



THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND THE INCIDENCE OF POSTPARTUM DEPRESSION AMONG PRIMIPAROUS MOTHERS

Herlina Grenanda*, Istri Yuliani, Atik Ba'diah

Midwifery Master's Program, STIKES Guna Bangsa Yogyakarta, Jln Padjajaran (Ringroad Utara), Condongcatur, Depok, Sleman, Yogyakarta 55283, Indonesia

*herlinagrenandaa@gmail.com

ABSTRACT

Postpartum depression is a mental health disorder commonly experienced by women after the childbirth process, especially in primiparous mothers who are adjusting to their new role as a mother. Various factors can influence the occurrence of postpartum depression, including social support that encompasses support from a husband, parents, in-laws, and siblings. A lack of social support has the potential to increase the risk of psychological disorders in postpartum mothers, making it important to examine the relationship between social support and the incidence of postpartum depression. This research method uses a quantitative approach with a correlational analytical design. The sample consisted of 72 primiparous postpartum mothers registered at two Primary Clinics in the city of Samarinda. The sampling technique used was total sampling. Data collection was carried out cross-sectionally using the PSSQ and EPDS questionnaire instruments. Data analysis was conducted using the Chi-square test and ordinal logistic regression. The majority of respondents were aged 20-35 years (94.4%), had a secondary level education (40.3%), were unemployed (58.3%), had a family income above the regional minimum wage (62.5%), and had planned pregnancies (84.7%). The most frequently found postpartum depression level was in the mild category (38.9%). There was a significant relationship between social support from husbands ($p=0.000$), parents ($p=0.012$), in-laws ($p=0.001$), and siblings ($p=0.002$) with the occurrence of postpartum depression. Multivariate analysis showed that support from husbands was the most influential factor on postpartum depression ($p=0.000$), with a 2.031 times higher likelihood in mothers who received low support from their husbands. There is a significant relationship between family social support and the incidence of postpartum depression in primiparous mothers. Support from the husband is a key factor influencing the level of postpartum depression. Therefore, active involvement of the husband and family is very important in providing emotional, informational, and instrumental support to reduce the risk of postpartum depression.

Keywords: postpartum depression disorder; primiparous mother; social assistance

How to cite (in APA style)

Grenanda, H., Yuliani, I., & Ba'diah, A. (2026). The Relationship Between Social Support and the Incidence of Postpartum Depression among Primiparous Mothers. *Indonesian Journal of Global Health Research*, 8(2), 1281–1292. <https://doi.org/10.37287/ijghr.v8i2.2129>.

INTRODUCTION

Prolonged feelings of sadness are a common condition experienced by women following childbirth (Amran., Suhartatik., 2023). Psychological disturbances among postpartum mothers may include profound sadness, loss of motivation, difficulty concentrating, and feelings of guilt and worthlessness. Clinical manifestations associated with this condition include frequent crying, hopelessness, feelings of uselessness, suicidal ideation, as well as excessive anxiety and worry (Wiyanto, B. E., & Ambarwati, 2021). The primary underlying causes of this disorder are related to biological responses following childbirth, particularly hormonal fluctuations that affect biochemical changes in the brain, which may be exacerbated by physical exhaustion and psychological stress during the postpartum period (Fatmawati, A., & Gartika, 2021).

The World Health Organization predicts that the global prevalence of depression will reach 18% during the 2020–2030 period, affecting approximately 300 million people worldwide. This estimate also includes cases of depression experienced by mothers during the postpartum period (World Health Organization, 2023). In Indonesia, the prevalence of postpartum depression is reported to be 6.1%, distributed across both urban and rural areas throughout the country (Kemenkes RI, 2023).

East Kalimantan Province ranks second in the prevalence of postpartum depression in Indonesia, with recent data indicating a significant increase, from 1.8% in 2023 to 2.2% in 2024 (Pratama, 2024). In Samarinda, the prevalence of postpartum depression reached 5.6% in 2023 and increased to 5.9% in 2024 (Wardanah, H., Feriani, P., & Wijayanti, 2021). These findings indicate an increasing trend in postpartum depression cases in Samarinda City.

Postpartum depression may be influenced by multiple dimensions, including demographic, socioeconomic, psychological, and medical factors (Setyorini, 2025). Demographic factors such as age, educational level, and parity may contribute to the occurrence of postpartum depression (Irvana, 2021) (Amran., Suhartatik., 2023). Socioeconomic factors associated with postpartum depression include income, employment status, and social support (Mariany, M., Naim, R., & Afrianty, 2022)). Psychological factors such as a history of depression, mental health status, and self-confidence also influence the occurrence of postpartum depression (Sundari, S. W., Novayanti, N., Ratni, & Aulia, 2023); (Amna, Z. & Khairani, 2024). In addition, medical factors, including the type of delivery and childbirth complications, may contribute to postpartum depression (Fikri, C., Dewi, A. S., & Isra, 2024).

Postpartum depression has long-term effects on maternal mental health as well as on children's physical growth, cognitive development, and social interaction abilities (Devi, S.S., & Sari, 2023). This condition may also lead to breastfeeding discontinuation, and infants who do not receive breast milk tend to demonstrate less optimal cognitive development compared to exclusively breastfed infants (Sulistyaningsih, D., & Wijayanti, 2020). Another important consequence is the disruption of emotional bonding between mother and child (Arimurti, I.S., Pratiwi, R.D., & Ramadhina, 2020). Furthermore, postpartum depression may create psychological distress within the family, particularly for husbands, including anxiety, confusion, and emotional difficulties, thereby affecting family harmony (Fatmawati, A., & Gartika, 2021).

Midwives play an essential role in supporting mothers' adaptation to parenthood through postpartum care involving both family and community support systems (Harahap, J.R., Helina, S., & Daiyah, 2022). Primiparous mothers are considered a vulnerable group for postpartum depression due to their limited experience and lack of confidence in performing maternal roles. Fatmawati dan Gartika (2021) reported that primiparous mothers exhibit a higher vulnerability to postpartum depression compared to multiparous mothers (Astri, R., Fatmawati, A., & Gartika, 2020). Arimurti et al. (2020) further stated that the contributing factors of postpartum depression among primiparous mothers include limited social support and inadequate experience in infant care and childrearing.

Social support in the form of attention, empathy, assistance, and emotional support from husbands, family members, friends, and healthcare professionals can help improve the psychological well-being of postpartum mothers (Sarafino, E. P., & Smith, 2018) (Zheng, X., Morrell, J., & Watts, 2018) (Taylor, 2018) (Glanz, K., Barbara, R.K., & Viswanath, 2018). Support from husbands and family members has been identified as a crucial factor in reducing the psychological burden experienced by postpartum mothers (Satria, I.G.I., & Kurniawati, 2024). A preliminary study conducted at Klinik Pratama Aminah Amin and Klinik Pratama Kartika Jaya revealed that several primiparous mothers experienced emotional symptoms such as sadness, anxiety, difficulty concentrating, and sleep disturbances during the postpartum period. Therefore, this study aims to analyze the relationship between social support and the incidence of postpartum depression among primiparous mothers at primary clinics in Samarinda City.

METHOD

This study employed a quantitative approach with a correlational analytic design to examine the relationship between social support and postpartum depression among primiparous mothers. The study was conducted at Klinik Pratama Kartika Jaya and Klinik Pratama Aminah Amin from September to November 2025. The study population consisted of all primiparous mothers who

delivered between February and April 2025 at the two clinics, totaling 72 respondents. A total sampling technique was applied, in which all eligible members of the population were included as study participants. The inclusion criteria were postpartum mothers at 2–6 weeks postpartum, living with their husbands, having parents, parents-in-law, and siblings residing in Samarinda City, and willing to participate in the study. The exclusion criteria included mothers with a history of depression, those currently undergoing treatment for depression, and mothers who experienced childbirth complications.

The independent variable in this study was social support, including support from husbands, parents, parents-in-law, and siblings, while the dependent variable was postpartum depression. Data were collected using the Postpartum Social Support Questionnaire (PSSQ) to assess social support and the Edinburgh Postnatal Depression Scale (EPDS) to measure postpartum depression. Both instruments were standardized and used without additional validity and reliability testing. Both instruments have been previously validated and demonstrated good reliability. The PSSQ showed high internal consistency and test–retest reliability (Hopkins & Campbell, 2008), while the EPDS has been widely validated as a reliable screening tool for postpartum depression with good psychometric properties (Cox et al., 1987; Gibson et al., 2009).

Data collection was conducted during postpartum visits between the second and sixth weeks postpartum with the assistance of trained enumerators who had received prior instruction. Data analysis was performed using SPSS software through univariate analysis, bivariate analysis using the Chi-square test with a 95% significance level ($\alpha = 0.05$), and multivariate analysis using ordinal logistic regression to identify the dominant factors influencing postpartum depression. This study adhered to research ethics principles, including informed consent, confidentiality, anonymity, justice, and voluntary participation. Ethical approval was obtained from STIKES Guna Bangsa Yogyakarta with Ethical Clearance No. 2319/STIKES-GB/Eks/VIII/2025 issued on August 26, 2025.

RESULT

Characteristics of Primiparous Mothers

Table 1.
Frequency Distribution of Primiparous Mothers' Characteristics

| Characteristics | f | % |
|---|----|------|
| Age Range | | |
| Less than 20 years old | 3 | 4.2 |
| 20–35 years old | 68 | 94.4 |
| More than 35 years old | 1 | 1.4 |
| Educational Level | | |
| Primary Education (Elementary/Junior High School or equivalent) | 16 | 22.2 |
| Secondary Education (Senior High School or equivalent) | 29 | 40.3 |
| Higher Education (College/University) | 27 | 37.5 |
| Occupation | | |
| Unemployed | 42 | 58.3 |
| Employed | 30 | 41.7 |
| Family Income | | |
| ≥ Samarinda City Minimum Wage | 45 | 62.5 |
| < Samarinda City Minimum Wage | 27 | 37.5 |
| Age at Marriage | | |
| Young Age (<20 years) | 8 | 11.1 |
| Early Adulthood (20–24 years) | 25 | 34.7 |
| Middle Adulthood (25–29 years) | 31 | 43.1 |
| Mature Adulthood (>30 years) | 8 | 11.1 |
| Length of Marriage | | |
| <1 year | 29 | 40.3 |
| 1–3 years | 38 | 52.8 |
| 4–6 years | 1 | 1.4 |
| >6 years | 4 | 5.6 |

| Characteristics | f | % |
|---|----|------|
| Pregnancy Acceptance | | |
| Intended Pregnancy | 61 | 84.7 |
| Unintended Pregnancy | 11 | 15.3 |
| History of Illness/Complications During Pregnancy | | |
| Gestational Hypertension | 5 | 6.9 |
| None | 67 | 93.1 |

In conclusion, Table 1 shows that most primiparous postpartum mothers were aged 20–35 years, had a secondary education level, were unemployed, and had family incomes at or above the Samarinda City minimum wage. Most respondents also reported planned pregnancies and no history of illness or pregnancy complications.

Description of Social Support Among Primiparous Mothers

Table 2.

Distribution of Social Support Among Primiparous Mothers

| Social Support | f | % |
|------------------------|----|------|
| Husband Support | | |
| High | 35 | 48.6 |
| Moderate | 37 | 51.4 |
| Low | – | – |
| Parental Support | | |
| High | 33 | 45.8 |
| Moderate | 39 | 54.2 |
| Low | – | – |
| Parents-in-law Support | | |
| High | 37 | 51.4 |
| Moderate | 35 | 48.6 |
| Low | – | – |
| Sibling Support | | |
| High | 31 | 43.1 |
| Moderate | 41 | 56.9 |
| Low | – | – |

Table 2 shows that most primiparous postpartum mothers received moderate support from their husbands, parents, and siblings, while support from parents-in-law was generally high.

Description of Postpartum Depression Among Primiparous Mothers

Table 3.

Distribution of Postpartum Depression Levels Among Primiparous Mothers

| Postpartum Depression Level | f | % |
|-----------------------------|----|------|
| Severe | – | – |
| Moderate | 26 | 36.1 |
| Mild | 28 | 38.9 |
| Minimal | 18 | 25.0 |

Table 3, among the 72 primiparous postpartum mothers at primary clinics in Samarinda City, the majority experienced mild postpartum depression, accounting for 28 respondents (38.9%).

Results of Bivariate Analysis

This study conducted bivariate analysis using the Chi-square test to examine the relationship between social support and postpartum depression among primiparous mothers at primary clinics in Samarinda City. The results are presented as follows.

Table 4.
Analysis of the Relationship Between Social Support and Postpartum Depression Among Primiparous Mothers

| Social Support | Moderate Depression f (%) | Mild Depression f (%) | Minimal Depression f (%) | Total | p-value | Correlation Coefficient |
|------------------------|---------------------------|-----------------------|--------------------------|-------|---------|-------------------------|
| Husband Support | | | | | 0.000 | -0.494 |
| High | 6 (23.1) | 13 (46.4) | 16 (88.9) | 35 | | |
| Moderate | 20 (76.9) | 15 (53.6) | 2 (11.1) | 37 | | |
| Parental Support | | | | | 0.012 | -0.346 |
| High | 7 (26.9) | 13 (46.4) | 13 (72.2) | 33 | | |
| Moderate | 19 (73.1) | 15 (53.6) | 5 (27.8) | 39 | | |
| Parents-in-law Support | | | | | 0.001 | -0.434 |
| High | 7 (26.9) | 15 (53.6) | 15 (83.3) | 37 | | |
| Moderate | 19 (73.1) | 13 (46.4) | 3 (16.7) | 35 | | |
| Sibling Support | | | | | 0.002 | -0.415 |
| High | 5 (19.2) | 13 (46.4) | 13 (72.2) | 31 | | |
| Moderate | 21 (80.8) | 15 (53.6) | 5 (27.8) | 41 | | |

Table 4, there were significant relationships between social support from husbands ($p = 0.000$; $r = -0.494$), parents ($p = 0.012$; $r = -0.346$), parents-in-law ($p = 0.001$; $r = -0.434$), and siblings ($p = 0.002$; $r = -0.415$) and postpartum depression among primiparous mothers. Mothers who received moderate levels of social support were more likely to experience moderate to mild postpartum depression, whereas mothers who received high levels of social support were more likely to experience minimal depression. All variables demonstrated negative correlations, indicating that higher levels of social support were associated with lower levels of postpartum depression.

Results of Multivariate Analysis

This study conducted multivariate analysis using Ordinal Logistic Regression, and the results are presented as follows:

Table 5.
Dominant Social Support Factors Associated with Postpartum Depression Among Primiparous Mothers

| Social Support | S.E | Wald | p-value | Exp (B) |
|----------------|-------|--------|---------|---------|
| Husband | 0.560 | 13.143 | 0.000 | -2.031 |
| Parents | 0.520 | 3.193 | 0.074 | -0.928 |
| Parents-in-law | 0.545 | 2.536 | 0.111 | -0.867 |
| Siblings | 0.529 | 8.009 | 0.005 | -1.498 |

Table 5, husband support was identified as the most influential (dominant) factor associated with postpartum depression among primiparous mothers, with a p-value of 0.000 and $\text{Exp}(B) = -2.031$, indicating a significant negative association with postpartum depression. This finding suggests that primiparous mothers who received low support from their husbands had a 2.031 times higher likelihood of experiencing postpartum depression compared to mothers who received high levels of husband support.

DISCUSSION

Primiparous Postpartum Mothers' Characteristics

The findings showed that most primiparous postpartum mothers at primary clinics in Samarinda City were aged 20–35 years (94.4%). This result is consistent with previous studies by Rauf et al. (2024), which reported that 87.8% of respondents were within the same age group, and Mariany et al. (2022), which found that 80% of participants were aged 20–35 years. Maternal age reflects physical and psychological maturity in decision-making and maternal readiness. According to Badan Kependudukan dan Keluarga Berencana Nasional (2020), the ideal reproductive age for pregnancy and childbirth is between 20–35 years, as women at this age generally have optimal reproductive health, physical stamina, and psychological preparedness. Conversely, pregnancies occurring below 20 years or above 35 years are considered high-risk pregnancies due to immature

or declining reproductive function, which may adversely affect both maternal and fetal health (Heriani & Camelia, 2022).

Most respondents had a secondary educational background (40.3%), which is in line with studies by Luthfianto and Rahayuningsih (2022) and Takdir et al. (2022), both of which reported that the majority of mothers had completed senior high school education. Higher educational attainment also contributes to better self-efficacy and stress management, which may reduce the risk of postpartum depression (Wijaya, 2023). The majority of respondents were unemployed or worked as housewives (58.3%), consistent with findings by Mariany (2022) and Rauf (2024).

Most respondents had family incomes equal to or above the Samarinda City minimum wage (62.5%), consistent with studies by Ulfah et al. (2025). Although adequate financial income may provide economic stability, postpartum depression may still occur due to psychosocial and emotional factors. Social support from husbands, parents, parents-in-law, and siblings remains essential in reducing maternal stress and preventing postpartum depression (Putra et al., 2023). Emotional isolation, lack of husband involvement in infant care, and inadequate family support may contribute to psychological distress despite stable financial conditions. Therefore, social support appears to play a more important role than economic status alone in maternal psychological well-being during the postpartum period.

The majority of respondents reported that the pregnancy was intended (84.7%), consistent with studies by Mariany et al. (2022) and Wahyuni et al. (2025). Most respondents had no history of illness or pregnancy complications (93.1%), in accordance with studies by Azzahra et al. (2024) and Dewiyana and Anggondowati (2024). Pregnancy complications may increase emotional and physical stress, thereby elevating the risk of postpartum depression. According to Fibrila (2018), obstetric complications are important risk factors affecting maternal health outcomes. Previous studies have consistently demonstrated a significant relationship between pregnancy complications and postpartum depression (Azzahra et al., 2024; Widiyani, 2024).

Support Among Primiparous Postpartum Mothers

The findings showed that most primiparous postpartum mothers at primary clinics in Samarinda City received moderate support from their husbands, accounting for 37 respondents (51.4%). This result is consistent with studies conducted by Audyana and Marcelina (2022), which reported that most mothers received moderate husband support (48.5%), and Putra et al. (2023), who also found that husband support was predominantly at a moderate level (45%). As the closest family member to the mother, husbands have a significant influence on maternal psychological well-being. Emotional, informational, and practical support from husbands during pregnancy, childbirth, and the postpartum period can help reduce the risk of postpartum depression and promote maternal and infant health (Sinaga, Kurniati, & Nirnasari, 2023).

Support from parents may provide comfort, emotional security, and strength for postpartum mothers. Therefore, mothers during the postpartum period require psychological and material support from their families, especially parents. Family involvement during the postpartum period may directly influence maternal psychological recovery and emotional stability (Meliyanti, 2022). The findings revealed that most respondents received high support from parents-in-law, accounting for 37 respondents (51.4%). High levels of support from parents-in-law may be influenced by close family relationships and proximity of residence. This support may improve both the physical and psychological well-being of postpartum mothers. Support from parents-in-law may include practical assistance in infant care, preparing meals, providing emotional encouragement, and sharing information regarding breastfeeding and newborn care.

Lack of support from parents-in-law has been associated with an increased risk of postpartum depression, whereas adequate support may reduce maternal stress and psychological distress.

Conversely, negative relationships, such as conflicts regarding childcare or excessive interference, may contribute to emotional discomfort among postpartum mothers. Family members, including parents-in-law, are often the first to recognize emotional changes experienced by mothers after childbirth. Emotional presence, empathy, motivation, and practical assistance can help mothers feel calmer, safer, and more supported during the postpartum period (Susanti & Sulistiyanti, 2023).

The results showed that most respondents received moderate sibling support, accounting for 41 respondents (56.9%). Siblings may provide important emotional and practical support to assist mothers in recovering physically and psychologically after childbirth. Practical support may include helping with daily tasks, while emotional support may involve listening, motivating, accompanying, and reassuring the mother. Rahmanindar and Umriaty (2025) also highlighted that positive support from family members and partners provides additional emotional strength for postpartum mothers.

Postpartum Depression Conditions among Primiparous Mothers

The findings showed that among 72 primiparous postpartum mothers at primary clinics in Samarinda City, the majority experienced mild postpartum depression, accounting for 28 respondents (38.9%). This finding is consistent with the study conducted by Wiyanto and Ambarwati (2021), which reported that postpartum depression was predominantly categorized as mild, with a percentage of 64.71% and a mean score of 12.12. Similarly, Murti et al. (2023) found that most postpartum mothers experienced mild depression, accounting for 16 respondents (53.3%).

The study also found that 26 respondents (36.1%) experienced moderate postpartum depression. Among these mothers, all were aged 20–35 years, most had a senior high school education, were employed, and had family incomes equal to or above the regional minimum wage. In addition, most mothers with moderate depression reported moderate levels of support from husbands, parents, parents-in-law, and siblings. Moderate social support indicates that mothers receive some emotional and practical assistance, although it may not fully meet their needs in terms of consistency, attention, or involvement. Murti et al. (2023) reported that inadequate or only moderate social support may contribute to the occurrence or worsening of postpartum depression symptoms. Therefore, improving the quality and consistency of social support, along with providing professional psychological assistance, is important in reducing postpartum depression among primiparous mothers.

Furthermore, 18 respondents (25%) experienced minimal postpartum depression. This finding is consistent with Agustina et al. (2025), who reported that 39.4% of respondents were categorized as having a low risk of depression. This condition may be related to the fact that most mothers in this study experienced intended pregnancies. Planned and desired pregnancies are generally associated with greater emotional readiness and preparedness for childbirth and maternal responsibilities. In addition, primiparous mothers may lack experience in infant care, resulting in feelings of unpreparedness and emotional stress. Hormonal changes following childbirth may also contribute to mood instability and increased vulnerability to postpartum depression. White et al. (2023) reported that postpartum depression symptoms commonly include irritability, mood instability, difficulty concentrating and sleeping, appetite loss, sadness, frequent crying, and excessive anxiety.

Relationship Between Husband Support and Postpartum Depression

The findings demonstrated a significant relationship between husband support and postpartum depression among primiparous mothers (p -value = 0.000). The relationship showed a negative correlation ($r = -0.494$), indicating that lower husband support was associated with higher levels of postpartum depression, whereas increased husband support was associated with lower depression levels. Primiparous mothers experience major role transitions that may increase psychological stress. Husband support can facilitate psychological adaptation, reduce stress caused by hormonal and physical changes, and enhance maternal confidence in caring for the baby, thereby decreasing the risk of postpartum depression (Karimah & Sutarno, 2023). Emotional support from husbands,

such as listening to maternal concerns and providing attention, may reduce feelings of anxiety, loneliness, and helplessness. Practical assistance, including helping with infant care, household tasks, and maternal physical recovery, may also reduce physical exhaustion, which is one of the major triggers of postpartum depression (Novita et al., 2023).

Informational support, advice, appreciation, and praise from husbands may strengthen maternal self-esteem and reduce feelings of isolation (Mobarokah, 2023). Therefore, emotional presence from husbands functions as a protective factor against maternal psychological distress (Samria & Haerunnisa, 2021). Conversely, inadequate husband support may lead mothers to feel neglected and unappreciated, thereby increasing the risk of postpartum depression (Agatra et al., 2023). Previous studies have consistently identified husband support as an important factor in reducing anxiety, emotional burden, and postpartum depression among primiparous mothers (Wardanah & Feriani, 2021; Irvana, 2021; Sinaga, Kurniati, & Nirnasari, 2023).

Relationship Between Parental Support and Postpartum Depression

The study also demonstrated a significant relationship between parental support and postpartum depression among primiparous mothers (p -value = 0.012). A negative correlation was identified ($r = -0.346$), indicating that lower parental support was associated with higher postpartum depression levels. Primiparous mothers often experience stress and difficulties adapting to infant care responsibilities. Support from parents may help reduce maternal stress by assisting with childcare and household responsibilities, allowing mothers adequate time for rest and recovery (Susanti & Sulistiyanti, 2023). Emotional support from parents, particularly biological mothers, may also provide feelings of security, comfort, and emotional stability (Widyastuti & Hasriani, 2023). In addition, parents often provide guidance and share parenting experiences that help mothers adapt to postpartum physical and hormonal changes (Arfan et al., 2024). Rahmawati et al. (2021) reported that family support, especially from parents, is associated with the severity of postpartum depression symptoms. Mothers who receive strong family support tend to adapt better during the postpartum period and have lower risks of postpartum depression compared to mothers with inadequate support (Mariany et al., 2022).

Relationship Between Parents-in-law Support and Postpartum Depression

This study found a significant relationship between support from parents-in-law and postpartum depression among primiparous mothers (p -value = 0.001). The relationship showed a negative correlation ($r = -0.434$), indicating that lower support from parents-in-law was associated with higher levels of postpartum depression. The quality of the relationship between mothers and parents-in-law may strongly influence maternal psychological well-being. Poor relationships, interpersonal conflict, excessive interference in childcare, and lack of practical support from parents-in-law may increase emotional stress and contribute to postpartum depression (Shafa et al., 2025; Rachmawati et al., 2021). Differences in parenting values and caregiving expectations may also trigger anxiety and feelings of inadequacy among primiparous mothers (Parwati & Wulandari, 2025).

Conversely, supportive parents-in-law may reduce maternal emotional burden by providing encouragement, practical assistance, and positive validation (Arfan et al., 2024; Mariany et al., 2022). Support from parents-in-law may also compensate for emotional gaps when marital relationships are less harmonious, thereby helping mothers feel accepted and emotionally supported (Kurniasari, 2022). Similar findings were reported by Siagian (2025) and Nuraeni et al. (2023), who emphasized that social support from parents-in-law functions as an important protective factor against postpartum depression.

Relationship Between Sibling Support and Postpartum Depression

The findings further demonstrated a significant relationship between sibling support and postpartum depression among primiparous mothers (p -value = 0.002). The relationship showed a negative

correlation ($r = -0.415$), indicating that lower sibling support was associated with increased postpartum depression. Sibling support contributes positively to maternal adaptation and infant care among primiparous mothers. Emotional support from siblings, such as listening to maternal concerns and providing reassurance, may reduce stress and improve psychological well-being. Practical support, including assistance with infant care and household tasks, may also reduce maternal fatigue and emotional burden (Hidayah & Fatimah, 2021). Prawira, Agustin, and Nurvinanda (2025) reported that mothers who received support in sharing childcare responsibilities and discussing emotional experiences were more capable of managing postpartum stress. Mothers who feel supported are more likely to feel appreciated and less isolated during the postpartum period. Similarly, Rengganis, Sarwinanti, and Anisa (2025) found that strong sibling support was associated with a significant reduction in depressive symptoms among postpartum mothers.

Dominant Social Support Factor Associated with Postpartum Depression

Multivariate analysis revealed that husband support was the most dominant factor associated with postpartum depression among primiparous mothers (p -value = 0.000; $\text{Exp}(B) = -2.031$). This finding indicates that mothers with low husband support had a 2.031 times higher risk of experiencing postpartum depression compared to mothers with high husband support. Husbands are generally the closest individuals to postpartum mothers and provide continuous support throughout pregnancy, childbirth, and the postpartum period. Compared with other family members, husbands typically provide more consistent emotional, instrumental, and psychological support because they live with the mother and directly share daily responsibilities (Mobarokah, 2023). Support from husbands may strengthen maternal confidence, provide emotional security, and facilitate adaptation to motherhood (Sinaga, Kurniati, & Nirnasari, 2023; Wardanah & Feriani, 2021).

Husbands also serve as primary emotional partners who listen to maternal concerns, provide appreciation, and strengthen maternal self-worth (Agatra et al., 2023). Emotional validation and praise from husbands may have stronger psychological effects compared to support from other family members, helping mothers overcome self-doubt and reducing postpartum depression risk (Karimah & Sutarno, 2023; Novita et al., 2023). Previous studies have similarly identified husband support as the strongest predictor of postpartum depression among primiparous mothers (Irvana, 2021; Abdiyanti et al., 2021). The role of husbands becomes increasingly important among mothers experiencing moderate postpartum depression. Active husband involvement in counseling, therapy, infant care, and household responsibilities may reduce maternal stress and improve communication within the family (Abdiyanti et al., 2021; Miller, 2019). Shared parenting responsibilities may reduce maternal exhaustion and facilitate adaptation to the maternal role.

In this study, the highest-scoring indicator of husband support was the frequency with which husbands assisted in infant care. This finding indicates strong husband involvement in caregiving activities such as bathing the baby, changing diapers, calming the infant, and caring for the baby while the mother rests. Such involvement represents instrumental support that plays a crucial role in reducing maternal fatigue and psychological burden (Rachim et al., 2025; Takdir et al., 2022). Husband participation in infant care may improve maternal physical and psychological well-being while strengthening family relationships (Dewi et al., 2024). Meanwhile, the lowest-scoring indicator was the frequency with which husbands expressed dissatisfaction regarding limited time spent together. This finding suggests that husbands generally demonstrated understanding and tolerance toward the mother's responsibilities in caring for the infant. Such attitudes may reflect positive emotional support and adaptive marital relationships during the postpartum period.

CONCLUSION

This study found that most primiparous postpartum mothers at primary clinics in Samarinda City were aged 20–35 years, had secondary education, were unemployed, had family incomes at or above the Samarinda City minimum wage, experienced intended pregnancies, and had no history of illness or pregnancy complications. Most respondents received moderate social support from

husbands, parents, and siblings, while support from parents-in-law was generally high. The majority of mothers experienced mild postpartum depression. There were significant relationships between husband support, parental support, parents-in-law support, and sibling support and postpartum depression among primiparous mothers. Higher levels of social support were associated with lower levels of postpartum depression. Among all variables, husband support was identified as the most dominant factor associated with postpartum depression. Mothers who received lower husband support were more likely to experience postpartum depression compared to those who received high levels of husband support.

REFERENCES

- Agustina, D., Apriyani, M. T. P., & R. (2025). Hubungan dukungan suami, status ekonomi, dan cara persalinan dengan risiko kejadian depresi postpartum pada ibu nifas. *Jurnal Kebidanan Khatulistiwa*, 11(2), 110–117.
- Amna, Z., & Khairani, M. (2024). Faktor-faktor risiko depresi pada ibu pascabersalin. *Jurnal Ilmu Keluarga dan Konsumen*, 17(1), 28–40.
- Amran, Suhartatik, & Azniah. (2023). Faktor-faktor yang berhubungan dengan kejadian depresi postpartum di Puskesmas Pampang Kota Makassar. *IMPK: Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, 3(3), 36–44.
- Arimurti, I. S., Pratiwi, R. D., & Ramadhina, A. R. (2020). Studi literatur faktor-faktor yang mempengaruhi kejadian depresi post partum. *Edu Dharma Journal*, 4(2), 29–37.
- Astri, R., Fatmawati, A., & Gartika, N. (2020). Dukungan sosial pada ibu postpartum primipara terhadap kejadian postpartum blues. *Jurnal Kesehatan Perintis (Perintis's Health Journal)*, 7(1), 16–21.
- Audyana, J. A., & Marcelina, L. A. (2022). Hubungan dukungan sosial suami dengan depresi pada ibu postpartum saat pandemic Covid-19 di Puskesmas Kecamatan Pasar Rebo Jakarta Timur. *Jurnal Keperawatan Widya Gantari Indonesia*, 6(1), 12–18.
- Azzahra, A. F., Wahyuni, T., & Masnina, R. (2024). Hubungan antara usia ibu, komplikasi kehamilan dan persalinan dengan kejadian depresi postpartum di puskesmas. *JPP (Jurnal Kesehatan Poltekkes Palembang)*, 19(2), 205–211.
- BKKBN. (2020). *Keluarga berencana dan kontrasepsi (Cetakan ke-5)*. Pustaka Sinar Harapan.
- Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150(6), 782–786. <https://doi.org/10.1192/bjp.150.6.782>
- Devi, S. S., & Sari, D. K. (2023). Hubungan usia ibu postpartum dengan kejadian depresi postpartum di Posyandu Desa Wadunggetas. *Jurnal Keperawatan Duta Medika*, 3(2), 48–53.
- Dewiyana, D., & Anggondowati, T. (2024). Hubungan riwayat komplikasi kehamilan dengan kejadian perdarahan pasca salin di Indonesia (Analisis data SDKI 2017). *Jurnal Epidemiologi Kesehatan Indonesia*, 8(1), 65–74.
- Fatmawati, A., & Gartika, N. (2021). The relationship of psychosocial condition and parity with postpartum depression incidence in adolescent mothers. *Faletahan Health Journal*, 8(1), 36–41.
- Fibrila, F. (2018). Komplikasi kehamilan dan anemia kehamilan meningkatkan insidensi perdarahan pascasalin. *Jurnal Kesehatan Metro Sai Wawai*, 11(2), 67–72.
- Fikri, C., Dewi, A. S., & Isra, N. (2024). Korelasi jenis persalinan dengan kejadian baby blues syndrome. *PREPOTIF: Jurnal Kesehatan Masyarakat*, 8(1), 376–381.
- Gibson, J., McKenzie-McHarg, K., Shakespeare, J., Price, J., & Gray, R. (2009). A systematic review of studies validating the Edinburgh Postnatal Depression Scale in antepartum and postpartum women. *Acta Psychiatrica Scandinavica*, 119(5), 350–364. <https://doi.org/10.1111/j.1600-0447.2009.01363.x>
- Glanz, K., Rimer, B. K., & Viswanath, K. (2018). *Health behavior and health education*. Jossey-Bass.

- Harahap, J. R., Helina, S., & Daiyah, I. (2022). Pemberdayaan wanita sebagai tim kelompok pendukung (KEKEP) ibu nifas dalam menjaga kenyamanan ibu selama masa nifas. *Jurnal Ebima*, 3(1), 14–19.
- Heriani, H., & Camelia, R. (2022). Hubungan umur dan paritas ibu dengan kejadian berat badan lahir rendah. *Babul Ilmi Jurnal Ilmiah Multi Science Kesehatan*, 14(1).
- Hidayah, N., & Fatimah, S. (2021). Dukungan keluarga dalam peran ibu primipara. *Jurnal Kesehatan Masyarakat*, 16(1), 55–65.
- Hopkins, J., & Campbell, S. B. (2008). Development and validation of a scale to assess social support in the postpartum period. *Archives of Women's Mental Health*, 11(1), 57–65. <https://doi.org/10.1007/s00737-008-0212-5>
- Irvana. (2021). Faktor-faktor yang mempengaruhi kejadian depresi post partum di RSUD Labuang Baji Makassar. *Nursing Inside Community*, 61–66.
- Kemenkes RI. (2023). Prevalensi dan prediktor depresi pasca persalinan. Kemenkes RI.
- Kurniasari. (2022). Hubungan antara karakteristik ibu, kondisi bayi dan dukungan sosial suami. *Jurnal Kesehatan Holistik*, 9(3), 115–125.
- Luthfianto, M. N., & Rahayuningsih, F. B. (2022). Description of social support for postpartum mothers comparison of sectio-caesarea with normal birth in Kartasura region. *International Summit on Science Technology and Humanity (ISETH) 2022*.
- Mariany, M., Naim, R., & Afrianty, M. (2022). Hubungan dukungan sosial dengan kejadian postpartum blues pada ibu nifas di wilayah kerja Puskesmas Pomalaa. *Jurnal Surya Medika (JSM)*, 8(2), 319–324.
- Meliyanti, T. B., & R. D. (2022). Hubungan dukungan keluarga dengan kejadian baby blues pada ibu post partum di Desa Pulau Terap Kabupaten Kampar Provinsi Riau Tahun 2022. *Sekolah Ilmu Kesehatan Santa Elisabeth Medan*.
- Murti, Maolinda, & L. (2023). Deteksi dini depresi postpartum dengan menggunakan Edinburgh Postnatal Depression Scale. *Jurnal Keperawatan Jiwa*, 11(4).
- Nuraeni, R., Astari, R. Y., Agustini, A., & Wulandari, P. (2023). Dukungan keluarga pada ibu postpartum terhadap kejadian postpartum blues. *Journal of Telenursing (JOTING)*, 5(1), 58–64.
- Prawira, A. B., Agustin, A., & Nurvinanda, R. (2025). Hubungan sikap dan dukungan keluarga terhadap tingkat depresi pada ibu pasca postpartum di wilayah kerja Puskesmas Gerunggang Pangkalpinang Tahun 2024. *Jurnal Kesehatan Tambusai*, 6(3).
- Putra, G. N. W., Ridayanti, P. W., Marleni, K. D., & Dewi, I. A. M. S. K. (2023). Hubungan dukungan suami dengan tingkat depresi postpartum blues pada ibu nifas primigravida kunjungan 2 di PMB NTC. *MIDWINERSLION Jurnal Kesehatan STIKes Buleleng*, 8(1), 138–147.
- Rahmanindar, N., & Umriaty. (2025). Peran dukungan keluarga dalam kesehatan mental ibu postpartum. *Jurnal Medikes (Media Informasi Kesehatan)*, 12(1), 25–40.
- Rauf, E. L., Hiola, F. A. A., & Angriani, F. D. (2024). Deteksi dini depresi postpartum: Penggunaan Edinburgh Post Natal Depression Scale (EPDS). *Jurnal Voice of Midwifery*, 14(1), 1–8.
- Rengganis, Y., Sarwinanti, & Anisa, D. N. (2025). Hubungan social support dengan risiko depresi postpartum di RSUD Sakina Idaman Yogyakarta. *Prosiding Seminar Nasional Penelitian dan Pengabdian Kepada Masyarakat LPPM Universitas 'Aisyiyah Yogyakarta*, 3, 133–138.
- Sarafino, E. P., & Smith, T. W. (2018). *Health psychology: Biopsychosocial interactions*. John Wiley & Sons.
- Satria, I. G. I., & Kurniawati, M. (2024). Pengaruh dukungan sosial teman sebaya terhadap kesejahteraan psikologis (studi pada mahasiswa perantau). *INNOVATIVE: Journal of Social Science Research*, 4(6), 2764–2775.
- Setyorini. (2025). Pencegahan depresi post partum dan intervensi menyusui, meningkatkan kualitas hidup ibu dan bayi. *Nuansa Fajar Cemerlang*.
- Siagian. (2025). Hubungan dukungan keluarga dengan kejadian postpartum blues pada ibu masa nifas di BPM Linni Hapni Kota Padangsidempuan Tahun 2024. *Universitas Aufa Royhan di Kota Padangsidempuan*.

- Sinaga, R. D., Kurniati, S. R., & Nirnasari, M. (2023). Hubungan dukungan suami dengan kejadian postpartum blues di wilayah kerja UPTD Puskesmas Kuala Sempang. *Jurnal Excellent*, 1(2), 62–66.
- Sulistyaningsih, D., & Wijayanti, T. (2020). Hubungan dukungan keluarga dengan tingkat depresi postpartum di RSUD I.A Moeis Samarinda. *Borneo Student Research*, 1(3), 1641–1653.
- Sundari, S. W., Novayanti, N., Ratni, & Aulia, D. N. (2023). Dukungan sosial dan status kesehatan mental ibu pascasalin. *Jurnal Ilmiah Kesehatan Diagnosis*, 18(3), 14–18.
- Susanti, L. W., & Sulistiyanti, A. (2023). Analisis faktor-faktor penyebab terjadinya baby blues syndrome pada ibu nifas. *Jurnal Ilmiah Rekam Medis dan Informatika Kesehatan*, 7(2), 12–20.
- Takdir, M., Nurbaya, S., & Asdar, F. (2022). Hubungan dukungan suami terhadap depresi postpartum ibu nifas. *Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, 1(3), 597–602.
- Taylor, S. E. (2018). *Health psychology* (9th ed.). McGraw-Hill.
- Wardanah, H., Feriani, P., & Wijayanti, T. (2021). Hubungan dukungan suami dengan tingkat depresi ibu postpartum di Puskesmas Trauma Center Samarinda. *Borneo Student Research*, 2(2).
- White, L. K., Kornfield, S. L., Himes, M. M., Forkpa, M., Waller, R., Njoroge, W. F. M., Chaiyachati, B. H., Burris, H. H., Duncan, A. F., Seidlitz, J., Parish-Morris, J., Elovitz, M., & Gur, R. E. (2023). The impact of postpartum social support on postpartum mental health outcomes during the COVID-19 pandemic. *Archives of Women's Mental Health*, 26(4), 531–541.
- Wijaya, W. (2023). *Buku ajar asuhan kebidanan nifas untuk sarjana akademik dan profesi*. Pustaka Baru Press.
- Wiyanto, B. E., & Ambarwati, K. D. (2021). Dukungan sosial dan postpartum depression pada ibu suku Jawa. *Psychopreneur Journal*, 5(2), 68–79.
- World Health Organization. (2023). *Perinatal mental health*.
- Zheng, X., Morrell, J., & Watts, K. (2018). A quantitative longitudinal study to explore factors which influence maternal self-efficacy among Chinese primiparous period. *Midwifery*, 39–46.