

THE EFFECTIVENESS OF POSITIVE AFFIRMATIONS ON POSTPARTUM BLUES AMONG POSTPARTUM MOTHERS IN THE SERVICE AREAS OF SEMEN AND NGADILUWIH COMMUNITY HEALTH CENTERS, KEDIRI REGENCY

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ABSTRACT

The postpartum period is a transition phase characterized by significant physical and psychological changes that may increase the risk of postpartum blues. Positive affirmation is one of the simple non-pharmacological methods that may improve mothers psychological condition during the postpartum period. The purpose of this research was to analyze the effectiveness of positive affirmation in postpartum blues among postpartum mothers in the service areas of Semen and Ngadiluwih Community Health Centers, Kediri Regency. Quasi eksperimental research was undertaken with control group design and by using purposive sampling technique with 32 respondents consisting of intervention group (n=16) and a control group (n=16). Its population of mothers who has an estimated due date on April-June 2026 in the service area of Semen and Ngadiluwih Community Health Centers. Univariate and bivariate analysis with Wilcoxon Matched Pairs Test were applied. Most mothers in the intervention group experienced mild postpartum blues (50%). After six days intervention, 87,5% of mothers had mild postpartum blues and 12,5% had no postpartum blues. Based on the statistically the result, there was a significant difference in postpartum blues before and after the intervention ($p < 0,05$). And in he control group, experienced mild postpartum blues before observation (56%). After six days without intervention, the distribution of postpartum blues reminded relatively unchanged, with an increase in severe postpartum blues. Based on the statistically the result there was no significant difference in postpartum blues before and after observation ($p > 0,05$). Positive affirmation was effective in reducing postpartum blues among postpartum mothers.

Keywords: Positive Af irmation, Postpartum Blues.

1. INTRODUCTION

The postpartum period is a crucial period for mothers, beginning approximately one hour after the placenta is delivered and lasting for six weeks or 42 days after delivery. During this period, mothers not only undergo physical recovery but also face various psychological changes. This condition can make mothers more susceptible to emotional disturbances, one of which is postpartum blues (Rini & Kumala, 2017). Postpartum blues is a mild emotional condition commonly experienced by 50-80% of new mothers (Purnamayanthi et al., 2025).

Research by Petang I Community Health Center (2022) noted that postpartum blues symptoms generally peak on the fifth day after delivery, indicating that the first week is the most critical period. According to WHO data from 2023, reported postpartum blues rates in various countries remain quite high, ranging from 26% to 85%. Meanwhile, in Indonesia, the rate is between 50% and 70% (Moyo & Djoda, 2020).

Data from the National Population and Family Planning Board (BKKBN) (2024) shows that 57% of mothers experience postpartum blues symptoms in the first week after delivery, making it one of the highest rates in Southeast Asia. In Indonesia, particularly in Kediri, the prevalence reaches 64.3%. This aligns with research that found that of 19 postpartum mothers, 9 experienced mild depression between the ages of 20 and 35 (Wulandari et al., 2023).

Dwi Estuning Rahayu's (2020) study at the Mojo Community Health Center in Kediri found that 30 primiparous mothers were at risk of postpartum blues, with an average EPDS score of 10-12, indicating mild to moderate depressive symptoms. A longitudinal study from Italy found that mothers with postpartum blues symptoms had a sevenfold higher risk of developing depression within 12 months postpartum

(OR = 7, $p < 0.0001$) if not treated promptly and appropriately.

Non-pharmacological therapy in the form of positive affirmations is increasingly being used as a way to help maintain maternal mental health and reduce anxiety. Furthermore, research on prenatal yoga shows significant improvements in the condition of pregnant women, with 58.6% of mothers no longer experiencing complaints during pregnancy (Rudin et al. 2022). Research by Zahara et al. (2025) also demonstrated that relaxation and mental strengthening techniques, in line with the principles of positive affirmations, improve mothers' ability to manage stress, thereby reducing the risk of postpartum depression ($p < 0.05$). Furthermore, research by Eliyawati et al. (2024) in Situbondo found that positive affirmation-based self-hypnosis practices during the third trimester significantly reduced maternal anxiety leading up to delivery ($p = 0.000$).

Semen and Ngadiluwih Community Health Centers (Puskesmas) have a relatively high number of deliveries, 533 and 434 deliveries per year, respectively, so they potentially have a large number of postpartum mothers. Initial interviews with midwives at Semen and Ngadiluwih Community Health Centers revealed that in the first to second week of postpartum, mothers often complain of a lack of milk production or a slow flow, leading to anxiety, sleep disturbances due to frequent baby waking, and postpartum fatigue accompanied by mood swings.

However, routine psychological screening for postpartum mothers has not been conducted, and services still focus on physical aspects. Furthermore, there are no readily available, self-administered non-pharmacological interventions to support maternal mental health. Therefore, this study aimed to determine the effectiveness of positive affirmations on postpartum blues

in postpartum mothers in the Semen Community Health Center and Ngadiluwih Community Health Center areas of Kediri Regency.

2. METHODS

This study employed a quantitative method with a quasi-experimental design, employing a pretest and posttest approach with a control group. The treatment group received positive affirmation intervention in the form of an MP3 audio, while the control group received only standard postpartum care. The intervention was administered from day 8 to day 14 postpartum, with an intensity of 10 minutes per day, morning and evening. This study was conducted at Semen Community Health Center (control group) and Ngadiluwih Community Health Center (intervention group) in Kediri Regency from April to June 2026. The population in this study were all mothers with HPL in April-June 2026 who were in the working area of Semen Community Health Center and Ngadiluwih Community Health Center, Kediri Regency with a total of 60 people, 35 people from Semen Community Health Center and 25 people from Ngadiluwih Community Health Center. The sample in this study was selected using a purposive sampling technique based on predetermined inclusion criteria. A total of 32 postpartum mothers became research respondents, which were then divided into two groups, namely the intervention group and the control group, with each group consisting of 16 respondents. Measurement of postpartum blues was carried out using the Edinburgh Postnatal Depression Scale (EPDS) questionnaire, which consists of 10 indicators. This research has obtained ethical approval from the Ethics Commission of the Malang Ministry of Health Polytechnic under No. DP.04.03/F.XIII.31/0323/2026. Data processing and analysis were performed using a computer program. The statistical test used in this study was the Wilcoxon Signed-Rank Test.

3. RESULTS

Table 1. Frequency Distribution of Characteristics of the Intervention Group and Control Group

No	Characteristics	Group			
		Intervention		Control	
		n	%	n	%
1	Age				
	<20 years	1	6,25	1	6,25
	20-30 years	10	62,5	11	68,75
	>30 years	5	31,25	4	25
2	Level of education				
	SD	1	6,25	1	6,25
	JUNIOR	4	25	4	25
	HIGH SCHOOL	8	50	8	50
	SMA College	3	18,75	3	18,75
3	Parity				
	Primipara	7	43,75	8	50
	Multipara	9	56,25	8	50
4	Work				
	IRT	14	87,5	14	87,5
	Self-employed	0	0	0	0
	Private civil servant	2	12,5	0	0
	Others	0	0	2	12,5

The characteristics of respondents in the intervention group showed that the majority of postpartum mothers were aged 20–30 years (62.5%). Based on their highest education level, half of the respondents (50%) were high school graduates. In terms of parity, the majority of respondents were multiparous, at 56.25%. Meanwhile, based on employment status, the majority of respondents were housewives (87.5%).

In the control group, the distribution of respondent characteristics showed a similar pattern. Most postpartum mothers were aged 20–30 years, at 68.8%. Based on education level, 50% of respondents had a high school education, while based on parity, 50% were multiparous. In terms of occupation, the majority of respondents were housewives, at 87.5%.

Table 2. Frequency Distribution of Differences Before and After Postpartum Blues Levels in the Intervention Group

N o	Postpartum Blues Levels	Intervention Group			
		Pretest		Posttest	
		n	%	n	%
1	No Postpartum Blues	0	0	2	12,5
2	Mild Postpartum Blues	9	56,25	1	8,75
3	Moderate Postpartum Blues	6	37,5	0	0
4	Severe Postpartum Blues	1	6,25	0	0

Table 2 shows the distribution of postpartum blues levels before and after receiving positive affirmations via MP3 audio in the intervention group. Of the 16 respondents in the initial (pretest) measurement, 8 (50%) experienced mild postpartum blues, 5 (32%) experienced moderate postpartum blues, and 3 (18%) experienced severe postpartum blues.

After receiving positive affirmations via MP3 audio for six days, changes in postpartum blues levels were observed. In the posttest, 14 respondents (87.5%) experienced mild levels, while 2 respondents (12.5%) were no longer experiencing postpartum blues. In this measurement, no respondents were found with moderate or severe levels of postpartum blues. These results indicate a change in postpartum blues levels after receiving positive affirmations via MP3

audio, as evidenced by a decrease in the moderate and severe categories in the posttest results.

Table 3. Frequency Distribution of Differences Before and After Postpartum Blues Levels in the Control Group

N o	Postpartum Blues Levels	Control Group			
		Pretest		Posttest	
		n	%	n	%
1	No Postpartum Blues	0	0	0	0
2	Mild Postpartum Blues	9	56,25	8	50
3	Moderate Postpartum Blues	5	31,25	5	31,25
4	Severe Postpartum Blues	2	12,5	3	18,75

Table 3 shows the distribution of postpartum blues levels before and after observation in the control group that was not given positive affirmations via MP3 audio. In the initial measurement (pretest), most respondents experienced mild postpartum blues, namely 9 people (56.25%). Meanwhile, 5 people (31.25%) experienced moderate postpartum blues and 2 people (12.5%) experienced severe levels. After 6 days of observation, measurements were again conducted via a posttest. The results showed that 8 people (50%) still experienced mild postpartum blues, 5 people (31.25%) experienced moderate levels, while the severe level increased to 3 people (18.75%).

Based on these results, the level of postpartum blues in the control group after the posttest was still predominantly in the mild category, followed by moderate and severe categories. Compared to the pretest results, the number of respondents in the mild category decreased from 9 to 8, while the moderate category remained at 5. Conversely, the number of respondents with severe levels increased from 2 to 3. Therefore, during the observation period without positive affirmations, no significant

changes were observed in the level of postpartum blues in the control group.

Table 4. Differences Before and After Postpartum Blues Levels in the Intervention Group and the Control Group

Observation Group	Negative Rank	Positive Rank	Ties	p-value
Intervention Group	16	0	0	0,000
Control Group	6	6	4	0,304

Table 4. Shows the results of the Wilcoxon analysis test showing that the intervention group experienced a significant change in the level of postpartum blues after being given positive affirmation treatment compared to before the intervention ($p < 0.05$).

4. DISCUSSION

The change in the level of postpartum blues after being given positive affirmations in the form of mp3 audio is in line with the theory which states that positive statements (positive affirmations) are repeated to form better thought patterns (Ariyani, 2025).

The intervention works by activating the parasympathetic nervous system, relaxing the body and mind. This activation also contributes to increased levels of neurotransmitters involved in mood regulation, such as serotonin and dopamine. This can help reduce anxiety and accelerate the recovery process (Afendi, 2024). Research has shown that self-affirmation can have a positive effect on mental health, improving psychological well-being, and reducing anxiety and depression. These results indicate that even when given as a short, low-intensity intervention, affirmations can still provide significant improvements in an individual's psychological well-being (Lakuta, 2021).

The results of a study examining the effectiveness of positive affirmation

relaxation and yoga on postpartum mothers showed that providing positive affirmation relaxation from the 4th to the 42nd day postpartum was effective in improving the quality of life of postpartum mothers, especially in the dimensions of vitality, mental health, pain, and general health ($p < 0.05$) (Anggraeni et al., 2025). Therefore, repeated positive affirmations have the potential to form a more adaptive mindset, strengthen emotional regulation, and help reduce the level of postpartum blues in postpartum mothers (Dar et al., 2025).

While listening to affirmations, mothers receive positive suggestions that can increase their confidence in their abilities to carry out their role as mothers, so that feelings of anxiety, worry, and negative thoughts that arise after childbirth gradually decrease. This condition is thought to play a role in reducing the level of postpartum blues in most respondents in this study. Meanwhile, in the control group, the results showed that there was no significant change in the level of postpartum blues between the results of the pretest and posttest measurements with a p value > 0.05 . The absence of this change indicates that without the provision of positive affirmation intervention, the level of postpartum blues in some respondents tended to not improve, in fact there was an increase in the number of respondents in the severe postpartum blues category.

These findings warrant attention: if postpartum blues is not properly treated, it can develop into a more serious psychological disorder. Symptoms can persist beyond seven days after delivery and, in some mothers, can last for three to six months. In certain circumstances, postpartum depression can even last up to eight months (Christiana et al., 2025). A study of 3,310 postpartum mothers in France found that postpartum blues was significantly associated with an increased risk of postpartum depression. This risk was

higher in mothers who experienced severe postpartum blues (Landman et al., 2024).

The lack of improvement in postpartum blues levels in the control group suggests that the psychological adaptation process during the postpartum period does not always occur optimally without specific intervention. Although some mothers remained in the mild postpartum blues category, the increase in the number of respondents in the severe postpartum blues category indicates that emotional changes after childbirth can develop if mothers do not receive support or strategies to help manage stress and anxiety.

5. CONCLUSION

Based on the results of the analysis and discussion that have been carried out, it can be concluded as follows: the level of postpartum blues in postpartum mothers before being given positive affirmation audio was mostly in the mild postpartum blues category, with the rest experiencing moderate and severe postpartum blues. The level of postpartum blues in postpartum mothers after being given positive affirmation audio showed improvement, marked by an increase in the number of respondents at the mild postpartum blues level and the rest did not experience postpartum blues. Supported by a decrease in the number of respondents at the moderate and severe postpartum blues level. There is effectiveness of positive affirmations on postpartum blues in postpartum mothers in the working area of Semen Community Health Center and Ngadiluwih Community Health Center, Kediri Regency.

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