

Dimensions of Husband's Social Support and Its Relationship to Postpartum Blues Symptoms in Postpartum Mothers in Mamajang District, Makassar City

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ABSTRACT

Postpartum blues remain a common psychological problem among postpartum mothers. Husband's social support is considered a key factor influencing the occurrence and prevention of postpartum blues. This study examined the relationship between dimensions of husband's social support and postpartum blues symptoms among postpartum mothers in Mamajang District, Makassar, Indonesia. An analytical quantitative study with a cross-sectional design was conducted among 50 postpartum mothers and 50 husbands selected through purposive sampling based on inclusion and exclusion criteria. Data were collected using a social support questionnaire and the Edinburgh Postnatal Depression Scale (EPDS). Univariate and bivariate analyses were performed using Spearman Rank, Pearson Product Moment, and Chi-Square tests. Postpartum blues symptoms were categorized as mild in 44% of mothers, while 28% were classified as normal and 28% as severe. Husband's emotional and instrumental support were predominantly high (82–88%), appreciation support was moderate (68%), and informational support was low (54%). All dimensions of social support showed negative associations with postpartum blues symptoms. Emotional, informational, and appreciation support demonstrated weak and non-significant relationships. In contrast, instrumental support showed a significant negative correlation with postpartum blues symptoms ($r = -0.319$; $p = 0.027$), indicating its stronger contribution to reducing postpartum blues risk. The findings highlight disparities in both postpartum blues severity and the distribution of social support dimensions. Instrumental support emerged as the most influential protective factor, while other support dimensions contributed positively but less significantly. Active husband involvement through comprehensive social support, particularly instrumental support that addresses physical, psychological, and socioeconomic needs, may effectively reduce postpartum blues symptoms among postpartum mothers.

Keywords: postpartum blues; husband's social support; instrumental support; postpartum mothers; maternal mental health

INTRODUCTION

The postpartum period is a complex transition period for a woman after giving birth, both from a biological, psychological, and social perspective. Hormonal changes that occur after childbirth are often accompanied by significant emotional changes, making mothers vulnerable to psychological disorders such as postpartum blues.^{1,2} Postpartum blues is a mild emotional or mood disorder that most often occurs in the first few days, especially on days 3 to 10 after delivery, which affects the mother's emotional adaptation.³ It is characterized by feelings of sadness, easy crying, anxiety, sensitivity, fatigue, and rapid and unstable mood or emotional changes. This condition is often considered mild and normal, but if it does not receive good and adequate treatment and support, it can develop into more severe and serious postpartum depression, and can impact the health of the mother and baby, the quality of childcare, and family resilience.^{3,2,1}

Globally, the prevalence of postpartum blues in the world is still relatively high and is a concern in maternal health. Various studies show that around 50–80% of postpartum mothers experience postpartum blues symptoms with varying degrees of severity.^{4,5} Studies also show that around 10–20% of women experience mental disorders during the postpartum period, especially postpartum depression and anxiety.⁶ In Asia, according to WHO, the prevalence of postpartum blues and postpartum depression is higher than in several other regions with variations between 26–85%.^{7,8} Specifically in Indonesia, the prevalence of postpartum blues is between 50–70% of postpartum women.^{7,9} Cases of postpartum blues are still often undetected because most people tend to consider changes in emotions or moods after giving birth as a normal and natural condition.¹⁰ In South Sulawesi Province, postpartum health service data shows that most maternal health complications occur in the postpartum period, so maternal mental health needs to receive more comprehensive attention in maternal and child health services.¹¹ In Makassar City, research in suburban areas shows that low husband support is one of the main risk factors for the emergence of maternal depression symptoms.¹²

The high incidence or occurrence of postpartum blues symptoms both at the global, national and local levels is influenced by various factors, such as physical fatigue, childbirth experience, economic conditions, changes in the role of mother, and the lack or low social support received by mothers from the closest environment after giving birth.⁵ However, various recent studies show that husband's support is a dominant factor that can strengthen mothers' coping abilities during the postpartum period,¹³ social support from husbands is an important coping strategy for mothers who experience postpartum stress and functions as a preventive strategy to reduce stress,¹⁴ support from husbands is very important and is one of the main causes of baby blues/postpartum blues before support from other parties,^{15,16} husband's support is one of the factors that contribute to the occurrence of postpartum blues,¹⁷ husband's support is the biggest factor in triggering

the occurrence of postpartum blues.¹⁸ Postpartum depression and postpartum blues are influenced by psychosocial factors, economics, childbirth experience, and family support, especially husband's support.¹⁹ Social supports from husbands have a very important position in maternal health because it is the main source of support in the postpartum family system.²⁰ The existence of husbands as a source Primary support is an important factor in maintaining the psychological stability of mothers.²¹

Research by Wulandari and Yumni,²² Dinarum & Rosyidah,²³ Samria & Haerunnisa,⁷ Febriyanti et al.,²⁴ Kurniawati et al.,²⁵ Mariany et al.,²⁶ Sinaga et al.,¹⁰ Dewi, Nuha, Kurniawati et al.,²⁷ Darwiyati et al.,⁹ and Wahyuni et al.,²⁸ found a correlation between husband's social support and postpartum blues symptoms in postpartum mothers. Husband's social support plays an important role in helping mothers adapt to physical and emotional changes during the postpartum period.⁵ This is in line with the Ministry of Health that husband's support is an important component in antenatal care and preparation for childbirth,²⁹ as well as in preventing baby blues in postpartum mothers.³⁰ Likewise, WHO emphasizes the importance of a companion of choice during the labor process to enhance a positive birth experience.³¹

The Social Support Theory proposed by House states that social support is an emphasis on the role of social relationships, the presence of significant others in supporting individuals when responding to and facing pressure can reduce the impact of the pressure faced by the individual.³² According to House³³, social support includes several dimensions, namely, (1) Emotional support, involving the provision of empathy, love, trust, and concern. (2) Instrumental support includes the provision of real assistance and services that directly help people in need. (3) Informational support is the provision of advice, suggestions, and information that can be used by someone to overcome problems. (4) Appraisal support involves providing useful information for self-evaluation purposes, in other words, constructive feedback and affirmation.³⁴ These four dimensions of support have been proven to have an influence and impact on the psychological stability and health of postpartum mothers.³⁵ According to sociologists, providing social support can provide various types of positive impacts for the recipient of support.³⁶ However, the phenomenon is that most previous studies place social support more as a general concept without specifically exploring the dimensions of social support provided by husbands for postpartum blues symptoms. In fact, each dimension of social support has different characteristics and psychosocial influences on the emotional condition of postpartum mothers.³⁷

Mamajang District, as one of the urban sub-regions in Makassar City, is characterized by heterogeneous and dynamic urban families and communities with diverse socio-cultural and economic backgrounds, as well as patterns of relationships within the household. All of these conditions can influence the form and pattern of social support from husbands to postpartum mothers. However, research on the dimensions of husbands' social support and its relationship to postpartum blues symptoms in the region is still very limited and has never been conducted. Therefore, this study is increasingly important, and aims to analyze the relationship between the dimensions of husbands' social support and the emergence of postpartum blues symptoms in postpartum mothers in Mamajang District, Makassar City.

METHOD

This type of research uses a quantitative approach with an observational analytical design through a cross-sectional method to analyze the relationship between the dimensions of husband's social support and postpartum blues symptoms in postpartum mothers during the same measurement period. The cross-sectional method was chosen because it is effective in identifying relationships between variables without intervening with respondents.³⁸ The research was conducted in Mamajang District, Makassar City, South Sulawesi, Indonesia. This area was chosen because it has heterogeneous urban social characteristics, both in terms of education, employment, socioeconomic conditions, and family structure, making it relevant to analyzing the dynamics of social support in postpartum families. The research location was in Mamajang District, Makassar City, South Sulawesi, Indonesia. This suburban area was chosen because it has heterogeneous urban social characteristics, both in terms of age, education, employment, socioeconomic conditions, and family structure, making it relevant to analyzing the dynamics of social support in postpartum families.

The population was all postpartum mothers in the Mamajang District during the research period. The research sample consisted of 50 postpartum mothers and 50 husbands as accompanying partners. The sampling technique used purposive sampling based on predetermined inclusion and exclusion criteria.³⁹ The inclusion criteria included: (1) postpartum mothers aged 0–14 days, (2) living with their husbands, (3) able to communicate well, and (4) willing to be research respondents. The exclusion criteria included: (1) mothers with severe postpartum complications, (2) having a history of previous mental disorders, and (3) not completing the research instrument completely. The research variables consisted of: First, the independent variable, namely the dimensions of husband's social support based on the Social Support House Theory, including: emotional support, instrumental support, informational support, and appreciation support.³³ Second, the dependent variable, namely the symptoms of postpartum blues in postpartum mothers.

The instrument used: First, to measure the independent variable, a questionnaire was used, and respondents' answers were measured using a 5-point Likert Scale with the following categories: Strongly agree (SA), Agree (A), Quite agree (QA), Disagree (D), Strongly disagree (SD) with scores of 5, 4, 3, 2, 1, or with the following categories: a score of 80-100% is in the very good category (VG/ High), a score of 61-79% is in the good category (G/High), a score of 41-60% is in the quite good category (QG/Moderate), a score of 40-21% is in the poor category (P/Lower), and a score of ≤20% is in the most poor category (P/1).^{38,39} Second, to measure the dependent variable, the Edinburgh Postnatal

Depression Scale (EPDS) ordinal scale instrument was used because it has good validity and reliability.^{2,40} This instrument consists of 10 questions with a score of 0-3 on each item (total score ranges from 0-30), and is divided into three categories, namely normal/no indication/low risk (score 0-9 = 1), possible postpartum blues/mild depression category (score 10-12 = 2), risk category for severe postpartum depression (score ≥ 13 = 3).

Data collection techniques include: (1) distributing questionnaires to respondents, (2) structured interviews, (3) observing the general condition of respondents, and (4) documenting supporting data from community health centers or health facilities. In this context, researchers first explain the purpose of the study and ask for informed consent before data collection. Data analysis techniques include: First, Univariate Analysis, which is used to describe the frequency distribution of respondent characteristics. The results are presented in the form of frequency distribution tables and percentages. Second, Bivariate Analysis, used to test the relationship between husband's social support and postpartum blues. The statistical tests used are: Chi-Square, Spearman Rank, and Pearson Product Moment. The decision-making criteria are: p value < 0.05 \rightarrow there is a significant relationship, and p value > 0.05 \rightarrow there is no significant relationship. The implementation of the study pays attention to the ethical principles of health research, namely: informed consent, confidentiality of respondent identity, anonymity, beneficence and nonmaleficence. Respondents are given the right to refuse or stop participating at any time.

RESULT

Respondent Characteristics

Husband Characteristics

The husbands who gave birth who were respondents in this study had several main characteristics, including: First, the age group varied, consisting of: 9 (18%) aged 21-30 years, 19 (38%) aged 31-40 years, 16 (32%) aged 41-50 years, and 6 (12%) aged 51-60 years. Thus, the majority of husbands were classified as productive age. Second, the level of education varied, namely: 3 (6%) junior high school, 31 (62%) high school, 6 (12%) diploma, 8 (16%) bachelor's degree and 2 (4%) master's degree. Thus, the most common level of education was high school, then bachelor's degree. Third, the occupational groups vary, but the most are self-employed as many as 25 (50%), then private employees as many as 11 (22%) and civil servants of government as many as 5 (10%), and the remaining 3 (6%) lecturers/ teachers, as well as medical personnel, members of the Military/ Police, daily laborers each 2 (4%). Fourth, the level of husband's support for mothers in labor is relatively varied, but the frequency of assistance is mostly discontinuous and irregular, in addition there are some who show continuous and regular assistance. However, generally husbands show a flexible attitude in providing assistance and adjusted to the level of activity of their respective jobs or professions.

Characteristics of Mothers

The mothers giving birth (wives) who were respondents in this study had several main characteristics, including: First, the age group varied, but the most were 21-40 years old at 68%, then 41-50 years old at 28%. In addition, there were mothers giving birth aged ≤ 20 years and ≤ 51 years each at 2%. Second, the education level of mothers giving birth varied, but the most were high school graduates at 76%, then Bachelor's degree at 12% and Diploma at 6%. In addition, there were also 6% with junior high school education. Third, the occupational groups of mothers giving birth varied, and the most common or dominant were Housewives (IRT) at 74%. However, there were a number of mothers giving birth who worked outside the domestic environment with various types of jobs/professions, namely 8% private employees, 6% self-employed, 6% lecturers/teachers/education staff, 2% medical staff and 2% civil servants of government. Fourth, the parity of mothers giving birth is that the majority (94%) have 1-3 children, and 6% have 4-5 children.

Dimensions of Social Support

Emotional support dimension (X1)

Based on the research results, a description of respondents' answers regarding emotional support from husbands to mothers after giving birth in Mamajang District, Makassar City was obtained as formulated below.

Table 1. Respondents' Answers Regarding Husband's Emotional Support (X1) for Mothers Postpartum

No.	Subvariabel/ indicators	Score Category of Respondent's Answer										Amount	
		5		4		3		2		1		N	%
		F	%	F	%	F	%	F	%	F	%		
1	X1.1	16	32,0	32	64,0	1	2,0	1	2,0	0	0,0	50	100
2	X1.2	22	44,4	20	40,0	7	14,0	1	2,0	0	0,0	50	100
3	X1.3	14	28,0	28	56,0	6	12,0	1	2,0	0	0,0	50	100
4	X1.4	17	34,0	26	52,0	6	12,0	1	2,0	0	0,0	50	100
5	X1.5	14	28,0	27	54,0	7	14,0	2	4,0	0	0,0	50	100
Σ Average		17	34,0	27	54,0	5	10,0	1	2,0	0	0,0	50	100
		44 (88,0%)				5 (10,0%)		1 (2,0%)					

49 (98,0%)	1 (2,0%)
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The data in Table 1 shows that an average of 34% is classified as very good, 54% is classified as good, 10% is classified as quite good, and 2% is classified as poor. In other words, emotional support (X1) of the husband is classified as high (88.0%), moderate (10%), and low (2.0%).

Instrumental support dimension (X2)

Table 2. Respondents' Answers Regarding Husband's Instrumental Support (X2) for Mothers Postpartum

No.	Subvariabel/ indicators	Score Category of Respondent's Answer										Amount	
		5		4		3		2		1		N	%
		F	%	F	%	F	%	F	%	F	%		
1	X2.1	16	32,0	33	66,0	1	2,0	0	0,0	0	0,0	50	100
2	X2.2	11	22,0	28	56,0	11	22,0	0	0,0	0	0,0	50	100
3	X2.3	10	20,0	33	66,0	7	14,0	0	0,0	0	0,0	50	100
4	X2.4	13	26,0	28	56,0	9	18,0	0	0,0	0	0,0	50	100
5	X2.5	6	12,0	31	62,0	10	20,0	3	6,0	0	0,0	50	100
∑ Average		11	22,0	30	60,0	8	16,0	1	2,0	0	0,0	50	100
		41 (82,0%)				8 (16,0%)		1 (2,0%)					
		49 (98,0%)						1 (2,0%)					

The data in Table 2 shows that an average of 22% is classified as very good, 58% is classified as good, 16% is classified as quite good, and 2% is classified as poor. In other words, the husband's instrumental support (X2) is classified as high (82.0%), moderate (16.0%), and low (2.0%).

Informational support dimension (X3)

Table 3. Respondents' Answers Regarding Husband's Informational Support (X3) for Postpartum Mothers

No.	Subvariabel/ indicators	Score Category of Respondent's Answer										Amount	
		5		4		3		2		1		N	%
		F	%	F	%	F	%	F	%	F	%		
1	X3.1	7	14,0	25	50,0	17	34,0	1	2,0	0	0,0	50	100
2	X3.2	5	10,0	22	44,0	23	46,0	0	0,0	0	0,0	50	100
3	X3.3	2	4,0	27	54,0	19	38,0	2	4,0	0	0,0	50	100
4	X3.4	4	8,0	22	44,0	20	40,0	4	8,0	0	0,0	50	100
5	X3.5	1	2,0	21	42,0	15	30,0	13	26,0	0	0,0	50	100
∑ Average		4	8,0	23	46,0	19	38,0	4	8,0	0	0,0	50	100
		27 (54,0%)				19 (38,0%)		4 (8,0%)					
		46 (92,0%)						4 (8,0%)					

The data in Table 3 shows that an average of 8% is classified as very good, 46% is classified as good, 38% is classified as quite good, and 8% is classified as poor. In other words, emotional support (X3) of husbands is classified as high (54.0%), moderate (38%), and low (8.0%).

Appraisal support dimension (X4)

Table 4. Respondents' Answers Regarding Husband's Support and Appreciation (X4) for Postpartum Mothers

No.	Subvariabel/ indicators	Score Category of Respondent's Answer										Amount	
		5		4		3		2		1		N	%
		F	%	F	%	F	%	F	%	F	%		
1	X4.1	9	18,0	35	70,0	5	10,0	1	2,0	0	0,0	50	100
2	X4.2	7	14,0	30	60,0	13	26,0	0	0,0	0	0,0	50	100
3	X4.3	5	10,0	28	56,0	16	32,0	1	2,0	0	0,0	50	100
4	X4.4	4	8,0	24	48,0	20	40,0	2	4,0	0	0,0	50	100
5	X4.5	3	6,0	23	46,0	17	34,0	7	14,0	0	0,0	50	100

Σ Average	6	12,0	28	56,0	14	28,0	2	4,0	0	0,0	50	100
		34 (68,0%)			14 (28,0%)		2 (4,0%)					
		48 (96,0%)					2 (4,0%)					

The data in Table 4 shows that an average of 12% is classified as very good, 56% is classified as good, 28% is classified as quite good, and 4% is classified as poor. In other words, husband's appreciation support (X4) is classified as high at 68%, moderate at 28%, and low at 4.0%.

Postpartum blues Syndrom (Y)

Based on the results, an overview can be obtained regarding the distribution of data on postpartum blues symptom categories experienced by mothers in Mamajang District, Makassar City, as formulated in Table 5 below.

Table 5. Formulation of Indications for Postpartum Blues Symptoms in Postpartum Mothers

No.	Indicators of Postpartum blues	Postpartum blues category for mothers giving birth							
		Normal (score 0-9)		Light (score 10-12)		Heavy (score ≥ 13)		Total	
		F	%	F	%	F	%	N	%
1	Y1	35	70,0	4	8,0	11	22,0	50	100,0
2	Y2	25	50,0	14	28,0	11	22,0	50	100,0
3	Y3	26	52,0	14	28,0	10	20,0	50	100,0
4	Y4	25	50,0	14	28,0	11	22,0	50	100,0
5	Y5	0	0,0	25	50,0	25	50,0	50	100,0
6	Y6	0	0,0	37	74,0	13	26,0	50	100,0
7	Y7	0	0,0	38	76,0	12	24,0	50	100,0
8	Y8	26	52,0	13	26,0	11	22,0	50	100,0
9	Y9	0	0,0	39	78,0	11	22,0	50	100,0
10	Y10	0	0,0	24	48,0	26	52,0	50	100,0
	Σ Average	14	28,0	22	44,0	14	28,0	50	100,0

The data in Table 5 shows three levels of postpartum blues symptoms among postpartum mothers: an average of 28% were classified as normal, 44% as mild, and 28% as severe. This means that 72% of postpartum mothers had postpartum blues symptoms that required treatment, and 28% of postpartum mothers required further evaluation and serious treatment.

Analysis of the Relationship between Husband's Social Support Dimensions and Postpartum Blues Symptoms Spearman Rank Analysis

Table 6. Results of Spearman Rank Analysis of the Relationship Between Dimensions of Social Support and Postpartum Blues Symptoms in Postpartum Mothers

No.	Dimensions of Social Support	r value	p-value	Interpretation
1	Emotional support	-0,200	0,173	Weak negative relationship, not significant
2	Instrumental support	-0,319	0,027	Significant negative relationship
3	Informational support	-0,129	0,382	The negative relationship is very weak
4	Appraisal support	-0,130	0,378	The negative relationship is very weak

The data in Table 6 shows that: First, instrumental support has the strongest negative relationship with postpartum blues symptoms with a correlation value of $r = -0.319$ and a significance value of $p = 0.027$. This means that the higher the instrumental support provided by the husband, the lower the tendency for postpartum blues symptoms in the mother. Second, emotional support shows a negative relationship with a value of $r = -0.200$ and $p = 0.173$, informational support shows a value of $r = -0.129$ and $p = 0.382$, and appreciation support shows a value of $r = -0.130$ and $p = 0.378$. This means that although the three dimensions show a negative relationship, the results are not yet statistically significant. These findings show that husband's social support generally has a protective tendency against the emergence of postpartum blues, especially in the aspect of instrumental support.

Pearson Product Moment Analysis

Table 7. Results of Pearson Product Moment Analysis of the Relationship Between Social Support Dimensions and Postpartum Blues Symptoms in Postpartum Mothers

No.	Dimensions of Social Support	r value	p-value	Interpretation
1	Eemotional support	-0,190	0,195	Weak negative relationship
2	Instrumental support	-0,215	0,142	Moderate negative relationship
3	Informational support	-0,110	0,457	The negative relationship is very weak
4	Appraisal support	-0,165	0,263	Weak negative relationship

The data in Table 7 shows that: First, Instrumental support shows a negative relationship with a value of $r = -0.215$ and $p = 0.142$. Second, Emotional support shows a value of $r = -0.190$ and $p = 0.195$, esteem support has a value of $r = -0.165$ and $p = 0.263$, and informational support shows a value of $r = -0.110$ and $p = 0.457$. This indicates that, although most of the relationships are not statistically significant in the Pearson test, the direction of the negative relationship shows that increasing the quality of husband's social support tends to be related to a decrease in postpartum blues symptoms. Thus, the results of the Pearson test show a pattern of relationships that is consistent with the Spearman Rank analysis. All dimensions of social support show a negative relationship to postpartum blues, which means that increasing husband's social support tends to reduce postpartum blues symptoms.

Chi-Square Analysis

The Chi-Square test was conducted to determine the categorical relationship between the level of husband's social support and the postpartum blues category, with the results as shown in Table 8.

Table 8. Results of the Chi-Square Test of the Relationship Between Dimensions of Social Support and Postpartum Blues Symptoms in Postpartum Mothers

No.	Dimensions of Social Support	r value	p-value	Interpretation
1	Eemotional support	1,616	0,446	Not significant
2	Instrumental support	2,262	0,323	Not significant
3	Informational support	3,138	0,208	Not significant
4	Appraisal support	3,979	0,137	Not significant

The results in Table 8 show that emotional support has a Chi-Square value of 1.616 with $p = 0.446$ (insignificant category), instrumental support shows a Chi-Square value of 2.262 with $p = 0.323$ (insignificant category), informational support has a Chi-Square value of 3.138 with $p = 0.208$ (insignificant category), and appreciation support shows a Chi-Square value of 3.979 with $p = 0.137$ (insignificant category). Thus, all dimensions of social support have not shown a categorical significant relationship to postpartum blues. This means that although the results of the Chi-Square test have not shown statistical significance in all dimensions, the data distribution pattern shows that mothers with high social support are more likely to experience or experience postpartum blues in the mild or normal category compared to the severe category.

DISCUSSION

The findings of the research in Mamajang District, Makassar City indicate that the instrumental support dimension emerged as the most dominant factor associated with a reduced risk of postpartum blues. However, emotional, informational, and appreciation support still showed a positive contribution to the mother's psychological condition, although not all of them were statistically significant. This means that maternal mental health is not only influenced by biological factors, but also by the dynamics of social relations within the family. The emergence of the instrumental support dimension as the most dominant factor is in accordance with the research of Pilkington PD et al., that Instrumental support not only reduces the mother's domestic workload but also increases the sense of security, appreciation, and care during the postpartum recovery period.³⁷ However, this differs from what was stated by Shorey S et al., that most studies in Western countries show emotional support to be the dominant factor in reducing postpartum psychological disorders.⁴¹

Findings in Mamajang District, Makassar City indicate that the better the quality of social support provided by husbands, the lower the likelihood of postpartum blues symptoms in mothers. The husband's active involvement in meeting the physical, economic, and postpartum care needs of mothers is an important factor in maintaining the mother's emotional stability during the postpartum period. This is consistent with research by Abdollahpour S et al.,⁴² and research by Wang Y et al.,⁴⁰ that the husband's active involvement in postpartum care and treatment is associated with reduced maternal stress and postpartum emotional distress. The findings also indicate that husbands' social support tends to have a protective relationship against postpartum blues symptoms in postpartum mothers. This is consistent with research by Falah-Hassani K et al., that optimal partner support can help mothers reduce anxiety, emotional exhaustion, and the risk

of postpartum depression.⁴ Similarly, research by Biaggi et al., that lack of partner support is known to increase the risk of psychological distress during the postpartum period.⁶

Samria & Haerunnisa from their research using the Chi-square test found that there was a positive and significant relationship between husband's support and the incidence of postpartum blues in urban areas (p value $(0.003) < \alpha (0.05)$).⁷ Similarly, Darwiyati et al.'s research at the Marga Husada Clinic, Pati Regency, Central Java using the Chi-square correlation test found that the incidence of baby blues was related to husband's support in postpartum care (X^2 count $> X^2$ table $(4,400 > 3,841)$ and p value $0.036 < 0.05$).⁹ Both studies differed from the findings of the research results in Mamajang District, Makassar City which showed that the Chi-Square value for all dimensions of social support (emotional, instrumental, informational, appreciation) had a negative and insignificant relationship (p value $0.137, 0.208, 0.323, 0.446 > \alpha (0.05)$). In addition, Samria & Haerunnisa's research Haerunnisa and Darwiyati et al.'s research did not explain the form and dimensions of husbands' social support.

Mariany et al.'s research in the Pomalaa Community Health Center Working Area using the Pearson Chi-square test found that there was a relationship between social support and the incidence of postpartum blues in postpartum mothers (p -value $0.002 < 0.05$).²⁶ Similarly, Sinaga et al.'s research in the Kuala Sempang Community Health Center Working Area found that there was an influence of husband's support on the incidence of postpartum blues (p -value $0.009 < 0.05$).¹⁰ These two studies differ from the findings of the research results in Mamajang District, Makassar City in 2025 which showed that the Chi-Square value for all dimensions of social support was not significant. Mariany et al.'s research did not explain the type, nature or form or dimension of social support studied so that the research is still considered weak. Furthermore, Sinaga et al.'s research found that emotional support was the most influential form of support.¹⁰ This differs from the findings of the research results in Mamajang which showed that the instrumental support dimension emerged as the most dominant factor related to reducing the risk of postpartum blues. This indicates that the type of social support dimension variable from the husband does not always have the same level of need for the mother giving birth.

Pasha et al.,⁴³ and Wulandari & Yumni²² found a significant relationship between social support and postpartum blues in postpartum mothers. Emotional support from husbands was the most influential factor in reducing maternal stress and anxiety levels after childbirth. Mothers who received high social support from their husbands had a lower risk of experiencing postpartum blues compared to mothers who received less support. Mothers who did not experience postpartum blues tended to have strong husband support. These two studies differ from the study in Mamajang District, Makassar City, where all dimensions of husband's social support did not show a significant categorical relationship with postpartum blues. In addition, instrumental support emerged as the most dominant factor associated with a reduced risk of postpartum blues. However, there are still similarities in terms of the role and contribution of husband's social support in suppressing the emergence of postpartum blues symptoms in postpartum mothers. The findings of the study in Mamajang, Makassar City are in line with the study by Pasha et al., that husband's support can increase feelings of security, reduce stress, and help mothers cope with physical and emotional changes after childbirth. Conversely, a lack of husband involvement can increase anxiety, emotional exhaustion, and the risk of psychological disorders in postpartum mothers.⁴³

Wahyuni et al.'s research found that baby blues syndrome can be experienced by mothers based on the characteristics and support of their husbands.²⁸ This is in line with the research of Febriyanti et al.²⁴ and the research of Dewi, Nuha, Kurniawati et al. in the work area of the Baiturrahman Community Health Center in Banda Aceh City,²⁷ which found the influence of husband's support, age, education, parity, income and type of delivery on the risk of baby blues or postpartum blues in postpartum mothers. Both studies are in line with the findings of research results in Mamajang District, Makassar City regarding the relationship between husband's and mother's characteristics with postpartum blues symptoms in postpartum mothers. Characteristic factors such as age, education level, type of work/profession, parity (number of children) and level of husband's support have a relationship with social support and postpartum blues symptoms in postpartum mothers.

The findings are not in accordance or have differences with the research of Kurniawati et al. who found that husband's support has a significant effect on the incidence of postpartum blues.²⁵ However, there are still similarities in terms of the existence of the role and contribution of husband's social support as a stressor in reducing postpartum blues symptoms in postpartum mothers, so that the higher the husband's support, the postpartum mother does not experience postpartum blues, conversely, the less husband's support, the more mothers experience postpartum blues, or the tendency for postpartum blues symptoms to appear in mothers is lower. However, the research of Kurniawati et al. did not identify the type, nature, form or dimension of social support from the husband that has a significant effect on postpartum blues.

Pandia, through a systematic review study, concluded that husband involvement during pregnancy to postpartum can reduce the incidence of postpartum blues and improve the mother's ability to adapt to her new role as a parent.⁵ Similarly, a literature review study by Dinarum & Rosyidah found a relationship between husband's support and the incidence of postpartum blues. Mothers who received less support from their husbands tended to be at greater risk of experiencing postpartum blues.²³ Therefore, to prevent postpartum blues from worsening, the husband's role is very much needed to support the mother during the postpartum period and help care for the baby. The husband can act as a breastfeeding father. Both studies are generally in line with the findings of research in Mamajang District, Makassar City, which showed that: First, the presence of a husband providing emotional, instrumental, informational, and appreciation can significantly prevent the emergence of severe postpartum blues symptoms, so that mothers who give birth can still

experience mild postpartum blues symptoms. Second, the better the quality of social support provided by the husband, the lower the tendency for postpartum blues symptoms to appear in the mother. However, Pandia's research and Dinarum & Rosyidah's research still have weaknesses because they do not explain the type, nature, form and dimensions of husband's involvement in providing social support so they are still less accurate.

The findings in Mamajang are in line with the research of Susilawati & Lailiyana that social support from husbands is an important coping strategy for mothers experiencing postpartum stress and functions as a preventive strategy to reduce stress.¹⁴ Similarly, Rosdianto's research that husband's support is a dominant factor that can strengthen mothers' coping abilities during the postpartum period.¹³ This is in line with the research of Razurel C et al., that adequate social support can improve mothers' coping abilities against physical and psychological changes after childbirth.²¹ However, these three studies did not identify and explain the types of dimensions of social support that can play a role or be used as a coping/preventive strategy in reducing emotional stress and helping mothers adapt to problems, or in facing, overcoming, and managing stress or difficult situations in mothers. In Mamajang, the instrumental support dimension emerged as the most dominant factor related to reducing the risk of postpartum blues. In addition, the dimensions of emotional, informational, and appreciation support also continued to show a positive contribution to the psychological condition of mothers, although not all of them were statistically significant. Mothers who have given birth who receive support from their husbands, both emotionally, informationally and in terms of appreciation, especially instrumental support, relatively do not show symptoms of postpartum blues. On the other hand, mothers who have received less of the four dimensions of social support from their husbands relatively experience symptoms of postpartum blues in the severe category.

The findings in Mamajang show that: First, social support from husbands tends to have a protective relationship against postpartum blues symptoms in postpartum mothers. Second, the better the quality of social support provided by husbands, the lower the tendency for postpartum blues symptoms to appear in mothers. Third, the active involvement of husbands in meeting the physical, economic, and care needs of postpartum mothers is an important factor in maintaining the emotional stability of mothers during the postpartum period. This is in accordance with research by Sulistyowati et al.,⁴⁴ Achmad & Wabula⁴⁵ and research by Solekah⁴⁶ that husbands who are actively involved in maternal and infant care can reduce anxiety experienced by postpartum mothers, thereby improving their quality of life.

Study by Novianti et al. showed that the higher the husband's social support, the lower the risk of postpartum blues.⁴⁷ This is similar to research by Yuliandini et al., which found that mothers with low husband support were more susceptible to postpartum stress and emotional disturbances.⁴⁸ This is consistent with the findings of a study in Mamajang District, Makassar City, which showed that husbands' social support tended to have a protective relationship with postpartum blues symptoms in postpartum mothers. The better the quality of social support provided by the husband, the lower the likelihood of postpartum blues symptoms in the mother. The husband's active involvement in meeting the mother's physical, economic, and postpartum care needs is an important factor in maintaining the mother's emotional stability during the postpartum period. Emotional, informational, and appreciation support continue to contribute positively to the mother's psychological condition. However, these two previous studies did not identify and explain the types of dimensions of husbands' social support that are considered to play a role and contribute.

The findings in Mamajang indicate three categories of postpartum blues symptoms in postpartum mothers: 44% were classified as mild, 28% were classified as normal, and 28% were classified as severe. This indicates a persistent gap in postpartum blues symptoms, with 72% of mothers experiencing postpartum blues requiring treatment, and 28% requiring further evaluation and serious treatment. This reality further demonstrates that social support from husbands remains relatively variable and disparate. This means that social support from husbands has not provided equitable benefits or positive impacts, thus not fully in line with the findings of sociologists such as Cobb, Baron, and Byrne, Rook, Heller, Lieberman et al., Gottlieb, Argyle, Veiel & Baumann, Raho, Sarafin, DuBois, and Miley, as cited by Hady J (2021), that social support can have positive impacts or benefits.³⁶

Social support provided by a husband to a mother in labor can provide various types of positive impacts or benefits such as physical and psychological comfort, attention and appreciation, strength in facing every problem and crisis, protecting from the consequences of stress, reducing the potential for new stress or prolonged stress, making individuals calm, comfortable, safe, secure, loved, cared for, developing self-confidence and competence, making individuals feel loved-appreciated and valued, increasing positive feelings and self-esteem, providing emotional benefits or behavioral effects, providing motivation and problem-solving solutions, forming positive assessments, reinforcement (justification) for doing something, feedback or showing social comparisons that open the insight of someone who is under stress, preventing the emergence of negative effects of stressors, eliminating feelings of loneliness, producing feelings of well-being, strengthening social bonds, increasing intimacy and the level of trust of the recipient of support, accelerating the healing process of illness, fulfilling three needs (physical, social, psychological), as well as maintaining endurance and improving individual health.³⁶

Postpartum mothers in Mamajang showed relatively normal postpartum symptoms. Good and active social support from their husbands can prevent postpartum blues and postpartum depression symptoms. This is consistent with research by Almutairi AF et al., who found that social support from husbands positively impacted the reduction of postpartum depression in mothers, while conversely, a lack of social support from husbands made mothers vulnerable to postpartum blues and postpartum depression symptoms.⁴⁹ Similarly, research by Emmanuel E et al. found that the

husband's active and practical involvement in helping with physical needs, domestic activities, baby care, and fulfilling daily needs plays an important role in reducing the psychological burden on mothers during the postpartum period.²⁰

Further in examining, the findings in Mamajang show a problematic phenomenon, namely the continued occurrence of disparities and gaps in both social support from husbands and indications of postpartum blues. First, Emotional support: 88% (categorized as very good and good), 10% classified as sufficient, and 2% classified as insufficient; Instrumental support: 82% (categorized as very good and good), 16% classified as sufficient, and 2% classified as insufficient; Informational support: 54% (categorized as very good and good), 38% classified as sufficient, and 8% classified as insufficient; Appreciation support: 68% (categorized as very good and good), 28% classified as sufficient, and 4% classified as insufficient. These data indicate that emotional support ranks first and instrumental support ranks second in terms of the percentage of social support from husbands that is better (high), appreciation support is moderate, while informational support has the lowest percentage. Thus, most husbands tend to prioritize emotional and instrumental support over informational and appreciation support. In other words, many husbands tend to underestimate the importance of providing informational support and appreciation to postpartum mothers. Second, the postpartum blues symptom category showed 28% normal, 44% mild, and 28% normal. This means that most postpartum mothers are still trapped in the stress and burden of postpartum blues. This entrapment is thought to be related to a lack of informational support and appreciation. This also means that to overcome this burden, increased informational support and appreciation are needed to equal emotional and instrumental support. This situation and condition require an integrated and comprehensive solution through empowering the role of husbands through health awareness and education.

The phenomenon of disparity and gap in social support from husbands and the category of postpartum blues symptoms are difficult to separate from various influencing factors (supporting and inhibiting) especially husband factors, wife factors, family factors, and policy factors of the central health service unit. First, husband factors such as: age, occupation/profession, education, empathy, attention, knowledge and understanding, awareness, commitment, motivation, competence, perception, attitude and behavior, and harmony with the family (wife), all of which can influence (support and inhibit) the husband in carrying out his duties, roles and responsibilities. Second, wife factors such as: age, education, occupation, parity, frequency of childbearing, attitude and behavior towards husband's support, openness to receiving social support from the husband, harmony in family relationships, need for assistance, all of which can influence (support and inhibit) the husband in carrying out his duties, roles and responsibilities. Third, factors of parents, close relatives and family members can influence (support and inhibit) the husband in carrying out his duties, roles and responsibilities. Fourth, the policy factor of health facility managers (Community Health Centers, Maternity Hospitals/RSB, General Hospitals/RSU, and others) which requires the presence of husbands to provide support can be a supporting factor for the husband's motivation to carry out his duties, roles and responsibilities of social support to mothers giving birth, conversely the absence of such policies can cause husbands to neglect or ignore carrying out their responsibilities.

Base on the overall phenomenon of the problem, a model can be put forward as a theoretical and practical solution in facing, overcoming and overcoming the gap in social support from husbands and the gap in partus blues in postpartum mothers as shown in Figure 1.

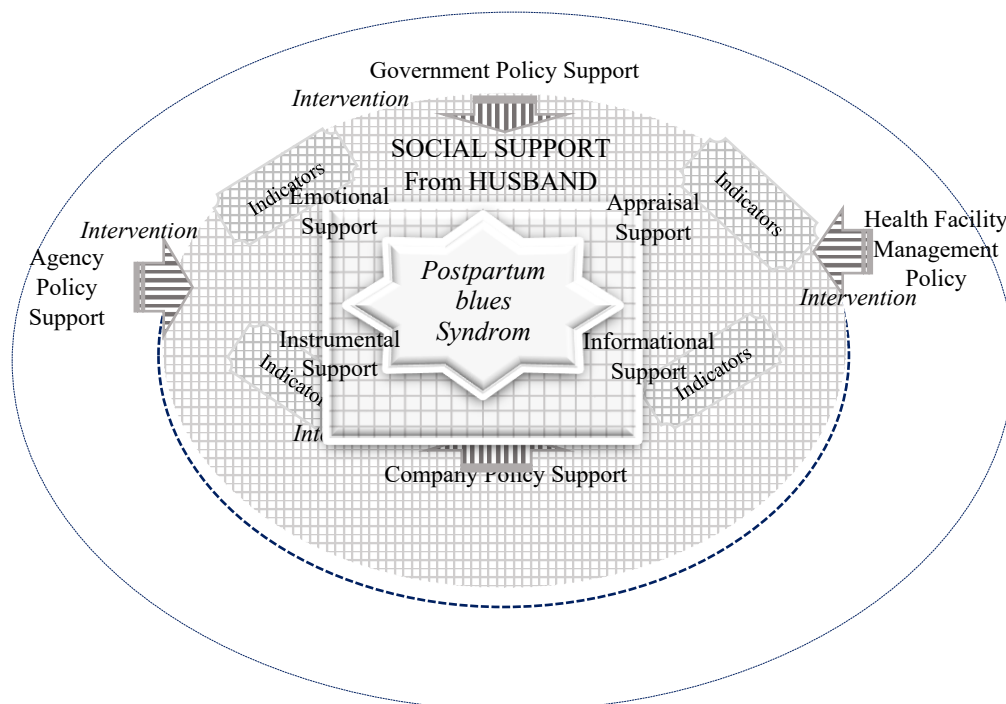


Figure 1. Dimensional model of husband's support in overcoming the symptoms of postpartum blues in postpartum mothers

Model of the dimensions of husband's support in facing, overcoming, and overcoming the gap in husband's social support and the gap in postpartum blues in postpartum mothers are consists of four layers, namely: First, the Core Layer is the Symptoms of Postpartum Blues in postpartum mothers, which generally consist of three categories: normal, mild, and severe. Second, the Layer of Social Support Dimensions from Husbands, consisting of emotional support, instrumental support, informational support, and esteem support. Third, the Layer of Indicators of each dimension of social support. Fourth, the External Policy Intervention Support Layer, which includes: support from relevant Government/Ministry policies, especially the Ministry of Health, regarding social support programs from husbands to pregnant and postpartum mothers, support from health facility management policies (such as Hospitals, Community Health Centers) that require mothers giving birth to be accompanied by their husbands, support from agency policies for husbands who work in government agencies that provide leave opportunities for their employees to accompany their wives giving birth, support from company management policies for husbands who work in private companies, and other relevant external support in order to optimize the role of husbands in providing social support to postpartum mothers.

CONCLUSION

First, the situation and condition of postpartum blues symptoms in postpartum mothers in Mamajang District, Makassar City, are relatively varied, with most being in the mild category, while others are in the normal and severe categories. Second, the level of social support from husbands shows a variety of disparities and gaps, with emotional and instrumental support being high, esteem support being moderate, and informational support being low. Third, all dimensions of social support from husbands show a negative relationship with postpartum blues symptoms in postpartum mothers. The dimensions of emotional, informational, and esteem support show weak and very weak negative relationships and are not significant, except for instrumental support, which shows a significant negative relationship. Thus, instrumental support is the most dominant and strong factor contributing positively to reducing the risk of postpartum blues, in addition to contributions from the other three dimensions. Therefore, the active involvement of husbands in providing quality social support in fulfilling the three needs (physical/physiological, psychological/psychological, and socio-economic) can be an effective solution in overcoming the problem of disparity and gap between dimensions of social support and categories of postpartum blues symptoms, suppressing and reducing the potential for severe postpartum blues, as well as in improving maternal mental health and strengthening postpartum family resilience. The research results further strengthen the importance of the family-centered care approach in maternal health services, particularly through strengthening the husband's role as the primary support system during the postpartum period. It is necessary to develop and implement a model of the dimensions of husband support in facing, overcoming and overcoming the gap between the dimensions of social support and the categories of postpartum blues symptoms.

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