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The Relationship between the Role of the Husband and the Role of Health Workers with the Incidence of Postpartum Blues in the Work Area of the Kopelma Health Center

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Abstract

Postpartum blues are feelings of sadness and depression immediately after delivery with symptoms starting two or three days after delivery and usually disappearing within a week or two. The aim of this research is to determine the relationship between the role of the husband and the role of health workers with the incidence of postpartum blues in the Kopelma Darussalam Health Center Working Area, Banda Aceh City in 2024. The design used in this research is analytical with a cross sectional approach. This research was conducted in August 2024. The population in this study was all postpartum mothers in the Kopelma Darussalam Health Center Working Area. The sampling technique used an accidental sample with a total of 30 people. The research results showed that 80% of respondents did not experience postpartum blues, 76.7% of respondents had husbands who played an important role in postpartum mothers, 86.7% of respondents stated that health workers played a role in postpartum mothers. The results of statistical test analysis using analysis show that there is a relationship between the role of the husband and the incidence of postpartum blues in the work area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024 (p=0.016). There is a relationship between the role of health workers and the incidence of postpartum blues in the work area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024 (p=0.018). It is hoped that information or input can be provided to respondents regarding the relationship between the role of husbands and the role of health workers with the incidence of postpartum blues.

Keywords: role of husband, role of health workers, postpartum blues

Abstrak

Postpartum blues adalah perasaan sedih dan depresi segera setelah persalinan dengan gejala dimulai dua atau tiga hari setelah persalinan dan biasanya hilang dalam satu atau dua minggu. Tujuan penelitian ini Untuk mengetahui hubungan peran suami dan peran tenaga kesehatan dengan kejadian postpartum blues di Wilayah Kerja Puskesmas Kopelma Darussalam Kota Banda Aceh Tahun 2024. Desain yang digunakan penelitian ini analitik dengan pendekatan cross sectional. Penelitian ini dilakukan pada bulan Agustus 2024. Populasi dalam penelitian ini adalah seluruh ibu nifas di Wilayah Kerja Puskesmas Kopelma Darussalam. Teknik pengambilan sampel menggunakan secara accidental sample dengan jumlah 30 orang. Hasil penelitian menunjukkan bahwa 80% responden tidak mengalami postpartum blues, 76,7% responden memiliki suami yang berperan penting pada ibu nifas, 86,7% responden menyatakan tenaga kesehatan berperan pada ibu nifas. Hasil analisa uji statistik dengan menggunakan analisa terdapat hubungan peran suami dengan kejadian postpartum blues di wilayah kerja Puskesmas Kopelma Darussalam Kota Banda Aceh Tahun 2024 (p=0,016). Terdapat hubungan peran tenaga kesehatan dengan kejadian postpartum blues di wilayah kerja Puskesmas Kopelma Darussalam Kota Banda Aceh Tahun 2024 (p=0,018). Diharapkan dapat bahan informasi ataupun masukan kepada responden tentang Hubungan Peran Suami Dan Peran Tenaga Kesehatan Dengan Kejadian Postpartum Blues.

***Keywords**: peran suami, peran tenaga kesehatan, postpartum blues*

Introduction

Physiologically in the productive period each woman will go through the period of pregnancy, childbirth, puerperium. The postpartum period often escapes the view of health workers as it is considered harmless and the community no longer has control over health services, even though there are still many problems experienced by mothers in addition to physical problems, there are still psychological problems that need to be handled, one of the psychological problems such as *postpartum blues* (Ministry of Health of the Republic of Indonesia, 2019).

Postpartum is the period after a woman goes through the process of giving birth to the baby she is carrying, or often referred to as the *puerpurium* period. This period is a period of recovery, as well as the beginning of a new role for a woman. In many cultures, this period is considered a very vulnerable period for a woman to be exposed to a wide variety of diseases (Dennis *et al.*, 2007). The postpartum period begins from the time after the placenta is born and ends when all reproductive organs return to their original state before the mother became pregnant, namely from 6 hours to 42 days postpartum. During this period, there is a recovery of the reproductive organs after the pregnancy and childbirth process. Postpartum mothers will also experience various psychological changes in the process of carrying out their role as a mother, and building relationships with their babies. So that postpartum mothers need to receive good and quality postpartum care (Fatmawati, A., & Gartika, N, 2019)).

The postpartum period is characterized by the emergence of various thoughts in the mother's mind about all the experiences experienced during her pregnancy, the period of birth, and the adjustment period to a new role, and the adjustment period of the mother and other family members to a new family member, namely the newborn baby. A woman's education and knowledge of everything needed to deal with all changes that may be experienced during the postpartum period, will be very helpful in passing through this period (Fatmawati, A., & Gartika, N, 2019).

During puerperium, mothers will experience various physiological changes in their bodies. For example, changes in the reproductive system where the uterus becomes smaller, the cervix closes, the vagina returns to its normal size, and the breast secretes breast milk. Furthermore, there are changes in the digestive system because the stomach stretches during pregnancy so that the mother's appetite will increase, the sensitivity of the urinary tract and the capacity of the bladder, contraction of the uterine muscles, the decrease in placental hormones which will affect the mother's menstrual cycle, changes in blood volume that can cause low blood pressure, and an increase in the number of white blood cells (Nasri Z. *et al.*, 2017).

After experiencing the process of childbirth, most mothers will experience a state of "*baby blues*", which is a period where the mother who has just given birth will feel sad or empty, within a few days after giving birth but in general, the state will disappear on its own within 3 to 5 days. But in some cases, this event will continue and the mother will continue to feel sad, hopeless for more than 2 weeks after giving birth. This indicates that the mother has experienced *postpartum depression*. *Postpartum depression* is a type of serious mental illness that can affect the behavior and physical health of the mother. If the mother experiences mental health problems in the form of depression, then the feeling of sadness, emptiness that is felt and does not improve will cause various disturbances in the mother's daily activities. In addition, the mother will also experience communication problems with her baby and can cause the mother to not love or care for her baby because she feels as if the baby is not her child.

According to data from the World Health Organization (WHO) in 2020, there are as many as 10-50% of mothers who experience depression. The prevalence of *postpartum* depression varies widely worldwide, from 1.9% to 82.1% in developing countries (WHO, 2020). *Postpartum depression* not only impacts the mother during the postpartum period but also has a long-term effect on the child's cognitive development, there are 30%-50% *of postpartum* women in the world, clinically diagnosed with *postpartum* depression, but only 14%-16% receive treatment for the symptoms they feel. In severe depression or

postpartum psychosis, the mother has suicidal *thoughts (maternal suicide*), or killing the baby (*infanticide*) (Nasri Z & Wibowo A, 2018).

Postpartum blues are feelings of sadness and depression immediately after labor with symptoms starting two or three days after labor and usually disappearing within a week or two. *Postpartum blues* is categorized as a mild mental disorder syndrome, but if not treated appropriately, it will fall into the phase of *postpartum depression* and *postpartum psychosis.* Postpartum *depression* is a serious disorder that is one of the mental health complications that can arise after childbirth (Alifah, F.N, 2020).

The *postpartum* period is generally a period that lasts for six to eight weeks after a woman has gone through the process of delivering a baby, during which the woman's body is in a period of recovery from the changes caused by pregnancy and birth. During this time, the body undergoes several physiological changes, such as uterine involution, lochia (postpartum vaginal discharge), and the start of the lactation process. Women are also prone to complications during the postpartum period, such as infections, thrombosis, poor postpartum recovery, and *postpartum depression* (Wahyuni S, 2021).

The postpartum period is defined as a period of six weeks after childbirth. The postpartum period is a very important time for mothers and newborns to adjust because mothers will experience many changes, both physically and emotionally (Berens, 2020). The mother's self-adjustment is passed in 3 phases which include the *taking-in* phase, the *taking-hold* phase and the *letting go phase* which is the most important phase in the process of changing the mother's psyche in undergoing the postpartum period so that this postpartum period urgently needs extra care for the mother and her baby (Bohari, N. H*, al.*, 2020).

The *postpartum period* is divided into 3 stages, the first is *Immediate Postpartum*: 0 – 24 hours *postpartum*, This phase begins after the placenta is born until 24 hours after delivery. This period is an early period that can potentially lead to various conditions that are very dangerous and critical for the mother such as *postnatal bleeding*, uterine inversion, amniotic fluid embolism, and eclampsia, the second *is Puerperium Intermediate* (*Early Postpartum*): 1 – 7 days postpartum, This phase occurs after 24 hours of birth to 7 days after the birth process occurs. During this period, uterine involution must be ensured to be in a normal state, no bleeding, the mother's lochea does not smell bad, the mother does not have a fever, the mother gets enough nutrition and fluids, and the mother can breastfeed her baby properly and correctly, the third *Puerperium Remote* (*Late Postpartum*): 1 - 6 weeks *postpartum*, This phase is a phase of total recovery of the mother's condition or the time needed by the mother's body to recover from all the effects that occur in the childbirth process and return to perfect health, especially if the mother experiences various health problems and complications during pregnancy as well as complications experienced by the mother in the childbirth process. During this period, the mother needs daily care and condition checks as well as family planning counseling (Sukma *et al,* 2017).

In the process of adaptation during the postpartum period, various conflicts often arise in the mother, each mother has different abilities to adapt. Some mothers adapt well but there are some mothers who are poorly adaptable and are prone to psychological disorders, namely postpartum depression (Corwin E.J et al., 2020).

There are about 4 million births that occur worldwide each year of which 40% of mothers are affected by various types of *postpartum mood* disorders, including depressive symptoms before and during pregnancy (Norhayati *et al.*, 2015). Due to the lack of a complete recording and reporting system, and the absence of a government institution that specifically handles this case, it is not possible to determine cases of *postpartum depression* in Indonesia (Indriyani, 2020).

There are several symptoms or signs of varying severity in mothers who experience *Postpartum Blues problems.* These symptoms can worsen if they do not receive proper medical treatment. *Postpartum* depression can cause new mothers to feel isolated, guilty, or ashamed. To be able to establish a diagnosis that a mother has *postpartum depression,* the thing that must be considered is that the symptoms of depression begin during pregnancy or four weeks after childbirth (Nasri et al., 2017).

Symptoms of *postpartum depression* can include feelings of helplessness, loneliness, lack of affection for the child being born, loss of confidence and loss of interest in various daily activities of the mother. In addition, mothers may also feel anxiety, anger, guilt, and feel incapable of caring for the child they are born with, consider themselves to be bad mothers, or fear that others will think that they are unworthy of being a mother. If not treated promptly, then these symptoms can have adverse long-term effects on the mother and child (Widarin *et al.*, 2020).

For severe depression, there are several symptoms or signs of *postpartum depression,* namely feelings of depression or decreased interest or pleasure in various things that happen, feelings of depression often caused by unwarranted heavy confusion, decreased interest in doing various activities, appetite disorders, usually followed by weight loss, sleep disorders, or psychomotor slowdown, always feeling weak, feeling useless, decreased concentration, and suicidal thoughts (Widarin *et al.*, 2017).

Postpartum mothers who experience *postpartum blues* mostly occur in multiparaparaphrasing mothers, this is possible because of the factor of pre-existing children who are already quite tiring for the mother and must be added to the newborn child. Most primipara mothers are at risk-free age, are second-educated and highly educated and have an *exended family* type so that mothers still get help from other family members in taking care of their babies so that postpartum *blues do not occur* (Anggarini, 2018).

Postpartum blues if left untreated will become depressing. There are many cases of infanticide that occur due to the condition of depressed mothers. In early 2020, there was news of a biological mother who killed a 4-month-old baby, which occurred in Sangia Wambulu District, Central Buton Regency, Southeast Sulawesi. The baby, who was the second child to lose his life because he was put in the bathtub by the mother. According to the mother's husband's confession, his wife experienced postpartum depression by showing symptoms such as frequent anger, apparently, this disease had been experienced by the mother since the birth of the first child, but at that time there was a family that helped the mother in taking care of her baby (Fatmawati, A., & Gartika, N, 2019).

Furthermore, in mid-2021, the people of Sibungke Village, Rundeng District, Subulussam City, Aceh, were also shocked by the sad story of the murder of a 6-month-old baby carried out by the baby's biological mother. The mother is suspected of suffering from *baby blues syndrome* and continued to postpartum depression until she had the heart to kill her baby by slitting her neck (Nasri Z, 2017).

In addition to infant murder, there are also cases of husbandicide committed by mothers who suffer from postpartum depression. Like the case of a mother who stabbed her husband with an axe in mid-2019, which occurred in Sukabumi, West Java. The mother of three children experienced postpartum depression caused by *the baby blues*. Furthermore, in early 2019, there was a case of a mother who allegedly committed suicide while carrying her baby on the Serayu River bridge located in Cilacap Regency, Central Java. The mother and baby were later found lifeless two days later. From the mother's father's account, her child experienced *the baby blues* and did not want to breastfeed her baby (Fatmawati, A., & Gartika, N, 2019)).

Research conducted by Liu *et al.* (2017) concluded that *postpartum* risk factors in mothers are the mother's young age, low level of education, smoking during pregnancy, history of depression, inadequate marital status, poor family status, poor life experiences, lack of social support, and also anxiety.

The concept *of early ambulation* in *the postpartum period* is basically an important thing to pay attention to. During this time, various emotional changes occur and mothers need guidance, advice, and direction from health workers. Depressed mothers tend to be indifferent, abandoned, unwilling to nurture, or hostile to their babies. Mothers who experience *postpartum depression* are less likely to continue exclusive breastfeeding. (Fatmawati, A., & Gartika, N, 2019).

Data on postpartum mothers with *postpartum blues* at the Banda Aceh City Health Office is generally not found, but the number of postpartum mothers in the Kopelma Darussalam work area in 2024 is recorded at 355 people, of which 288 people received KF2 visits (Banda Aceh City Health Office, 2024).

The same data was found at the UPTD Kopelma Darussalam Health Center in 2024 with 355 postpartum mothers. The number of postpartum mothers in February 2024 is 34 people. Although specific data related to this case were not found, *postpartum blues* often occurs in postpartum mothers and has a negative impact on both mother and baby. From the results of interviews conducted on 10 postpartum mothers, 6 of them had experienced *postpartum blues*, which affects the relationship between mothers and the babies they gave birth to and with their immediate families. Based on this problem, the researcher is interested in finding out the relationship between the role of husband and the role of health workers with the incidence *of postpartum blues* in the Work Area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024.

Methods

This type of research is an *analytical research.* Research design with *the cross-sectional* method Cross-sectional *research* is research conducted at a certain time where measurements are made on subject variables at the same time. This research was conducted in the Kopelma Darussalam Health Center Working Area, in August 2024 with an *accidental sampling* technique taken from the entire population of 30 people. Data was collected through the distribution of questionnaires.

Results and Discussion

1. Univariate Analysis

Table 1 characteristics of respondents

Yes	Respondent Characteristics	*F*	%
1	Age		
	17-25 Years	5	16,7
	26-35 Years	22	73,3
	36-45 Years	3	10
2	Mother's Education		
	Basics	6	20
	Intermediate	15	50
	Height	9	30
3	Jobs		
	Self-employed	5	16,7
	Merchant	2	6,6
	IRT	15	50
	PNS	8	26,7

Based on table 1 above, it can be seen that out of 30 respondents, 22 (73.3%) respondents aged 26-35 years, as many as 15 (50%) respondents have secondary education and as many as 15 (50%) respondents become IRTs.

Table 2
Distribution of Frequency and Percentage of *Postpartum Blues* in the Working Area of the Kopelma Darussalam Health Center

Yes	*Postpartum Blues*	*f*	%
1	Depression	6	20
2	Not Depressed	24	80
	Total	**30**	**100**

Based on table 2 shows that out of 30 respondents, most 80% of respondents did not experience *postpartum blues*.

Table 3
Distribution of Frequency and Percentage of Husband's Role in the Work Area of the Kopelma Darussalam Health Center

Yes	The Role of the Husband	*f*	%
1	Not Playing a Role	7	23,3
2	Role	23	76,7
	Total	**30**	**100**

Based on table 3, it shows that out of 30 respondents, most 76.7% of respondents have husbands who play an important role in postpartum mothers.

Table 4
Distribution of Frequency and Percentage of Health Workers in the Working Area of the Kopelma Darussalam Health Center

Yes	The Role of Health Workers	*f*	%
1	Not Playing a Role	4	13,3
2	Role	26	86,7
	Total	**30**	**100**

Based on table 4, it shows that out of 30 respondents, most 86.7% of respondents stated that health workers play a role in postpartum mothers.

2. Bivariate Analysis

Table 5
The Relationship of the Husband's Role with the Incidence of *Postpartum Blues* in the Working Area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024

Yes	Postpartum Blues *Occurrence*	The Role of the Husband				Total		p-value
		Not Playing a Role		Role				
		f	%	*f*	%	*f*	%	
1	Depression	4	66,7	2	33,3	6	100	0,016
2	Not Depressed	3	12,5	21	87,5	24	100	
	Quantity	7	23,3	23	76,7	30	100	

Based on table 5, it was found that out of 6 (100%) respondents who experienced *postpartum blues depression*, as many as 4 (66.7%) respondents stated that their husbands did not play a role in the pregnancy and childbirth process and as many as 2 (33.3%) respondents stated that their husbands played a role in the pregnancy and childbirth process. Of the 24 (100%) respondents who did not experience *postpartum depression blues*, as many as 3 (12.5%) respondents stated that their husbands did not play a role in the pregnancy and childbirth process and as many as 21 (87.5%) respondents stated that their husbands played a role in the pregnancy and childbirth process.

Furthermore, the statistical test used the *Fisher's Exact* test with a value *of p=0.016<0.05, which means that there is* a relationship between the husband's role and the incidence *of postpartum blues* in the work area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024.

Table 6
The Relationship between the Role of Health Workers and the Incidence of *Postpartum Blues* in the Working Area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024

Yes	Postpartum Blues *Occurrence*	The Role of Health Workers				Total		p-value
		Not Playing a Role		Role				
		f	%	*f*	%	*f*	%	
1	Depression	3	50	3	50	6	100	0,018
2	Not Depressed	1	4,2	23	95,8	24	100	
	Quantity	4	13,3	26	86,7	30	100	

Based on table 6, it was found that out of 6 (100%) respondents who experienced *postpartum blues depression*, as many as 3 (50%) respondents stated that health workers did not play a role and play a role in the pregnancy and childbirth process. Of the 24 (100%) respondents who did not experience *postpartum depression*, as many as 1 (4.2%) of respondents stated that health workers do not play a role in the pregnancy and childbirth process and as many as 23 (95.8%) respondents stated that health workers play a role in the pregnancy and childbirth process.

Furthermore, the statistical test uses *the Fisher's Exact* test with a value of *p=0.018<0.05, which means that there is* a relationship between the role of health workers and the incidence *of postpartum blues* in the work area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024.

DISCUSSION

The Relationship of the Husband's Role with the Incidence of *Postpartum Blues* in the Working Area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024

Based on the results of the study, it was found that *the value of p=0.016*<0.05, which means that there is a relationship between the husband's role and the incidence *of postpartum blues* in the work area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024. Husband's support is one of the factors that contribute to the occurrence of postpartum blues (Dadi A.F., Mwanri,). A study conducted in Lampung showed that there was an influence between husband support and the incidence of postpartum blues (Kurniawati, Darwis and Isa, 2021). This is in line with research conducted by Fitrah and Helina in Pekanbaru that there is a relationship between husband support and the incidence of postpartum blues (Dinni S. & Ardiyanti D, 2020).

The results of Kurniawati, Darwis and Isa (2021) research show that the more the husband's support affects the incidence *of postpartum blues*, the higher the husband's support, the more *postpartum* mothers do not experience postpartum blues and the less husband's support, the more mothers experience *postpartum blues*. The conclusion based on the results of the study is that the husband's support is significant to the occurrence of *postpartum blues*. The results of the research by Wulandari and Yumni (2019) also show that there is a relationship between husband support and the occurrence of *postpartum blues* in mothers. Mothers who do not experience the postpartum blues tend to have strong husband support. The results of Samria and Haerunnisa's (2021) research also show that there is a relationship between husband support and the incidence *of postpartum blues*.

A husband is one of the family members who is very close to the mother. All forms of actions taken by the husband related to the mother's postpartum period will affect the mother's psychological state as well as the mother's smoothness in undergoing her postpartum period. Positive support from the husband is very necessary in helping the mother's condition during the postpartum period. If the husband

does not support the postpartum mother, it can make the mother feel sad and overwhelmed in caring for her baby in the first week postpartum. Husband support is a form of interaction in which there is a relationship that gives and receives real help to each other. So that it can provide a sense of love and attention (Samria & Haerunnisa, 2021).

Husband support has a meaningful relationship with the occurrence *of postpartum blues*, because mothers feel comfortable because of the support provided during childbirth, until the postpartum period. The risk caused by confidence grows with the support of the people around you, especially the support of the husband so that the mother can live the puererium period normally. If there is no support from the husband, mothers usually feel sad and overwhelmed in taking care of their babies in the days after giving birth (Dinni S. & Ardiyanti D, 2020).

According to the researcher's assumption, looking at the results of the data processing showed that respondents who experienced postpartum blues were on average mothers who did not receive more attention from their families, especially husbands. Mothers who give birth are considered ready to take care of their babies and fulfill their obligations as mothers.

The Relationship between the Role of Health Workers and the Incidence of *Postpartum Blues* in the Working Area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024

Based on the results of the study, it was found that *the value of p=0.018*<0.05, which means that there is a relationship between the role of health workers and the incidence *of postpartum blues* in the work area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024. The results of the research of Dadi A.F., Mwanri (2020) with the research title Factors That Affect Pregnant Women's Knowledge About Baby Blues at BPS Yuniar, Blang Bintang District, Aceh Besar Regency showed that the value of p=0.004 means that there is a relationship between the role of health workers in postpartum mothers about *baby blues*.

The results of the research by Putriarsih R., & et al . (2018) on the relationship between the role of health workers and family support with pregnant women's knowledge about baby blues in Banda Aceh, which reported that there was a relationship between family support and pregnant women's knowledge about baby blues at the Jaya Baru Health Center in Banda Aceh in 2019 with a p value of 0.014. In addition, the results of Ningrum's (2017) research on psychological factors that affect postpartum blues, reported that there was a relationship between social support, especially health workers, and the incidence of *postpartum blues*.

According to Dadi A.F (2020) If a health provider can handle the condition of Baby blues properly and correctly from an early age through counseling, nutritious food counseling, light postpartum physical training that can avoid stress and use support groups and family to support and understand the mother's condition, it will make the baby blues period easier for a mother to go through. According to Dinni S. & Ardiyanti D (2020), midwives have an important role in helping parents and families during this period of change and adaptation, which includes identifying when parents and families are unable to make adjustments properly. A combination of various emotions occurs during this period, which can be caused by a number of causes. An important part of the midwife's role in the postnatal period is to help the woman adapt to motherhood and "cope" the issues associated with her role. In providing services during the postpartum period, midwives use care in the form of monitoring the physical, psychological, spiritual, social welfare of the mother/family, providing education and counseling continuously. Things that need to be considered are good communication, support and health giving/education about self-care and their babies (Angraini K & Al al, 2018).

The attitude of health providers is also the trigger for the occurrence of baby blues. Doctors and midwives are the ones who usually determine the decisions, actions or what should be done by pregnant women or mothers in their daily lives. Mothers are not given the opportunity to pour out their opinions or to unburden their thoughts. This will increase the burden on the mother's mind, so that if the mother's

mentality is not strong, she will experience neorosis and even psychosis (Darusman & Sari, 2021).

According to the researcher's assumption based on findings in the field, it is known that the more often health workers provide health knowledge both through counseling and counseling about pregnancy and childbirth until the mother's preparation to take care of the baby to the mother directly, it can increase the mother's knowledge about health and the higher the level of knowledge a person, the easier it is to receive information in the form of education conveyed.

Conclusion

The results of the research conducted in the Working Area of the Kopelma Darussalam Health Center on 30 respondents entitled "The Relationship between the Role of Husband and the Role of Health Workers with the Incidence of Postpartum Blues in the Work Area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024", can be concluded, namely:

1. Most 80% of respondents did not experience *postpartum blues*.
2. Most of the 76.7% of respondents have husbands who play an important role in postpartum mothers.
3. Most of the 86.7% of respondents stated that health workers play a role in postpartum mothers.
4. There is a relationship between the role of the husband and the incidence *of postpartum blues* in the work area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024 ($p=0.016$<0.05).
5. There is a relationship between the role of health workers and the incidence *of postpartum blues* in the working area of the Kopelma Darussalam Health Center, Banda Aceh City in 2024 ($p=0.018$<0.05).

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