands in caring for the infant, performing household responsibilities, and meeting mothers' daily needs may substantially reduce physical fatigue during the postpartum period. Reduced caregiving burden enables mothers to obtain adequate rest, contributing to improved physical recovery and greater emotional stability. Shared family responsibilities therefore constitute an important adaptive strategy that helps minimize the stress associated with the transition to parenthood. This finding is consistent with previous evidence identifying instrumental support as an important protective factor against postpartum psychological disorders (Leahy-Warren et al., 2012; Shorey et al., 2018).

The present findings are consistent with previous studies reporting that inadequate partner support is associated with an increased risk of postpartum psychological problems. Dennis and Dowswell demonstrated that mothers who receive sufficient social support are more likely to maintain emotional stability than those receiving limited support. Likewise, Shorey and colleagues reported that active partner involvement contributes to lower rates of postpartum depression and improves maternal quality of life after childbirth. The consistency between the present findings and previous evidence further reinforces the importance of husband's support as a key component of strategies aimed at preventing postpartum mental health disorders (Dennis & Dowswell, 2013; Shorey et al., 2018).

Nevertheless, several participants experienced baby blues syndrome despite reporting high levels of husband's support. This observation indicates that baby blues syndrome is a multifactorial condition that cannot be explained by a single determinant. Hormonal fluctuations following childbirth, anxiety during pregnancy, negative childbirth experiences, inadequate sleep quality, obstetric complications, socioeconomic circumstances, and individual psychological characteristics may also contribute to postpartum emotional disturbances. Consequently, husband's support should be viewed as one of several protective factors that interact with biological, psychological, and environmental influences in determining maternal mental health outcomes (WHO, 2022; Slomian et al., 2019).

From a theoretical perspective, the findings of this study provide additional support for the concept that postpartum mental health results from the interaction of biological, psychological, and social determinants. Husband's support functions as an important social resource that enhances maternal psychological adaptation during the postpartum period. These findings emphasize that maternal healthcare should extend beyond physical recovery and incorporate psychological support through the active involvement of husbands throughout pregnancy, childbirth, and the postpartum period. Such an integrated approach may enhance the effectiveness of promotive and preventive strategies aimed at improving maternal mental health (House, 1981; WHO, 2022).

The practical implications of this study highlight the importance of strengthening husbands' participation in maternal healthcare programs, including antenatal education classes, family counseling, health promotion activities, and postpartum follow-up services. Midwives, nurses, and other healthcare professionals should provide education regarding the significance of emotional, instrumental, informational, and appraisal support throughout the postpartum period. Encouraging active partner involvement is expected to reduce the occurrence of baby blues syndrome, improve breastfeeding outcomes, strengthen mother–infant attachment, and promote overall family well-being. Therefore, this study contributes not only to the advancement of knowledge in midwifery and reproductive health but also provides evidence to support the development of family-centered interventions within maternal healthcare services (Ministry of Health of the Republic of Indonesia, 2023; Shorey et al., 2018).

5. Conclusion

This study demonstrated a statistically significant association between husband's support and the occurrence of baby blues syndrome among postpartum mothers. Mothers who received greater support from their husbands were less likely to experience emotional disturbances during the postpartum period than those who reported lower levels of support. These findings suggest that husband's support constitutes an important protective factor that contributes to maternal psychological adjustment following childbirth.

Nevertheless, these findings should be interpreted with caution because the cross-sectional design does not permit causal inferences. Furthermore, baby blues syndrome is a multifactorial condition influenced by numerous biological, psychological, and social determinants, many of which were not fully examined in the present study. Consequently, the findings are primarily applicable to populations with characteristics similar to those of the study participants.

Based on these findings, healthcare professionals, particularly midwives, nurses, and public health practitioners, are encouraged to strengthen husbands' involvement throughout antenatal care, childbirth, and postpartum services by implementing family-centered education, counseling, and parenting preparation programs. Such initiatives may enhance husbands' understanding of the importance of providing emotional, instrumental, informational, and appraisal support, thereby promoting maternal mental well-being after childbirth. In addition, routine screening of postpartum psychological health should be integrated into comprehensive maternal healthcare services to facilitate the early identification and management of baby blues syndrome.

Study Limitations

Several limitations should be considered when interpreting the findings of this study. First, the cross-sectional design limited the ability to establish a causal relationship between husband's support and the occurrence of baby blues syndrome. Second, data were collected using self-administered questionnaires, making the findings susceptible to response bias and social desirability bias. Finally, the study did not comprehensively control for several potential confounding factors, including previous mental health history, obstetric complications, marital relationship quality, family socioeconomic status, and social support from other family members, all of which may influence postpartum psychological well-being.

Recommendations for Future Research

Future studies are recommended to employ longitudinal or prospective cohort designs to better capture changes in maternal psychological status from pregnancy through the postpartum period and to provide stronger evidence regarding causal relationships. Research involving larger sample sizes and more diverse study settings is also warranted to improve the generalizability of the findings. In addition, future investigations should consider a broader range of potential confounding variables to provide a more comprehensive understanding of the determinants of baby blues syndrome. Intervention studies evaluating educational or family-support programs designed to increase husbands' involvement in maternal care are also recommended to generate robust evidence that can inform policies and family-centered maternal healthcare programs aimed at improving maternal mental health.

Acknowledgments

The authors sincerely express their gratitude to all individuals and institutions whose support contributed to the successful completion of this study. Special appreciation is extended to the institutional authorities, the participating healthcare facility, and all healthcare professionals who granted permission, facilitated the research process, and provided valuable

assistance during data collection. The authors are also deeply grateful to all postpartum mothers who voluntarily participated in this study and generously devoted their time as respondents. The authors further acknowledge the guidance and constructive feedback provided by academic supervisors, colleagues, and reviewers throughout the preparation of this manuscript. Their academic, technical, and moral support made a substantial contribution to improving the quality of this work. If this study received financial support, the authors gratefully acknowledge the funding institution for providing the resources necessary to complete all stages of the research. The authors also appreciate the institutions that provided facilities and infrastructure supporting the implementation of this study. In the absence of external funding, this research was conducted solely using the authors' institutional resources, and the authors declare that they have no competing interests or conflicts of interest. This article represents the results of an independent scientific investigation and is expected to contribute to the advancement of knowledge in maternal and child health. Where applicable, this manuscript has been adapted from an academic thesis or dissertation in accordance with the formatting and submission requirements of the target scientific journal.

References

- Beck, C. T. (2001). Predictors of postpartum depression: An update. *Nursing Research*, 50(5), 275–285. <https://doi.org/10.1097/00006199-200109000-00004>
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
- Dahlan, M. S. (2020). *Statistics for medicine and health* (6th ed.). Epidemiologi Indonesia.
- Dennis, C. L., & Dowswell, T. (2013). Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews*, (2), Article CD001134. <https://doi.org/10.1002/14651858.CD001134.pub3>
- Glover, V. (2014). Maternal depression, anxiety and stress during pregnancy and child outcome. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 28(1), 25–35. <https://doi.org/10.1016/j.bpobgyn.2013.08.017>
- House, J. S. (1981). *Work stress and social support*. Addison-Wesley.
- Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2012). First-time mothers: Social support, maternal parental self-efficacy and postnatal depression. *Journal of Clinical Nursing*, 21(3–4), 388–397. <https://doi.org/10.1111/j.1365-2702.2011.03701.x>
- Lemeshow, S., Hosmer, D. W., Klar, J., & Lwanga, S. K. (1997). *Sample size determination in health research*. Gadjah Mada University Press.
- Ministry of Health of the Republic of Indonesia. (2023). *Indonesia health profile 2022*. Ministry of Health of the Republic of Indonesia.
- Notoatmodjo, S. (2018). *Health research methodology*. Rineka Cipta.
- Pilkington, P. D., Milne, L. C., Cairns, K. E., Lewis, J., & Whelan, T. A. (2015). Modifiable partner factors associated with perinatal depression and anxiety: A systematic review and meta-analysis. *Journal of Affective Disorders*, 178, 165–180. <https://doi.org/10.1016/j.jad.2015.02.023>
- Shorey, S., Chee, C. Y. I., Ng, E. D., Chan, Y. H., Tam, W. W. S., & Chong, Y. S. (2018). Prevalence and incidence of postpartum depression among healthy mothers: A systematic review and meta-analysis. *Journal of Psychiatric Research*, 104, 235–248. <https://doi.org/10.1016/j.jpsychires.2018.08.001>
- Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*, 15, 1–55. <https://doi.org/10.1177/1745506519844044>
- Sugiyono. (2022). *Quantitative, qualitative, and R&D research methods* (2nd ed.). Alfabeta.
- World Health Organization. (2022). *Guide for integration of perinatal mental health in maternal and child health services*. World Health Organization.