THE INFLUENCE OF HUSBAND'S SUPPORT ON HEALTH-SEEKING BEHAVIOR IN MADURESE MOTHERS WITH POSTPARTUM BLUES

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ABSTARCT

Background: Postpartum blues or baby blues is a transient state of increased emotional reactivity experienced by some postpartum mothers within 14 days after delivery. Family support, especially the husband's role, is important to overcome the postpartum blues experience of mothers. This study aimed to determine the influence of husband's support on health-seeking behavior in Madurese mothers with postpartum blues.
Subjects and Method: This was a cross-sectional study conducted at Maron Community Health Center, Probolinggo, East Java, from April to June 2020. A total of 40 Madurese mothers with postpartum blues was selected for this study. Postpartum blues was measured by the Edinburgh Postnatal Depression Scale (EPDS). The dependent variable was health-seeking behavior. The independent variable was husband's support. The data were collected using questionnaire. Correlation between health-seeking behavior and husband's support was analyzed by Spearman rank correlation.
Results: Health-seeking behavior was positively correlated with husband's support ($r= 0.95$; $p <0.001$).
Conclusion: Health-seeking behavior is positively correlated with husband's support among women with postpartum blues.

Keywords: postpartum blues, mothers, health-seeking behavior, husband's support

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BACKGROUND

One of the individuals who are at risk of experiencing physical and psychological health is a postpartum mother. Postpartum mothers found several adjustments needed to deal with new activities and roles as mothers in the first few weeks after giving birth, both physically and psychologically (Manurung et al., 2019). There are three forms of psychological changes in postpartum mothers: postpartum psychosis, postpartum depression, and postpartum blues. Emotional disturbances in postpartum mothers that are often encountered are the postpartum blues. Postpartum blues is a transient state of increased emotional reactivity experienced by some postpartum mothers within 14 days after delivery (Sorg et al., 2019).

According to WHO, postpartum blues incidence is 26% - 85% (WHO, 2018). In Indonesia, which is 50-70%, this can lead to postpartum depression, with the number varying from 5% to 25% of postpartum mothers (Manurung et al., 2019). Based on the results of a preliminary study conducted in the working area of the Maron Community Health Center from January to June 2019, getting data from 87 postpartum mothers on days 2 to 8 showed that 169 people were detected to have postpartum blues, which were divided into mild postpartum blues, there

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were 59 mothers, moderate level 81 mothers, and a high level of 29 mothers.

Postpartum blues is characterized by transient episodes of excessive emotions, sadness, dysphoria, and mild emotional disturbances that can affect 50-80% of postpartum mothers on the first day after delivery. During the postpartum period, 85% of postpartum mothers will experience some mood disorder. In most postpartum mothers, the symptoms are mild and temporary, but some postpartum mothers experience prolonged symptoms. It is estimated that 10-15% of postpartum blues mothers who do not receive proper management will tend to develop into non-psychotic postpartum depressive disease (Rezaie-Keikhaie et al., 2020).

The postpartum blues is often not recognized by medical personnel, loved ones, or family. Usually, postpartum mothers with this disorder cover up their feelings, medical personnel, and their husbands' families will not realize these feelings. If the postpartum blues is not handled immediately, it will harm the mother and child, including damaging social interactions (Sarli et al., 2020).

Recent research had focused more on long-term causes and consequences. The cause is thought to be multifactorial, such as socio-cultural, obstetric, and gynecological factors, psychosocial factors (life pressure during pregnancy, family relationships and poor husband support, and marital dissatisfaction), and hormonal factors. There was a relationship between demographic factors such as age, marital status, education level, socioeconomic status, and the risk of mental disorders in postpartum mothers (Kroska and Stowe, 2020).

Sources of social support from the closest people can be a source of social support that is always available to provide assistance and support when postpartum mothers need it. One of the sources of support comes from the support of the husband. This support includes expressions of empathy, for example listening, being open. Demonstrate a trusting attitude towards what is complained about, pay attention, express affection, and understand the postpartum mother's condition. Support from a husband will make postpartum mothers feel valued, safe, and comfortable. Therefore, the husband's support can convince postpartum mothers that they are cared for by others (Lara-Cinisomo and Akinbode, 2020).

This phenomenon regarding the husband's support for the intention of health-seeking behavior in Madurese postpartum blues mothers motivated the authors to study this phenomenon. This research is important because this research can provide information for husbands to pay more attention and provide support, for example, informational support, instrumental support, appreciation support, and emotional support to postpartum mothers. Besides, few studies in Indonesia reveal the emergence of this syndrome given the number of obstacles. No data showed the incidence of postpartum blues in the Madurese tribe, so researchers wanted to know the analysis of health-seeking behavior in Madurese postpartum blues mothers.

SUBJECTS AND METHODS

1. Study Design

This was a cross-sectional study conducted at Maron Community Health Center, Probolinggo, East Java, from April to June 2020.

2. Population and Sample

A total of 40 Madurese mothers with postpartum blues was selected for this study.

3. Study Variables

The dependent variable was health-seeking behavior. The independent variable was husband’s support.

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Inclusion criteria in this study were women with normal postpartum/ SC, Primipara/ multipara/ Grande multipara, days 3- 5 days, able to communicate, Madurese, experiencing post-partum blues, willing to be respondents. The exclusion criteria in this study were refusal as a respondent, physical and mental illness, complicated delivery and restoration.

4. Study Instruments

The data were collected using questionnaire sheet which was the Edinburgh Postnatal Depression Scale (EPDS) questionnaire.

5. Data Analysis

Correlation between health-seeking behavior and husband's support was analyzed by Spear-man rank correlation.

6. Research Ethics

This study had received ethical clearance with number 055/ EC/ KEPK/ UNUSA/ 2020 and was declared ethical.

RESULTS

Based on Table 1. showed mean maternal age was 28.25 (SD= 3.88). From Table 2, the number of study subjects aged <20 years was 2 (5%). The majority of study subjects aged 21-35 years = 37 (92.5%). Age ≥35 years was 1 (2.5%) post-partum mother.

In the educational characteristics of post-partum mothers, there were 4 (10.0%) with basic education and 21 (52.5%) with secondary education. Based on the job characteristics of the post-partum mothers, 22 (55.0%) worked and 18 (45.0%) did not work. In the parity status, majority was primiparous parity = 18 (45.0%), followed by multiparous = 10 (25.0%), and grand multipara = 12 (30.0%). According to type of delivery, 27 (67.5%) post-partum gave birth normally and 13 (32.5%) gave birth by sectio caesarea.

Table 1. Sample characteristics (numerical data)

	Mean	SD	Min.	Max.
Maternal age	28.25	3.88	20	38

Table 2. Sample characteristics (categorical data)

Characteristics	Categories	Frequency (n)	Percentage (%)
Age (years)	<20	2	5
	21-35	37	92.5
	≥35	1	2.5
Education	Primary	4	10
	Middle School	21	52.5
	Above	15	37.5
Occupation	Working	22	55
	Not working	18	45
Parity	Primipara	18	45
	Multipara	10	25
	Grande multipara	12	30
Types of delivery	Normal	27	67.5
	SC	13	32.5

Table 3. Results of postpartum blues analysis with the support of husband's intention of health seeking behavior

Independent variable	Health-seeking behavior	
	Spearman 'rho	p
Husband's support	0.95	0.010

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The data distribution showed there was abnormal distribution of the data from the Kolmogrov-Smirnov and Shapiro Wilk tests, then the Spearman's rho test was carried out. Table 3 showed health-seeking behavior was positively correlated with husband's support (r= 0.95; p <0.001).

DISCUSSION

Postpartum mothers are characterized by a physically weak and mentally weak body condition. Simultaneously with this situation and the environment changes. In this case, it should be noted that every post-partum mother was different and faced different experiences (Lambermon et al., 2020). Postpartum grief tends to peak 3-5 days after delivery. These symptoms include restlessness, difficulty sleeping, tear-fulness, emotional instability, confusion, mood changes, anxiety, and cognitive impairment (lack of attention, forgetfulness, and inability to concentrate). This situation was thought to be a sequela of birth, especially in postpartum mothers who are not ready, resulting in a degree of personal distress (Tobore, 2020).

Ekin Dila Top and Zekiye Karacam (2016) stated that before education (Mean= 8.00; SD= 4.80) for the postpartum EPDS depression scale in the intervention group was significantly higher than the control group (Mean= 6.00; SD= 6.00; p= 0.010). The groups were statistically similar in terms of depression (intervention= 17.3%; control= 11.8%; p= 0.425). After education, the mean EPDS depression score and the ratio of depressed women in the intervention group were significantly lower than in the control group (intervention; Mean= 4.00; SD= 3.00), (control= 10.00; SD= 4.00; p <0.001), and (intervention= 7.70%; control= 25.5%; p= 0.015).

There are two main external factors influence health-seeking behavior. First, the health system, which is implemented at the local institutional and national cultural levels. Second, individual internal factors, for example, socio-demographic, economic factors, as well as socio-cognitive factors such as knowledge, motivation, attitudes, perceptions of the environment, support from husbands, family, environment, beliefs, culture, and perceptions of the concept of health and illness (Kroska and Stowe, 2020).

Support husband was one form of interaction in which the relationship of mutual giving and receiving (received and perceived). This support will ultimately provide love, attention, and a sense of attachment to both partners and families (Fan et al., 2020). Husband's support can be done by helping the wife in baby care, such as changing diapers, bathing the baby, preparing food sources of nutrition for the mother, or accompany breastfeeding of child at night (Laliberté et al., 2016). Husband's support is very important and cannot be underestimated because the husband's support will provide a positive atmosphere in the house's situation. Mothers who experience postpartum emotional disorders will feel tiring days after being discharged from the hospital (Nurbaeti, Deoisres, and Hengudomsub, 2019).

Mothers who feel valued, loved, and cared by their husbands certainly will not feel that they are less valuable so that one of the characteristics of a depression sufferer will be inhibited. Mothers who lack attention to support will find it easier to feel worthless and less noticed by their husbands so that mothers will easily experience postpartum blues (O'Neill, Cycon, and Friedman, 2019). Husband's support plays an important role in helping postpartum mothers face the postpartum blues mothers. The supportive forms of husband include social, emotional, informational, or rewarding support.

The long-term hope of this study results was to become a reference source in the de-

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velopment of midwifery science to improve the quality of midwifery care, especially in midwifery services. researchers, further research is needed with a different approach. For the health professionals, it is hoped that the knowledge possessed by midwives will increase with the training so that the selection of mothers with postpartum blues can be handled optimally according to the SOP.

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