Relationship Between Postpartum Mother Characteristics with Postpartum Blues Events

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ARTICLE INFORMATION

A B S T R A C T

The process of psychological adaptation has occurred during pregnancy, before the birth process and after childbirth. In that period, the anxiety of a woman can increase. Unique experience experienced by the mother after delivery as many as 85% of women experience mood disorders or mood after childbirth that can affect many things, especially responses or acceptance of newborns. (Saleha, 2013). This study aims to determine the relationship between postpartum maternal characteristics with postpartum blues events in Harjamukti District Work Area Cirebon City Year 2018. The type of this research is analytical with cross sectional approach. The population in this study is postpartum mothers 1-40 days found in Work Area Kecamatan Harjamukti City Cirebon period 1-20 January 2018 as many as 41 postpartum mothers. The result of the research is based on chi square statistic test obtained by the age of ρ value of 0,345, education with value ρ 0,499, job with value ρ equal to 0,448, parity with value ρ equal to 0,543 and family support with value ρ equal to 0,148 meaning that age, work, parity and family support have no significant relationship with postpartum blues events. Conclusion There was no significant relationship between maternal age, education, occupation, parity and family support with postpartum blues events. It is therefore necessary to monitor the health of the postpartum either through home visits by health workers or visits to health facilities by postpartum mothers to recognize early blues and anticipate and handle postpartum blues so as not to continue into depression.

INTRODUCTION

A woman having previously undergone a phase as a child later turned into a wife and must be prepared to be a mother. This process takes time to master his feelings and thoughts. The longer will arise a sense of belonging to the fetus so there is a sense of fear of losing the baby or feeling anxious about the health of her baby. Mother will begin to think how the baby's physical form so that it appears "mental image" about the picture of a perfect baby in the mind of the mother as white, fat, plump and so forth. Responsibility increases with the presence of newborns. The encouragement and attention of other families is a positive endorsement.

The process of psychological adaptation has occurred during pregnancy, before the birth process and after childbirth. In that period, the anxiety of a woman can increase. Unique experience experienced by the mother after childbirth. The postpartum period is a vulnerable and open period for guidance and learning. Pregnant women will experience a real psychological change that requires adaptation. Mood changes such as frequent crying, irritability, and often sadness or quickly turn into pleasure are manifestations of unstable emotions. The process of adaptation varies from one mother to another. In early pregnancy the mother adapts to accept the baby she contains as part of her. Feelings of joy are mixed with worries and anxieties facing a change of role that will soon be lived. (Elisabeth, 2015)

According to Saleha (2013), in the Book of Midwifery Care During the Babylon Period, as many as 85% of women experience mood disorders or mood after childbirth that can affect many things, especially responses or acceptance of newborns. Most of them experience what is called baby blues, while approximately 10-15% experience postpartum depression or the so-called postpartum depression.

According to Vivian (2012), in the book Midwifery Care At Pregnant Women. Postpartum blues or often also called maternity blues or new maternal syndromes, is understood as a mild effects syndrome syndrome in the first week after childbirth. Post partum blues are usually temporary and may affect 75% to 80% of women giving birth. The reaction can occur at any time after the woman gives birth, but it often occurs on the 3rd or 4th day of postpartum and peaks between the 5th and 14th day of the postpartum. Because it is so common, it is not expected to be considered a disease. Postpartum blues does not interfere with a woman's ability to care for the baby so that the mother with the post partum blues still cares for her baby. The tendency to develop post partum blues is not associated with previous illness and is not caused by stress. However, stress and history of depression can affect whether postpartum blues continue to be a major depression, therefore post partum blues should be immediately followed up.

Post partum blues abroad is quite high reach 26-85%, globally estimated 20% of women give birth Post partum blues. In the Netherlands in 2011 it is estimated that about 2-10% of mothers giving birth to this disorder are estimated to be 50-70% of mothers delivering early symptoms of the appearance of Post partum blues, although the symptoms may disappear slowly due to a good adaptation process and support from adequate families. A study conducted in Sweden, Australia, Italy and Indonesia using EDPS (edinburg postnatal depression scale) in 1993 showed that 73% of women had Post partum Blues (Http: //www.Indocina.net accessed on November 12, 2014)

According to Suherni (2009) in the Postpartum Care book, Post partum blues is not directly related to maternal or infant health nor obstetric complications but however they may affect maternal mood changes. These symptoms occur after delivery and generally disappear within a few hours to several days after delivery. But in some cases these symptoms persist and just disappear after a few days, weeks or months can even develop into more severe conditions.

Based on preliminary study conducted at Bidan Praktik Mandiri (BPM) in Harjamukti Sub-district through interview on postpartum mother found 10 postpartum blues mothers of 20 maternal mothers.

Factors causing post partum blues include hormonal factors, physical discomfort experienced by women, inability to adapt to complex physical and emotional changes, age and parity factors (number of children), experience in the process of pregnancy and childbirth, the psychosocial background of the woman in question (eg, education level, marital status, unwanted pregnancy, previous psychiatric history, and socioeconomic), adequacy of support from the environment (husband, family and friends), stress in the family (economic factors worsen), stress experienced by the woman itself , postpartum fatigue, changes in the role experienced by the mother, the sense of having a baby that is too deep so that the fear excessive will lose the baby, the problem of children (Suherni, 2009)

According to Sarason (2005), in the Anggraeni study, the lack of family support from the husband will affect the psychological state of the mother who was experiencing post partum blues, this is because the husband is the first to realize the changes in her partner. If the mother judged that the husband provides support tehadap himself, it will be able to allow positive influence in the mother. Stress and mother's insincere attitude that is continuously accepted by the baby can have an impact on the child. For example, children are easy to cry, tend to be fussy, anxious and moody. Another impact is no less detrimental is the child tend to get sick easily. While the impact for the husband alone is the increasing responsibility to be a father due to double role during the wife to experience post partum blues. This makes the husband a moody and grumpy man. If left unchecked, husband can be affected by post partum blues as well.

Solutions on post partum blues one of them in the form of social support. Social support is defined as the existence or ability of a person in which an individual can depend on, indicating that he cares about the individual, that this individual is valuable and he loves or loves the individual. Social support can be provided in several forms, namely emotional support, support in the form of awards, support in the form of direct assistance and informational support. Of all sources of support, the social support of the husband is the first and foremost support in providing support to the wife (Anggraeni & Zulfiyani, 2014)

Based on the above description, the researchers feel the need to conduct research with the title "The relationship between Characteristics of Postpartum Mother with Postpartum Blues Occurrence in Work Area Kecamatan Harjamukti City Cirebon Year 2018".

METHOD

This research method uses analytical research with cross sectional approach where data collection is done simultaneously to know the characteristic of postpartum mother related to Postpartum Blues incident in Harjamukti District Work Area Cirebon City Year 2018. Population in this research is all mother of Postpartum which met by researcher at Work Area Kecamatan Harjamukti city Cirebon. Techniques of taking these samplers in Accidental Sampling are sampling taken by taking cases or respondents who happen to exist or are available. The sample of this research is post-partum mother 1-40 days met by the researcher when conducted research in District Work Area Harjamukti City Cirebon on 1-20 January 2018 as many as 41 postpartum mothers. Analysis of statistical test data used is by using statistical test Colmogorov-Smirnov is a statistical test used to mengurturt or closely the relationship between two variables of a nominal scale.

RESULTS

Univariate Analysis
Table1. Frequency Distribution of Postpartum Blues Occurrences in District Areas Harjamukti City Cirebon Year 2018

Postpartum Blues	Frequency	(%)
Yes	30	73.2
Not	11	26.8
Total	41	100

Based on table 1 it can be seen that from 41 postpartum mothers mostly experienced postpartum bluesses of 30 people (73.2%).

Table 2. Distribution of Frequency of Regional Regions in Harjamukti City Subdistrict Cirebon Year 2018

Age Modular	Frequency	(%)
<20 years	7	17.1
20 - 35 years	31	75.6
> 35 years	3	7,3
Total	41	100

Based on table 2 it can be seen that from 41 postpartum mothers, the majority of age is 20-35 years old as 31 postpartum mothers (75,6%)

Table 3 Distribution of Maternal Education Frequency in Harjamukti Sub-district City of Cirebon Year 2018

Education	Frequency	(%)
SD	16	39
SMP	10	24.4
SMA	11	26.8
PT	4	9.8
Total	41	100

Based on table 3 it can be seen that from 41 postpartum mother most of mother education is elementary school as much as 16 postpartum mother (39%).

Table 4 Distribution of Frequency of Mother's Work in Harjamukti Sub-district City of Cirebon Year 2018

Work	Frequency	(%)
Not Working	39	95.1
Working	2	4.9
Total	41	100

Based on table 4 it can be seen that from 41 postpartum mothers of some postpartum families did not work as many as 39 postpartum mothers (95.1%).

Table 5 Maternal Frequency Distribution Distribution in Harjamukti City District Cirebon Year 2018

Mother Parity	Frequency	(%)
Primipara (1)	13	31.7
Multipara (2-5)	25	61,0
Grandemultipara (> 5)	3	7.3
Total	41	100

Based on table 5 it can be seen that from 41 postpartum mother most of mother parparency is multipara counted 25 postpartum mother (61,0%).

Table 6 Distribution of Frequency of Family Support in Sub District Harjamukti City Cirebon Year 2018

Support	Frequency	%
Not Supporting	5	12.2
Supports	36	87.8
Total	41	100

Based on table 6 it can be seen that from 41 postpartum mothers most families support 36 postpartum mothers (87.8%)

Bivariate Analysis

Table 7 Relationship between Age of Life with the Event Postpartum Blues at District of Harjamukti City Cirebon Year 2018

Age of Postpartum Blues	Postpartum Blues		No Postpartum		Total	
	f	%	f	%	f	%
< 20 years	6	85,7	1	14,3	7	100
20 – 35 years	21	67,7	10	32,3	31	100
>35 years	3	100	0	0	3	100

ρ value = 0,345

Based on table 7 it can be seen that the largest postpartum blues occur in the age group 20-35

years. The statistical test result of chisquared is obtained by a value of 0.345> ρ = 0.05 which means that the thousand does not have a relationship with the postpartum blues. The type which states that "the relationship between the thousand and the postpartum blues" is not proven.

Table 8 Relationship between Education and Occasions Postpartum Bluesdi District of Harjamukti City Cirebon Year 2018

Education	*Postpartum Blues*		No *Postpartum* Blues		Total	
	f	%	f	%	f	%
SD	13	81,3	3	18,7	16	100
SMP	8	80	2	20	10	100
SMA	7	63,6	4	36,4	11	100
PT	2	50	2	50	4	100

ρ value = 0,499

Based on table 8 it can be seen that the largest postpartum blues incidence is found in the elementary education group. The result of statistical test of chisquared is obtained by value = 0,499> ρ = 0,05 which means that education does not have relationship with postpartum blues. Jadi hipotesis which states that "connection between education with postpartum blues" is not proven.

Table 9 Relationship between Jobs and Occasions Postpartum Blues in Harjamukti Subdistrict of Cirebon City Year 2018

Work	*Postpartum Blues*		No *Postpartum*		Total	
	f	%	f	%	f	%
Working	1	50	1	50	2	100
Not Working	29	74,4	10	25,6	39	100

ρ value = 0,448

Based on table 9 it can be seen that the greatest postpartum blues occur in the group of mothers not working. The result of statistical test of chisquared is obtained by a value of 0.148> ρ = 0.05 which means that the work does not have a

relationship with the postpartum blues. The hypothesis that "the relationship between the thousand and the postpartum blues" is not proven

Table 10 Relationship between Parity and the occurrence of Postpartum Blues
in Harjamukti Subdistrict of Cirebon City Year 2018

Parity	*Postpartum Blues*		No *Postpartum*		Total	
	f	%	f	%	f	%
Primipara	9	69,2	4	30,8	13	100
Multipara	18	72	7	28	25	100
Grandemultipara	3	100	0	0	3	100

ρ value = 0,543

Based on table 10 it can be seen that the largest postpartum blues occur in the multiparous group. The statistical test result of chisquared is obtained by a value of 0.543> ρ = 0.05 which means that parity has no relation with postpartum blues. The hypothesis that the "link between parity and postpartum blues" is not proven.

Table 11 Relationship between Family Support with Postpartum Events Blues in Harjamukti District of Cirebon City Year 2018

Support	*Postpartum Blues*		No *Postpartum* Blues		Total	
	f	%	f	%	f	%
No Support	5	100	0	0	5	100
Support	25	69,4	11	30,6	36	100

ρ value = 0,148

Based on table 11 it can be seen that the greatest postpartum blues event is found in supportive family groups. The statistical test result of chisquared is obtained by a value of 0.148> ρ = 0.05 which means that family support does not have a relationship with postpartum blues. The hypothesis states that "the relationship between family support and postpartum blues" is not proven

DISCUSSION

Picture Postpartum Blues Event in Harjamukti Area Cirebon City 2018

Based on table 1 it can be seen that from 41 postpartum mothers, most of them have postpartum bluesses of 30 people (73,2%).

The results above are in accordance with the opinion of Bahiyatun (2009) which states that postpartum blues is an emotional period of stress that occurs between the 3rd and 10th days after labor that occurs 80% in the postpartum mother. Some of the factors that cause postpartum blues include: changes in hormone levels, unexpected discomfort (breast swelling, labor pain), anxiety after returning from the hospital, breastfeeding and changing sleep patterns.

The same opinion was also presented by Suherni, et al (2009) that postpartum blues is a period of post-partum mood transition that often occurs in 50-70% of women. Post partum blues symptoms can be seen from a mother's attitude change. The symptoms usually appear on the 3rd day or the 6th day after childbirth.

Some of these attitude changes include Mother often suddenly crying because she felt unhappy, timid, unwilling to eat, do not want to talk, headache, frequent mood swings, irritability, feeling too sensitive and anxious excess, not excited, especially against what was once highly desirable, unable to concentrate and very difficult to make decisions, felt no inner bond with the newly born baby, excessive insomnia. The symptoms begin to appear after childbirth and generally disappear within a few hours to several days. But if it still lasts several weeks or a few months it can be called postpartum depression.

A small percentage of respondents did not experience post partum blues as many as 11 respondents (26.8%) because mothers did not feel sad, worried, and got support from their families at the birth of their babies even mothers are very happy and expect the first baby. This is supported by the theory (Sarason, 2005) on the post partum blues one of them in the form of social support.

Social support is defined as the existence or ability of a person in which the individual may depend on, indicating that he cares for the individual, that this individual is valuable and he loves or loves the individual. Social support can be provided in several forms, namely emotional support, support in the form of awards, support in the form of direct support and informational support. Of all sources of support, the social support of the husband is the first and foremost support in providing support to the wife

Description of Postpartum Mother Age in Harjamukti Area Cirebon City 2018

Based on table 2 it can be seen that from 41 postpartum mothers, the majority of age is 20-35 years old as 31 mothers (75,6%). According to Prawirohardjo (2006) In the period of healthy products is known that age is safe for pregnancy, labor and breastfeeding is 20-35 years.From the results of the study assumes the majority of the age is the age of pregnancy, the delivery and the breastfeeding.Since that, the same asmarketingfood is very goodwith supportive in process pregnancy and birthing. The partly respondents aged 20-29 years as many as 5 respondents (17.86%) because the mother has never experienced before so the mother already has little experience and information than before. This is supported by the theory (Sularyo, 2005) At the age of 20s, is the ideal age to get pregnant because at this age the physical condition of women is very prime, and experiencing the peak of fertility. So the risk of psychological disorders (post partum blues) slightly in women aged between 20-30 years. A small percentage of respondents of mothers aged <20 years were 7 respondents (17.1%) due to low maternal education and too young age that could affect mother's and mother's emotional reproductive organs. This is supported by the theory (Sularyo, 2005), delaying pregnancy under the age of 20 years, meaning that at this time should someone delay the pregnancy because at this age of reproductive equipment is still immature so it can cause various forms of complications. Because at this age emotional mother has not been stable and easily tense. Also pregnant at this age if viewed from an obstetric angle, pregnancy under the age of 20 gives a risk of possible complications in the

mother and child such as anemia, preeclampsia, eclampsia, abortion, prematurus, perinatal death, bleeding, and operative action. And a small percentage of mothers aged> 35 years as many as 3 respondents (7.3%) due to the experience and age of the mother who is old and quite at risk to the mother to have children during childbirth. This is supported by the theory (Sularyo, 2005), women over 35 years of age showed significant improvement in the incidence of hypertension, diabetes, placental abruption, premature labor, stillbirth and placenta previa. However, these women did not show an increased risk for preterm labor, impaired fetal growth, or perinatal mortality and may have psychological distress (post partum blues).

Postpartum Mother Education Picture in Harjamukti Area Cirebon City 2018

Based on table 3 it can be seen that from 41 postpartum mother most of mother education is elementary school as much as 16 postpartum mother (39%).

The results of this study in accordance with research conducted by Irawati (2014) in Lisna (2015) found that the results of research based on the highest education level experienced postpartum blues is SD - SMP namely 12 respondents (54.5%).

According to Curry et al (2008) in Krisdiana (2013) there is a relationship of maternal education with postpartum blues. Mothers with primary school have a tendency to experience postpartum blues higher than mothers with higher education. (High School / College).

Job Description of Postpartum Mother in Harjamukti Area Cirebon City 2018

Based on table 4 it can be seen that from 41 postpartum mothers of some postpartum families did not work as many as 39 postpartum mothers (95.1%). The results of this study are consistent with Alwi (2005) in Lisna (2015) who said that knowledge relates to work where in general a worker knowledge will be high because many get important information that can support his knowledge. This is also appropriate according to

Beck (2002) in Kusumastuti (2015) who say that, ranging from 13% to 25% of women who give birth, with more tendency in women with poor socioeconomics, and living out of town. More than 50% of postpartum depression events occur at 6 months or more.

Postpartum Mother Parity Picture in Harjamukti Area Cirebon City 2018

Based on table 5 it is found that most respondents of multiparous mother are 25 respondents (61.0%) because the mother has had the first pregnancy and has the view to take care of the next baby and still need information from health workers for themselves and their baby. This is supported by the theory (Farrer, 2001) Parity is the birth status of a woman. A woman who has had a pregnancy should not be allowed to assume that she does not need formal and informal guidance and advice anymore. The first pregnancy may have occurred several years ago, and in medical science there is a very rapid change in the tendency. But in the science of midwifery, these changes seem to happen much faster. After that pregnant women should be aware that every subsequent pregnancy will be found symptoms, mild abnormalities and different risks. A small part of primipara is primipara 13 respondents (31,7%), because mother is still inexperienced and young age. Low parity to have a baby is very influential both physically and psychologically in the mother. Therefore, most low parities experience post partum blues. This is supported by the theories according to (Wijaya and Riri, 2006). At low parity (parity one), the unpreparedness of the mother facing the first delivery is a factor in the ability of pregnant women to handle complications that occur during pregnancy, labor and childbirth. While anternatal related, associated with mental and physical readiness of the mother and child during pregnancy, labor and childbirth will reduce morbidity, maternal and child mortality. A small percentage of grandemultipara respondents responded to 3 respondents (7.3%) because the mothers had enough experience and the age was enough to have and care for the baby and have obtained information from previous pregnancy about caring for the baby. This is supported by the theory (Notoadmodjo, 2003) Experience is the source of knowledge, or experience is a way to

gain the truth of knowledge. Therefore, personal experience can be used as an effort to gain knowledge. This is in accordance with the opinion of Prawiroharjo (2006) that parity 1 and 3 is a safe parity for pregnancy and maternity.

Description of Family Support in Harjamukti Area Cirebon City 2018

Based on table 6 it can be seen that from 41 postpartum mothers most families support 36 postpartum mothers (87.8%). According Saleha (2009) support from family or loved ones during childbirth is very necessary. Tell your spouse or parent or anyone who is willing to be a good listener. If the mother judged that the husband provides support tehadap himself, it will be able to allow positive influence in the mother. Stress and mother's insincere attitude that is continuously accepted by the baby can have an impact on the child. For example, children are easy to cry, tend to be fussy, anxious and moody. Another impact is no less detrimental is the child tend to get sick easily.

This is supported by the theory (Ali, 2006) in Zulfiyani (2004) that the Family has a significant role for each member. Each member of the family has their own roles, but can also play various roles in the family when there is a vacuum in those roles. These roles are among others as a driver (support) between fellow family members, especially to help mothers perform tasks in the role adaptation.

Convince yourself that they are you, until will always be on your side every difficulty. Emotional support from the environment as well as the family will help in overcoming the creeping frustrations. Tell them how you feel and change your life, until you feel better afterwards.

Relationship between Prosperity with Postpartum Blues Occurrences in Harjamukti Area Cirebon City 2018

Based on the results of research in table 7 it can be seen that postpartum blues incidence mostly in mothers aged 20-35 years as many as 21 respondents (67.7%). Based on statistical test of Colmogorov-Smirnov with significant level α =

0,05 obtained ρ value 0,345 thus hence ρ> α (0,345> 0,05). So Ha rejected Ho accepted. So there is no relationship between age and post partum blues events. According to Hardiman and Hanafi (1998) in Kusumastuti (2015) said that those who are elderly are usually susceptible to depression. Symptoms such as decreased energy, fatigue, anorexia, constipation and insomnia. The result of the analysis in this study resulted that the age variable had no significant relationship with postpartum blues incidence. According to Ling and Duff (2001), this may be due to the age factor of women concerned during pregnancy and childbirth often associated with the woman's mental readiness to become a mother. The results of this study also agree with research conducted Lisna (2015) which states that most respondents who experienced postpartum blues are aged 20-35 years

Relationship between Education with Postpartum Blues Event in Harjamukti Area Cirebon City 2018

Based on the results of the research in table 8 it can be seen that the postpartum blues incidence mostly in mothers with elementary education as many as 13 respondents (81.3%). Based on statistical test of Colmogorov-Smirnov with significant level α = 0,05 obtained ρ value 0,499 thus hence ρ> α (0,449> 0,05). So Ha rejected Ho accepted. So there is no relationship between education with post partum blues events.

The results of this study are in line with research conducted by Kusumastuti (2015) that there is no relationship between education with postpartum blues events. Hal ini sesuaiBKKBN (2011) reveals that the level of education is very influential on the interest of the mother to maintain the health of childbirth, that the level of education will affect the level of knowledge of a person and the concern for the self. The society that has a higher education on the general has more knowledge so that it can more easily receive information and can solve health problems.

Relationship between Jobs with Postpartum Blues Occurrences in Harjamukti Area Cirebon City 2018

Based on table 9 it is known that the largest postpartum bluestase event is found in the group of non-working mothers. The result of statistical test of chisquared is obtained by a value of 0.148> ρ = 0.05 which means that the work does not have a relationship with the postpartum blues. The jihad of the hypothesis that "the relationship between the thousand and the postpartum blues" is not proven. The results of this study are in line with research conducted by Kusumastuti (2015) which states that there is no relationship between the work with the incidence of postpartum depression. Although the mother works only as a housewife does not affect for the occurrence of postpartum depression. This can be due to the family's economy is fulfilled by the husband who works as well as mental readiness of the respondents in receiving the baby's birth. As Ling and Duff (2001) noted in Kusumastuti (2015) that women's mental readiness to be a mother is often associated with pregnancy and childbirth.

Relationship between Parity with Postpartum Blues Occurrences in Harjamukti Area Cirebon City Year 2018

Based on the results of the research in table 10 shows that most of the multipara mothers had post partum blues as many as 18 respondents (72%). Based on statistical test of Colmogorov-Smirnov with significant level α = 0,05 obtained ρ value 0,543 thus hence ρ> α (0,543> 0,05). So Ha rejected Ho accepted. So there is no relationship between parity and post partum blues events.

The results of this study are also in line with research conducted by Kusumastuti (2015) which states that the parity variable does not show a significant relationship with the incidence of postpartum depression. The results of this study are also in line with research conducted by Sabrian (2014) in Lisna (2015) that the most parity is multiparous with the number of 32 postpartum mothers (57.1%). This research was also in line with Murwati's research (2014) in Lisna (2015) obtained the result of research with multipara majority of 20 people (66,7%) where depressed

amount tends to be more than primipara even to medium level.

This is in accordance with Davidson (1971) in Krisdiana (2013) which states that multiparous women are more susceptible to postpartum blues.

The emotional state of the mother is overwhelmed by the onset of pain and discomfort during labor, especially when the pregnant woman is the first time to give birth and was first admitted to the hospital. For that, it would be nice if the pregnant woman is familiar with both the condition of the maternity room / hospital both in terms of service facilities and all existing service personnel. Try to keep the maternity mother in a warm and familiar atmosphere even though it is in hospital (Sarwono, 2009)

Relationship between Family Support with Postpartum Blues Occurrence in Harjamukti Area Cirebon City Year 2018

Based on table 11 it can be seen that most of the families that support postpartum blues experience are 25 respondents (69,4%). Based on statistical test of Colmogorov-Smirnov with significant level α = 0,05 obtained ρ value 0,148 thus hence ρ> α (0,148 <0,05). Thus Ha is rejected H0 accepted which means that family support has no relation with postpartum blues.Jadihipotesis which states that "connection between family support with postpartum blues incident" is not proven true. This is not in line with research conducted by Kusumastuti (2015) which results that the support variables of husbands have a feeding relationship with postpartum blues events. Cury et al (2008) in Krisdiana (2013) states that the low or uncertainty of husband and family support will increase postpartum blues as well as poor marital relationships and social support affect postpartum blues events. Llewellyn-Jones (1994) in Kusumastuti (2015), the characteristics of women at risk for postpartum depression are women who have a history of depression, women who come from less harmonious families, women who lack support from their husbands or nearest pregnant and postpartum. The number of relatives who help during pregnancy, childbirth and postcasalin, a mother's burden because of her pregnancy a little more reduced. The authors argue that there is no

relationship between family support and postpartum blues events because there are other factors that can cause postpsrtum blues eg 1). hormonal factors such as changes in estrogen, progesterone, prolactin and estriol levels are too low, 2). the physical discomfort that women experience causes emotional disturbances such as swollen breasts, stitch pain, sense of contraction, 3). inability to adapt to complex physical and emotional changes, 4). Psychosocial background of the woman concerned such as education level, marital status, unwanted pregnancy, previous psychiatric history, socioeconomic, 5). Stress experienced by women themselves for example: because they have not been able to breastfeed her baby, a sense of boredom of her new routine. 6). Postpartum fatigue, 7). Unpreparedness to the role change that occurs in the woman, 8). The sense of having a baby too deep so fearing excessive will lose her baby, 9). The jealousy issue of the preceding child..

CONCLUSION

Based on the analysis, it can be concluded that most mothers have postpartum blues, especially for woman around 20-35 years with only primary school education and not working. Most postpartum mothers receive support from the family. The result also indicated there is no correlation between age with the occurrence of postpartum blues, no correlation between the education of mother with the occurrence of postpartum blues, no relation between the work of mother with the occurrence of postpartum blues, no correlation between parity with the occurrence and no relationship between family support and postpartum blues incidence in Harjamukti sub-district of Cirebon City 2018.

Suggestion
1. For Health Officers
It is necessary to monitor the health of the postpartum either through home visits by health workers or visits to health facilities by postpartum mothers to identify early blues postpartum and anticipate and handle postpartum blues so that it does not progress into postpartum depression.

2. For Other Researchers
Further research is needed to develop a broader theory and focus of research, and can be used as a reference for further research needs to be done on how to prevent and overcome postpartum blues events.

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