THE RELATIONSHIP OF HUSBAND'S SUPPORT AND *BOUNDING ATTACHMENT* WITH THE RISK OF *POSTPARTUM BLUES* IN *POSTPARTUM SECTIO CAESAREA MOTHERS* IN THE SAKURA ROOM OF DR. SOEDOMO TRENGGALEK

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Abstract

After giving birth, women will go through postpartum psychological changes which are divided into 3, namely taking in, taking hold, and letting go. If postpartum psychological changes cannot be overcome properly, it can cause postpartum blues. The changes that occur require the husband's support and the success of bonding attachment in preventing failure to get through the postpartum period, thereby preventing the emergence of postpartum blues. The aim of this study was to determine the relationship between husband's support and bounding attachment with the risk of postpartum blues in postpartum caesarean section mothers. This research design uses cross sectional. The sampling technique used was non-probability sampling, purposive sampling type with a total of 59. Data processing uses the SPSS application with the Spearman-Rank test and Multiple Correlation. The research results showed a relationship between husband's support and the risk of postpartum blues with a p-value = 0.000. There is a relationship between bounding attachment and the risk of postpartum blues with a p-value = 0.000, and there is a relationship between husband's support and bounding attachment with the risk of postpartum blues simultaneously with a p-value = 0.000. It is recommended that postpartum mothers, especially caesarean sections, can adapt during the postpartum period and changes in new roles by increasing bounding attachment, and it is also recommended that husbands increase their support to wife so that they can prevent the risk of postpartum blues.

Keywords: MotherPostSectioCaesarea,Pain,RelaxationTechniqueGuided Imagery

INTRODUCTION

Women who experience pregnancy must go through labor and *postpartum* . This period causes changes that cause psychological and physical disorders in *postpartum mothers* . Childbirth can be done in two ways, namely natural delivery and *Sectio Caesarea* (Agnesia & Aryanti, 2022) . *Caesarean section* delivery causes pain which affects the metabolic rate, causing psychological changes.

The psychological changes that occur require family support, especially the husband, which is a strategy in preventing depression after childbirth . *Caesarean section* is often performed because of the risk of childbirth, so there is a greater risk of causing *postpartum blues* (Mulyati et al., 2022) . *Postpartum blues* experienced by a mother can also occur due to a disruption in the bond of affection between mother and child, which is called *bounding attachment* . *Bounding attachments* is ability Mother in express love Darling .

According to data from WHO *(World Health Organization)* number incident *Postpartum blues* in the world is around 70-80%, 13% of them continues become *postpartum depression* . According to data from WHO (2018), mothers who experience *postpartum blues* in Indonesia ranges from 50-70% and is occupying ranking to four

highest in ASEAN (Ministry of Health , 2020; in Sulistia et al., 2023) . Prevalence incident *postpartum blues* in East Java Province conducted by Fitriana (2016) was 11 – 30% (Fitriana and Nurbaeti , 2016; in Firmnaing Rahayu et al., 2023) .

Study results introduction at RSUD dr. Soedomo Trenggalek is done writer with do interviews and questionnaire tests used EPDS on 5 mothers *postpartum section cesarean* , obtained results that 3 of them experience risk *postpartum blues* . Results of interviews with 3 mothers *postpartum section* experienced *caesarean* risk *postpartum blues* state that they feel not enough enthusiastic , lazy to move Because pain , lazy breastfeeding the baby , it's difficult sleep , and feel worried . Respondents also said that they did not get enough help from their families, especially their husbands.

Postpartum blues in Indonesia is categorized as a mild mental disorder so it does not receive special attention, this triggers a high incidence of *postpartum blues* . Mothers who give birth by *caesarean section* have a greater risk *of postpartum blues than mothers who give birth normally* (K. Pratiwi & Ambarwati, 2023) . *Postpartum blues* is characterized by emotional reactions, such as crying, feeling sad suddenly, getting emotional easily, and anxiety which appears on the second day and peaks on the 14th day (Samria & Indah Haerunnisa, 2021) . The risk of *postpartum blues* itself can appear on the second day after giving birth, at this stage the mother's hormones experience drastic fluctuations which can trigger mood changes, feelings of anxiety, physical discomfort and fatigue (Susanti, 2018; in Adhimah Amanda, 2020) .

Other factors that trigger this include the process of adapting to new roles and different lifestyles in primiparous mothers, this occurs due to psychological unpreparedness for birth and no experience in caring for babies (Aprilianti, 2023) . Various methods can be used to treat the symptoms that arise during *postpartum blues.*

Handling *postpartum blues* can be done with husband's support, husband's support is very necessary for adaptation and is a preventive strategy to reduce stress that may occur in *postpartum mothers* (Samria & Indah Haerunnisa, 2021) . According to research results from Febriyanti, (2021) shows that good husband support does not pose a risk of *postpartum blues* . Apart from support husband , application *bounding attachments* can become handling *postpartum blues.*

How to For increase *bounding attachment* including with do touch , IMD, and breastfeeding exclusive . mother gave birth to with action *sectio caesarea* own enough attachment *bounding* , deep study Pratiwi et al., (2023) disclose that lacking *attachment* bounding own risk happen *postpartum blues* proven with results study majority respondents who have *bounding attachments* not enough experience *postpartum blues* .

Based on problem above , researcher interested For do study about connection support husband and *bounding attachment* with risk *postpartum blues* , which focuses on the mother *postpartum sectio caesarean* . As for goals study This is For know connection support husband and *bounding attachment* with risk *postpartum blues* in mothers *postpartum sectio caesarean* .

RESEARCH METHODS

Research design This is analytic correlation with approach *cross-sectional.* Study carried out at Dr. Soedomo Trenggalek month February -March 2024. Sampling

type *pusposive sampling* , sample study is Mother *postpartum section caesarean* primipara day secondly , and husband Still life , amount sample as many as 59 people. Data collection using questionnaire scale likert support husband , *bounding attachment* , and questionnaire standard EPDS (*Edinburgh Postanatal Depression Scale)* .

Analysis that will used is univariate , bivariate , and multivariate . Bivariate data analysis using *the Spearman rank* test with ordinal data scale . Next with analysis Multivariate use correlation multiple For analyze connection support husband and *bounding attachment* with risk *postpartum blues* in a way simultaneous . Ha accepted if the p-value <0.05 is significant There is significant relationship .

RESEARCH RESULT

Table 1
Characteristics Respondent

Characteristics	F	%
Age (years)		
<19	2	3.4
20-25	49	83.0
26-30	8	13.6
Level of education		
elementary school	11	18.6
JUNIOR HIGH SCHOOL	20	33.9
SENIOR HIGH SCHOOL	17	28.9
College	11	18.6
Work		
IRT	44	74.6
Civil servants	2	3.3
Trader	4	6,8
Employee Private	9	15.3
SC indication		
Without Indication	1	1.8
KPD	12	20.3
2nd Stage Elongated	14	23.7
Preeclampsia	11	18.6
Fetal Distress	7	11.9
Narrow Pelvis	14	23.7

Source : Data processed in 2024

Based on table 1 is known part big aged range 20-25 years (83.0%), almost half own education lastly junior high school (33.9%), the majority Work as IRT (74.6%), and indication *sectio Caesareans* are the most common were the second stage lengthwise (23.7%) and the pelvis narrow (23.7%).

Table 2
Distribution Frequency Husband's Support

Husband's Support	F	%
Not enough	12	20.4
Enough	13	22.0
Good	30	50.8
Very good	4	6,8

Source : Data processed in 2024

Based on table 2 is known that respondents half have category support good husband (50.8 %).

Table 3
Distribution Frequency *Bounding Attachments*

Bounding Attachments	F	%
Not enough	14	23.7
Enough	9	15.3
Good	30	50.8
Very good	6	10.2

Source : Data processed in 2024

Based on table 3 is known that respondents half own category Good *attachment bounding (50.8 %)*

Table 4
Distribution Frequency Risk *Postpartum Blues*

Postpartum Blues	F	%
Normal	39	66.1
Risk	20	33.9

Source : Data processed in 2024

Based on table 4 can is known that part big respondents No risky *postpartum blues* (66.1%).

Table 5
Analysis connection support husband with risk *postpartum blues* in mothers *postpartum section caesarean*

Husband's Support	Postpartum Blues		P-Values
	Normal	Risk	
	F (%)	F (%)	
Not enough	0	12 (100%)	
Enough	5 (38.5%)	8 (61.5%)	0,000
Good	30 (100%)	0	
Very good	4 (100%)	0	

Source : Data processed in 2024

Based on table 5 is known that less respondents get support husband entirely experience risk *postpartum blues* (100%), respondents in category support husband Enough part big experience risk (61.5%), and respondents in category support husband good and very good completely normal or No risky (100%).

Analysis results on show mark *p-values* 0.000 which means <0.05, so can concluded that There is connection significant support husband with risk *postpartum blues* .

Bounding Attachments	*Postpartum Blues*		*P-Values*
	Normal	**Risk**	
	F (%)	**F (%)**	
Not enough	0	14 (100%)	
Enough	3 (33.3%)	6 (66.7%)	
Good	30 (100%)	0	0,000
Very good	6 (100%)	0	

Table 6

Analysis connection *bounding attachments* with risk *postpartum blues* in mothers postpartum section caesarean

Source : Data processed in 2024

Based on table 6 is known that respondents in category not enough entirely experience risk *postpartum blues* (100%), respondents in category Enough part big experience risk (66.7%), and respondents in category good and very good completely normal or No risky *postpartum blues* (100%).

Analysis results on can be seen from results *p-values* of 0.000 which means there is connection significant between *bounding attachments* with risk *postpartum blues* .

Table 7

Correlation Test Analysis Multiple

Correlation Test Multiple	*Change Statistics*	
	R	*Sig. F Change*
	0.877	0,000

Source : Data processed in 2024

Based on table 7 is known that sig value . f change 0.000 < 0.05, the conclusion that support husband and *bounding attachment* in a way simultaneous both of them relate with risk *postpartum blues* .

DISCUSSION

Change psychological mother what happened after give birth to normal called *postpartum blues* . Mother experienced it risk *postpartum blues* can visible on the day second post give birth to Where period This hormone Mother experience fluctuation drastic , esp decline the hormones estrogen and progesterone that cause change

atmosphere heart , feeling anxiety , discomfort physical , and fatigue (Susanti, 2018; in Adhimah Amanda, 2020) . Many factors reason from *postpartum blues* like lack of support husband and information related method nurse baby as well as failure *bounding attachments* or proximity mother and baby (Susilawati et al., 2020) .

Research result based on characteristics respondents show part big Work as housewife and education last junior high school. Susilawati et al. (2020) disclose education can influence pattern think somebody . Ni Wayan Eka Wahyuni, (2023) disclose that mother works from home and parenting child can is at in situation crisis and experience turmoil emotion consequence fatigue physical and fatigue , as well lack of interaction with friends , family , and husband .

Research result show that support husband to mother *postpartum section caesarean* half in category good (50.8%). Support husband form support informational form information about changes experienced . Support emotional form sympathy , empathy , love love , trust , and gratitude . Instrumental support in the form of help directly , for example moment nurse baby . Support evaluation is form appreciation shown husband to his wife (Nurhayati, 2020) .

Research result show *bounding attachments* Mother *postpartum section caesarean* half in category good (50.8%). Mercer Theory, 1996; in Sembiring (2019) influencing factors success *bounding attachment* is one of them is proximity mother and baby through application take care join . According to Ana (2018) in Suryaningsih et al., (2022) state that *Bounding Attachments* is connection love Darling between parents and babies is carried out in a way Keep going continuously age babies 0-3 years old .

Research result show that part big respondents No risky *postpartum blues* (66.1%). Mirong & Yulianti (2023) put forward that change psychological the is normal phenomena are starting appeared in the mother *postpartum* day second up to 2 weeks after give birth to . On research Fitriani & Wahyuni (2021) disclose symptom risk *postpartum blues* among them Mother feel difficulty For Sleep or often woke up , felt sad and anxious suddenly , difficult concentrate or take decision , loss interest and enthusiasm in do activity , easy offended , emotional unstable or easy changed .

Research result show There is significant relationship between support husband and *bounding attachment* with risk *postpartum blues.* Based on table tabulation cross connection support husband with risk *postpartum blues* in mothers *postpartum section caesarean section* at RSUD dr. Soedomo Trenggalek show respondents who have support husband and *bounding attachment* in category not enough entirely experience risk *postpartum blues.* Research result This in line with study Nurhayati (2020) about connection support husband with *postpartum blues* state that that doesn't get support husband majority experience *postpartum blues.*

Support and attention from good husband will become positive support for Mother *postpartum* . Mothers really need emotional support from their husbands during the postpartum period. Forms of support from relatives and friends have less

impact on the mother's mental health. Support from the husband is limited because he cannot understand what the mother wants (Firmnaing Rahayu et al., 2023) .

Similar research was found in Heni Purwaningsih's research (2019) at RSIA Gladiool, Magelang City, stating that the implementation of good *attachment bonding in postpartum mothers* Primiparous *caesarean sections* were all normal, while the majority of those with poor *bounding attachment experienced postpartum blues.*
Factors that interfere with *bounding attachment* include pain levels, lack of knowledge, fatigue, and anxiety. The level of pain in the wound will be clear 12 hours after surgery. This affects the mother's mobility so that the mother has difficulty moving or holding her baby. Fear arises during unplanned operations or severe fetal disease. Mothers also feel anxious because they are becoming mothers for the first time. From the explanation above, it is clear that the type of delivery is closely related to *bounding attachment disorders* (ED Pratiwi et al., 2023) .

CONCLUSION

Support husband and implementation *bounding attachment* at RSUD dr. Soedomo Trenggalek half in category OK , some big Mother *post section caesarean* No risky *postpartum blues.* There is connection significant between support husband and *bounding attachment* with risk *postpartum blues* in mothers *post section caesarean* with mark *p-value* 0.000. Recommended for Mother *postpartum sectio caesarean* can control change feelings that occur during the postpartum period , and is recommended to those closest to you especially husband give good support for Mother *postpartum* as form of love darling who plays a role important in prevent *postpartum blues.*

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