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Maternal Self-Efficacy and Postpartum Knowledge as Factors Related to Postpartum Blues in Postpartum Mothers

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A R T I C L E I N F O

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A B S T R A C T

Postpartum blues is one of the most common psychological conditions experienced by mothers during the early postpartum period and may negatively affect maternal well-being and infant care if not recognized early. Psychological and cognitive factors, including maternal self-efficacy and postpartum knowledge, are considered important in helping mothers adapt to their new maternal role. This study aimed to examine the relations between maternal self-efficacy, postpartum knowledge, and postpartum blues among postpartum mothers. A quantitative study with a correlational cross-sectional design was conducted involving 140 postpartum mothers selected using purposive sampling. Data were collected using a maternal self-efficacy scale, a postpartum knowledge test, and a postpartum blues scale that had been tested for validity and reliability. Data were analyzed using multiple linear regression with the Statistical Package for the Social Sciences version 25. Results: The findings showed that maternal self-efficacy and postpartum knowledge were simultaneously associated with postpartum blues. Partially, maternal self-efficacy was not significantly associated with postpartum blues, whereas postpartum knowledge showed a significant positive association with postpartum blues. The coefficient of determination indicated that both independent variables explained 7.3% of the variance in postpartum blues, while the remaining 92.7% was associated with other factors not examined in this study. Therefore, comprehensive postpartum education should be accompanied by adequate family support and psychosocial assistance to promote maternal mental health.

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INTRODUCTION

The postpartum period is a transitional period that begins after delivery and lasts for approximately six weeks. During this period, mothers experience various physiological, psychological, and social changes that require adaptation to their new role as mothers. If this adaptation process does not go smoothly, mothers are at risk of experiencing various psychological disorders, one of which is postpartum blues. This condition is characterized by mood swings, crying spells, anxiety, sensitivity, irritability, and difficulty adapting to the postpartum period. Symptoms of postpartum blues generally appear on the third to fifth day postpartum, peak in the first week, and usually resolve within two weeks. Although temporary, this condition requires attention because it can progress to postpartum depression if not recognized and treated appropriately.

The prevalence of postpartum blues is reported to be quite high in various countries. Globally, approximately 50–80% of postpartum mothers experience postpartum blues symptoms. In Indonesia, the prevalence reported in various studies ranges from 50–70%, indicating that mental health issues in the postpartum period remain a significant issue requiring attention from healthcare professionals and families. This high incidence rate demonstrates the need for early detection and prevention efforts by identifying factors associated with postpartum blues.

Various studies have shown that postpartum blues is influenced by biological, psychological, and social factors. One psychological factor suspected of being associated with this condition is maternal self-efficacy, which is a mother's belief in her ability to care for her baby and fulfill her role as a mother. Mothers with high maternal self-efficacy tend to be more confident in facing parenting challenges, while mothers with low self-efficacy are more susceptible to stress during the postpartum period. In addition to psychological factors, cognitive factors, such as postpartum knowledge, are also thought to be related to a mother's emotional state. Adequate knowledge about physical and psychological changes, infant care, and adaptation during the postpartum period is expected to help mothers prepare for the postpartum period.

LITERATURE REVIEW

However, previous research on these two variables has been inconsistent. Some studies report that high maternal self-efficacy is associated with lower rates of postpartum psychological distress, while others find no significant association. Similarly, regarding postpartum knowledge, some studies indicate that knowledge acts as a protective factor against psychological disorders, but other studies have found that mothers with higher levels of knowledge actually report higher levels of anxiety or psychological distress. These discrepancies in results suggest that the relationship between psychological factors, cognitive factors, and postpartum blues still requires further study.

In addition to inconsistent research findings, most previous studies have examined the influence of each variable separately. Research examining maternal self-efficacy and postpartum knowledge simultaneously on

postpartum blues is relatively limited, particularly among postpartum mothers in Indonesia. Yet, both variables are important aspects of a mother's adaptation process after childbirth and have the potential to complement each other in explaining a mother's psychological state during the postpartum period.

Based on this description, this study aims to analyze the relationship between maternal self-efficacy and postpartum knowledge and postpartum blues in postpartum mothers. The results are expected to provide scientific information regarding factors related to postpartum blues and serve as a basis for developing educational programs and early detection to support maternal mental health during the postpartum period.

METHODOLOGY

This study uses a quantitative approach with a correlational research design and a cross-sectional approach to analyze the relationship between maternal self-efficacy and postpartum knowledge and postpartum blues in postpartum mothers. The population in this study was all postpartum mothers in Indonesia who met the inclusion criteria. Determination of the sample using a purposive sampling technique with respondents who can be research samples must meet the following criteria: mothers who are in the postpartum period of 1–42 days, aged ≥18 years, and given birth to a live baby. Respondents were selected based on the characteristics determined by the researcher. The number of samples obtained was 140 postpartum mothers.

Data collection was carried out online using Google Forms, which were distributed via various social media and instant messaging applications.

The research instruments consisted of the Maternal Self-Efficacy Scale, Postpartum Knowledge Test, and Postpartum Blues Scale. The maternal self-efficacy scale consists of 45 valid items with a Cronbach's Alpha reliability coefficient of 0.970. The postnatal knowledge test initially consisted of 30 items; then, through a validity test, 13 valid items were obtained based on the Corrected Item-Total Correlation value and difficulty index, with a Cronbach's Alpha reliability coefficient of 0.810. The postpartum blues scale consists of 38 valid items with a Cronbach's Alpha reliability coefficient of 0.938.

Data analysis was carried out using IBM SPSS Statistics version 25 through descriptive statistical analysis and classical assumption tests, which included normality, linearity, multicollinearity, and heteroscedasticity tests, and then continued with multiple linear regression analysis to test the simultaneous or partial relationship between maternal self-efficacy and postpartum knowledge and postpartum blues.

RESULTS AND DISCUSSION

Data analysis was performed using multiple linear regression with the help of IBM SPSS Statistics version 25. Before testing the hypothesis, classical assumption tests were conducted which included normality, linearity, multicollinearity, and heteroscedasticity tests. The test results showed that the regression model met most of the analysis assumptions. The maternal self-efficacy and postpartum knowledge variables did not experience

multicollinearity (Tolerance = 0.639; VIF = 1.566). The heteroscedasticity test showed no heteroscedasticity in the maternal self-efficacy variable (ρ = 0.019; p = 0.825), while symptoms of heteroscedasticity were still found in the postpartum knowledge variable (ρ = 0.208; p = 0.014). Therefore, the results of the analysis were interpreted by considering these conditions.

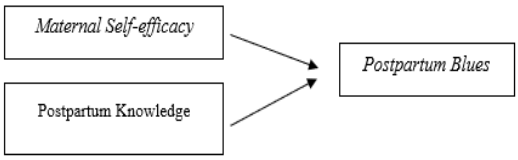


Figure 1. Framework of Thought

Based on Table 1, maternal self-efficacy had a mean score higher than the theoretical mean, thus categorizing it as high. Conversely, postpartum knowledge had a mean score below the theoretical mean, thus categorizing it as low. The postpartum blues variable showed a mean score above the theoretical mean, indicating that respondents tended to experience postpartum blues in the high category.

Table 1. Descriptive Statistics of Research Variables

Variabel	ME	MT	Interpretation
Maternal self-efficacy	192,66	135,00	High
Postpartum Knowledge	2,16	6,50	Low
Postpartum blues	23,09	19,00	High

Table 2. t Test

Variabel	t Count	t Table	p	Interpretation
Maternal Self-Efficacy	1,090	1,977	0,277	Not Significant (p>0,05)
Postpartum Knowledge	3,215	1,977	0,002	Very Significant (p<0,05)

Table 3. F Test

F Count	F Table	p	Interpretation
5,368	3,06	0,006	Very Significant (p<0,05)

Table 4. Results of the Coefficient of Determination (R^2) Test

R	R Square (R^2)
0,270	0,073

The results of multiple linear regression analysis showed that maternal self-efficacy and postpartum knowledge simultaneously had a significant relationship with postpartum blues (F=5.368; p=0.006). Partially, maternal self-efficacy did not show a significant relationship with postpartum blues (t=1.090; p=0.277), while postpartum knowledge showed a significant relationship (t=3.125; p=0.002). The coefficient of determination value of 0.073 indicates that both variables explain 7.3% of the variation in postpartum blues.

This study shows that maternal self-efficacy and postpartum knowledge simultaneously have a significant relationship with postpartum blues in

postpartum mothers. This finding aligns with Bandura's (1997) Social Cognitive Theory, which explains that individual responses are influenced by the interaction of personal, cognitive, and environmental factors. In the postpartum context, a mother's confidence in her ability to fulfill her role as a mother and her understanding of changes after childbirth are part of the psychological adaptation process during the postpartum period.

However, maternal self-efficacy did not show a significant relationship with postpartum blues. This result indicates that a mother's confidence in her ability to care for her baby is not necessarily related to the emotional state experienced in the early postpartum period. This finding is understandable because postpartum blues is influenced by various biological changes, such as hormonal fluctuations, physical fatigue, and sleep disturbances, which cannot be fully explained by self-efficacy.

Conversely, postpartum knowledge showed a significant relationship with postpartum blues, although the direction of the relationship was positive. This finding contrasts with most previous studies that suggest knowledge is a protective factor against postpartum psychological disorders. In this study, the results should be interpreted as statistical correlations, not causal ones, as the study used a cross-sectional design. Mothers with better knowledge may be more aware of various changes during the postpartum period, thus being more sensitive to their own and their babies' conditions. On the other hand, extensive exposure to information may also be associated with increased vigilance (hyper-awareness), the formation of high parenting expectations, and confusion due to information overload. Therefore, the positive relationship found requires further research.

Descriptive analysis showed that respondents' maternal self-efficacy was high, while postpartum knowledge was low and postpartum blues were high. These findings illustrate that mothers' confidence in their ability to fulfill their role as mothers is not always accompanied by an adequate understanding of the postpartum period. Furthermore, the coefficient of determination of 7.3% indicates that the majority of postpartum blues variation is influenced by factors beyond this study, such as husband support, family support, sleep quality, parenting stress, economic conditions, hormonal changes, type of delivery, and history of psychological disorders.

CONCLUSIONS AND RECOMMENDATIONS

This study shows that maternal self-efficacy and postpartum knowledge simultaneously have a significant relationship with postpartum blues in postpartum mothers. Partially, maternal self-efficacy did not show a significant relationship with postpartum blues, while postpartum knowledge did have a significant, positive relationship. These findings indicate that in this study sample, mothers with higher levels of postpartum knowledge also tended to have higher postpartum blues scores. However, this relationship should be understood as a statistical correlation and not a causal one due to the cross-sectional design of the study.

Furthermore, the coefficient of determination of 7.3% indicates that maternal self-efficacy and postpartum knowledge only explain a small portion of the variation in postpartum blues, suggesting that other factors, such as hormonal changes, sleep quality, social support, parenting stress, and other psychosocial factors, could potentially be related. These findings confirm that postpartum blues is a multidimensional condition, so that promotive and preventive efforts for postpartum maternal mental health need to be carried out comprehensively through increasing health education, family support, and early detection during the postpartum period.

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