

THE RELATIONSHIP OF SOCIAL SUPPORT TO THE MENTAL HEALTH STATUS OF POST-CAESAREAN SECTION MOTHERS AT BHAYANGKARA HOSPITAL, JAMBI CITY

Desi Ocianti Simangunsong¹, Muthia Mutmainnah², Rts Netisa Martawinarti³,
Yuliana⁴, Meinarisa⁵

Department of Nursing, Faculty of Medicine and Health Sciences, University of Jambi,
Indonesia

Corresponding: desisimangunsong78@gmail.com

ABSTRACT

Cesarean section is increasingly common worldwide and is associated not only with physical recovery challenges but also with psychological problems such as anxiety, stress, and depression in postpartum mothers. Social support is considered an important protective factor that may improve maternal mental health after childbirth. This study aimed to examine the relationship between social support and mental health status among post-cesarean mothers at Bhayangkara Hospital, Jambi City. This research employed a quantitative descriptive design with a cross-sectional approach involving 96 respondents selected using the Slovin formula. Data were collected through an online questionnaire using modified MSPSS and MHC-SF instruments. Validity and reliability tests confirmed that the instruments were appropriate for use. Data analysis included univariate and bivariate analysis using Kendall's Tau-b test. The results showed that most respondents had high social support (61.5%) and high mental health status (72.9%). Statistical analysis revealed a positive and significant relationship between social support and mental health ($\tau = 0.384$; $p < 0.001$). In conclusion, social support plays a significant role in improving mental health among post-cesarean mothers, although it is not the sole determinant. Strengthening support systems from family and healthcare providers is essential to enhance maternal psychological well-being.

Keywords: Mental Health Status, Post-Caesarean Section Mothers, Social Support

INTRODUCTION

A cesarean section is a surgical procedure performed on a woman giving birth by making an incision in the skin, abdominal wall, and uterus. This procedure is intended to assist the birth of a baby when a natural delivery is not possible, usually for medical reasons that could endanger both the mother and the baby (Setia and Arifin, 2021). Mothers who have given birth after a cesarean section are more susceptible to psychological disorders such as anxiety, mood swings, and decreased quality of life, which are often accompanied by severe pain, sleep disturbances, and difficulty caring for the baby. Conditions can worsen due to lack of emotional support, mental unpreparedness for childbirth, and limited education during the prenatal and postnatal periods (Duran and Vural, 2023).

Recent research from the World Health Organization (WHO) shows that the use of cesarean sections continues to increase worldwide, now accounting for more than 1 in 5 (21%) of all births and is expected to continue to rise in the next ten years. By 2030, nearly a third (29%) of all births are likely to be by cesarean section (World Health Organisation, 2021). The number of cesarean deliveries in Indonesia continues to rise, impacting both the physical and psychological health of mothers. According to the 2023 Indonesian Health Survey (SKI), 25.9% of mothers gave birth by cesarean section. Meanwhile, in Jambi City, the prevalence of cesarean deliveries reached 17% in 2023 (Kementerian Kesehatan Republik Indonesia, 2023). Cesarean section delivery has an impact not only physically, but also mentally/psychologically (Sufredini *et al.*, 2022).

Postpartum maternal mental health is a psychological condition encompassing a spectrum of emotions such as depression, anxiety, and stress that arise after birth, potentially disrupting personal functioning, interactions with the baby, and roles within the family and community. According to a study by Sri Wahyuni *et al.* (2023), the WHO noted that approximately 10% of pregnant women and 13% of postpartum women experience mental health disorders, particularly depression, triggered by various factors such as role changes, hormones, and the stress of adapting to new roles (Wahyuni Sundari, Novayanti and Nur Aulia, 2023). Furthermore, Riska Amalia *et al.* (2023) reported that the prevalence of anxiety, depression, and stress in postpartum mothers in Indonesia reached 50–70%,

indicating a relatively high incidence and a negative impact on maternal function in caring for themselves, their babies, and their families (Riska Amalia *et al.*, 2023). Relevant mental health theories such as the Ryff model outline several dimensions of psychological well-being, self-acceptance, positive relationships, independence, environmental mastery where social support can strengthen adaptation towards psychological well-being (Dewanti, Winta and Pratiwi, 2024).

Giving birth by cesarean section adds to the complexity of the challenges mothers face in the postpartum period. Research conducted by Tonei (2019) shows that delivery method can significantly impact maternal mental health. Mothers who undergo unplanned cesarean sections have a 15% higher risk of experiencing mental health problems compared to mothers who deliver vaginally (Tonei, 2019).

Social support itself is defined as the perception or reality that a person receives attention, assistance, or closeness from individuals or the environment around them. Based on the Cohen & Wills (1985) framework, social support includes four types: emotional support (empathy, validation of feelings), instrumental (practical assistance such as helping with baby care or housework), informational (medical advice and recovery guidance), and appraisal (feedback and recognition of the mother's role). The model states that social support can function as a buffer against stress, thereby helping to reduce the negative impact of stressors such as cesarean delivery. In the context of post-cesarean mothers, instrumental support is crucial for overcoming physical limitations after surgery, while emotional and informational support from medical personnel and family can reduce anxiety and accelerate mental adaptation after surgery (Amna and Khairani, 2024).

Social support has been shown to play a crucial role in helping mothers navigate the transition to motherhood and improving their mental well-being. A systematic review by Khadijeh Khademi and Mohammad Hossein Kaveh (2024) of 11 cross-sectional studies found that low social support was consistently associated with an increased risk of psychosocial disorders such as postpartum stress, anxiety, and depression, as well as a decline in maternal quality of life. Social support is considered protective because it can reduce psychological distress, increase self-esteem and a positive self-image as a mother, and facilitate postpartum adaptation. This study emphasizes the need for interventions involving families and the social environment to comprehensively maintain postpartum maternal mental well-being, not only through detecting depressive symptoms but also through strengthening emotional, psychological, and social well-being (Khademi and Kaveh, 2024).

In Indonesia, research has shown that social support plays a significant role in maternal mental health after childbirth. Sundari, Novayanti, and Aulia (2023) found that low social support was significantly associated with worsening maternal mental health postpartum, with mothers with good emotional and family support experiencing fewer symptoms of depression (Wahyuni Sundari, Novayanti and Nur Aulia, 2023). Similar results were reported by Mariany, Naim, and Afrianty (2022), who showed a significant association between a lack of social support and an increased incidence of postpartum blues in postpartum mothers ($p = 0.002$). Both studies confirmed that social support from husbands, family, and the surrounding environment is a protective factor that can reduce the risk of postpartum psychological disorders (Mariany, Naim and Afrianty, 2022). These data show a consistent trend that cesarean delivery is associated with higher postpartum maternal mental health status.

Based on initial interviews with seven mothers who underwent cesarean deliveries (C-section) at Bhayangkara Hospital, it appears that the post-operative experience impacted their mental health in several dimensions. Emotionally, many mothers reported excessive anxiety, intense concern for the baby's condition and safety, and feelings of sadness or disappointment because the delivery did not go as expected. Psychologically, there was difficulty accepting the reality of cesarean delivery, a decreased sense of self-competence (e.g., feelings of "failure" or "inadequate"), and impaired coping mechanisms, particularly when combined with post-operative pain, limited mobility, and breastfeeding difficulties, which reduced maternal confidence. Socially, family support, particularly from husbands and parents, has been shown to play a significant role in accelerating physical recovery and stabilizing emotional well-being; conversely, a lack of support has the potential to exacerbate isolation and psychological distress. However, symptoms such as anxiety and sadness can in many cases be considered normal responses to post-operative stress. However, if symptoms are persistent, intense, or accompanied by disruption to daily functioning, the mother is at risk of

developing postpartum depression or an anxiety disorder, which requires further assessment and intervention.

Based on the description above, the author is interested in conducting research on "The Relationship between Social Support and the Mental Health Status of Mothers After Caesarean Section at Bhayangkara Hospital, Jambi City".

METHODS

This research is a descriptive quantitative study with a cross-sectional approach, where data on independent and dependent variables are collected simultaneously at one time. The study was conducted at Bhayangkara Hospital, Jambi City, starting from the proposal preparation stage to data processing which took place from July 2025 to April 2026. The study population was 699 post-cesarean mothers in 2025, totaling 608 people in the January–July period. A sample of 96 respondents was determined using the Slovin formula from the population that met the criteria (Purwanza *et al.*, 2022). Data were collected through an online questionnaire using the modified MSPSS and MHC-SF instruments with additional demographic data (Polit and Beck, 2019). The data obtained were primary data, with the independent variable being social support and the dependent variable being the mental health of post-cesarean mothers (Syapitri *et al.*, 2021).

Before being analyzed, the data was first checked for validity using validity and reliability tests (Nursalam, 2016). Based on the results of the validity test on 26 statement items, it shows that of the 26 statement items there are 24 valid items with a calculated r value (0.264–0.825) compared to r table 0.374 ($n = 26$, $\alpha = 0.05$), while 2 items were declared invalid because the calculated r was smaller than r table, while the reliability test showed Cronbach's Alpha results of 0.897 and 0.916 which exceeded the minimum limit of 0.70 so that the instrument was declared reliable. Furthermore, the data obtained were managed through editing, coding, entry, tabulating, and cleaning stages to ensure data quality before being analyzed using univariate analysis to see the frequency distribution of respondent characteristics and bivariate analysis with Kendall's Tau-b test to test the relationship between independent and dependent variables because the chi-square test requirements were not met. The entire series of research was carried out with attention to research ethics principles including informed consent, anonymity, confidentiality, and justice to ensure the protection of rights and justice for all respondents (RI, 2021).

RESULTS

Univariate Analysis Results

Table 1. Distribution of Respondent Characteristics

Characteristic	Category	Frequency (f)	Percentage (%)
Age (Years)	< 20 years	8	8.3%
	20–35 years	79	82.3%
	> 35 years	9	9.4%
	Total	96	100%
Education Level	Elementary School	3	3.1%
	Junior High School	5	5.2%
	Senior High School	53	55.2%
	Higher Education	35	36.5%
	Total	96	100%
Occupation	Housewife	73	76.0%
	Contract Worker	1	1.0%
	Civil Servant	4	4.2%
	Private Employee	18	18.8%
	Total	96	100%
Postpartum Duration	4–6 Weeks	96	100.0%
	Total	96	100%
First Cesarean Section (CS)	Yes (First CS)	77	80.2%
	No (Repeat CS)	19	19.8%
	Total	96	100%

Based on Table 1, the age distribution of respondents shows that most post-cesarean mothers are in the 20–35 age group, namely 79 people (82.3%), followed by the age group >35 years as many as 9 people (9.4%), and the age group <20 years as many as 8 people (8.3%). In the education variable, the majority of respondents had a high school education of 53 people (55.2%), and 35 people (36.5%) had a college education, while those with junior high school and elementary school education were 5 people (5.2%) and 3 people (3.1%), respectively. In terms of occupation, most respondents were housewives (IRT) as many as 73 people (76.0%), followed by 18 private employees (18.8%), 4 civil servants (4.2%), and 1 honorary employee (1.0%). All respondents (100%) were in the labor duration range of 4–6 weeks post-operatively at the time of data collection. Regarding the history of CS surgery, 77 respondents (80.2%) stated that this was their first CS experience, while 19 respondents (19.8%) had undergone CS before.

Table 2. Distribution of variables

Variable	Category	Frequency (f)	Percentage (%)
Social Support	Low	2	2.1%
	Moderate	35	36.5%
	High	59	61.5%
	Total	96	100%
Mental Health Status	Low	1	1.0%
	Moderate	25	26.0%
	High	70	72.9%
	Total	96	100%

Based on Table 2, the majority of respondents received social support in the high category, namely 59 people (61.5%), followed by the moderate category of 35 people (36.5%), and only 2 people (2.1%) received social support in the low category. This illustrates that the majority of mothers after CS delivery at Bhayangkara Hospital, Jambi City received attention and assistance from their social environment, especially their husbands and immediate families. In addition, the majority of respondents showed mental health status in the high (good) category, namely 70 people (72.9%), followed by the moderate category of 25 people (26.0%), and the low category of 1 person (1.0%). This distribution indicates that the majority of mothers after CS delivery at Bhayangkara Hospital, Jambi City were in a relatively stable psychological condition on the first day after surgery.

Bivariate Analysis Results

Table 3. Results of Kendall's Tau-b Correlation Test between Social Support and Mental Health

Social Support	Mental Health								Correlation Coefficient (rb)	Sig. (2-tailed)
							Total			
	Low Psychological Well-being		Moderate Psychological Well-being		High Psychological Well-being					
	F	%	F	%	F	%		F		
Low	0	0,0%	2	100,0%	0	0,00%	2	100%	0,384	< 0,001
Moderate	1	2,8%	15	41,7%	20	55,6%	35	100%		
High	0	0,0%	8	13,8%	50	86,2%	59	100%		
Total	1	1,0%	25	26,0%	70	72,9%	96	100%		

Based on Table 3, the results of the Kendall's tau_b correlation test show a correlation coefficient (τ) value of 0.384 with a significance value of $p < 0.001$. Because the p value is < 0.05 , the null hypothesis (H_0) is rejected and the alternative hypothesis (H_1) is accepted, which means there is a significant relationship between social support and post-CS maternal mental health. The correlation coefficient value of 0.384 is included in the weak to moderate correlation category (τ value between 0.20–0.39 =

weak-moderate), with a positive correlation direction, which means the higher the social support received, the better the post-CS maternal mental health.

DISCUSSION

Overview of Social Support for Mothers After Caesarean Section

The results showed that most post-CS mothers received high levels of social support (61.5%). Social support is a psychosocial resource derived from interactions with others, including emotional, instrumental, informational, and appraisal support (Sarafino and Smith, 2014). In the post-CS context, social support has a strategic role in helping mothers adapt to the physical and emotional changes that occur simultaneously. House (1981) in his classic theory divides social support into four main dimensions: (1) emotional support in the form of expressions of empathy and concern; (2) instrumental support in the form of real assistance such as help caring for a baby; (3) informational support in the form of information and advice; and (4) appraisal support in the form of positive feedback (House, 1981). These four dimensions together shape the mother's perception of the adequacy of the support she receives from her social environment.

The high level of social support found in this study aligns with research by Fitriani and Permatasari (2023), who found that 64.3% of post-CS mothers received high levels of social support. These researchers identified that local cultural factors, which still uphold family values and mutual cooperation, contribute to the high perception of social support among postpartum mothers in Indonesia (Fitriani, D. and Permatasari, 2023). Furthermore, research by Rokhmah et al. (2022) showed that the primary sources of social support for post-CS mothers were husbands (89.4%), followed by biological mothers/in-laws (78.2%), and healthcare workers (65.7%). This underscores the crucial role of the nuclear family in supporting post-CS mothers' recovery, both physically and mentally (Rokhmah, D. and Windayanti, H. and Nurhayati, 2022). This finding is further supported by the literature review conducted by Rahmayuly, Mutmainnah, and Ekawaty (2024), which analyzed ten studies and found that husband's support, particularly emotional support, is highly influential in helping postpartum mothers cope with psychological changes during the postpartum period and may reduce the risk of postpartum depression (Aisyah Tita Rahmayuly, 2024).

Mental Health Overview in Mothers After Caesarean Section

The research results showed that the majority of respondents (72.9%) had high (good) mental health. According to the World Health Organization (2022), mental health is defined as a state of well-being in which individuals are able to realize their potential, cope with the stresses of daily life, work productively, and contribute to their community (Organization, 2022). In the context of post-CS mothers, mental health includes the absence or low level of symptoms of postpartum depression, anxiety, and other psychological disorders. The postpartum period is a psychologically vulnerable time. The drastic hormonal changes after childbirth, particularly the drop in estrogen and progesterone levels, can trigger significant mood swings (O'Hara, M. W. and McCabe, 2013). In cases of CS, additional stress comes from surgical wound pain, limited physical mobility, and potential difficulties in breastfeeding, all of which can affect the mother's psychological state (Haines *et al.*, 2019).

The results of this study indicate relatively good mental health among the majority of respondents. Various studies have shown that psychological interventions during the perioperative period, along with support from healthcare professionals, play a crucial role in improving maternal emotional well-being and reducing the risk of psychological disorders up to six weeks postpartum after a cesarean section (Xu *et al.*, 2023) (Orovou *et al.*, 2025). However, the presence of 36.5% of respondents with moderate social support and 2.1% with low social support indicates that there is still a vulnerable group of mothers who require active intervention from health workers to strengthen their social support networks. Recent research shows that social support interventions, whether through professional support, peer groups, or other psychosocial approaches, are significantly effective in reducing the risk of postpartum depression, especially in mothers with limited informal social support (Norazman and Lee, 2024) (Prasanty and Ernawati, 2025).

The Relationship Between Social Support and Mental Health of Post-Caesarean Section Mothers

Based on the results of the Kendall's Tau-b correlation test, this study demonstrated a statistically significant relationship between social support and the psychological well-being of postpartum CS mothers ($\tau_b = 0.384$; $p < 0.001$). The p-value, which was significantly smaller than $\alpha = 0.05$, demonstrated that this relationship was not a coincidence. The positive correlation indicates that the higher the social support received by postpartum CS mothers, the higher their psychological well-being.

Descriptively, this relationship pattern is clearly reflected in the cross-tabulation results. In the group of mothers with low social support ($n=2$), all respondents (100%) were in Moderate Psychological Well-being, and none achieved High Psychological Well-being. This situation illustrates that without adequate social buffers, postpartum CS mothers bear the entire burden of physical and psychological recovery alone, thus suboptimal psychological well-being. In the group of mothers with moderate social support ($n=35$), the distribution was most heterogeneous: 55.6% were in High Psychological Well-being, 41.7% in Moderate Psychological Well-being, and 2.8% in Low Psychological Well-being. This heterogeneity reflects that suboptimal social support has not been able to consistently protect the psychological well-being of all mothers. In the group of mothers with high social support ($n=59$), the proportion of High Psychological Well-being increased dramatically to 86.2%, with only 13.8% in Moderate Psychological Well-being, and none in the Low category. This gradual gradient indicates a strong dose-response pattern between social support and psychological well-being.

However, 13.8% of mothers in the high social support group still remained in Moderate Psychological Well-being. This phenomenon is important to understand that high social support does not always guarantee perfect psychological well-being. This can occur due to several factors: first, the quality of support received may not match the mother's specific needs, for example, abundant instrumental support but insufficient emotional support; Second, there are biological factors such as drastic hormonal changes after childbirth that independently affect mood; third, the traumatic experience of the C-section itself, especially an unplanned emergency C-section, can leave a psychological impact that requires a longer recovery time (Orovou *et al.*, 2025).

Theoretically, these findings can be explained through two main mechanisms. First, through the buffering hypothesis proposed by Cohen and Wills (1985), which states that social support functions as a buffer against stress (Cohen, S. and Wills, 1985). When postpartum CS mothers face high physical and psychological stress, the presence of strong social support helps them cognitively reappraise situations perceived as threatening, thus making their stress response more manageable. Second, through the direct effect model, social support directly improves psychological well-being by fulfilling basic human needs for love, acceptance, and social connectedness, without the need for a specific stressor.

The findings of this study align with those of Cho *et al.* (2022), who found that mothers with low social support had a 2.76-fold higher risk of postpartum depression compared to mothers with high social support, while moderate social support increased the risk by 1.78-fold. This study also confirmed that the relationship between social support and postpartum mental health is hierarchical based on the level of support received, consistent with the cross-tabulation pattern in this study (Cho *et al.*, 2022). Furthermore, research conducted by Inekwe and Lee (2022) demonstrated that the relationship between perceived social support and postpartum mental health is causal, not simply associative. The study found a declining trend in postpartum mental health from 2002 to 2018 and confirmed that interventions to increase social support would directly improve maternal mental health after childbirth (Inekwe and Lee, 2022).

Specifically in the context of postpartum CS mothers, a meta-analysis by Ning *et al.* (2024) found that the rate of mental health disorders in CS mothers was significantly higher than in vaginal deliveries. Biological factors, such as drastic hormonal changes after surgery, and psychological factors, such as the perception of failure in vaginal delivery, mutually reinforce the psychological vulnerability of CS mothers (Ning *et al.*, 2024). In this condition, social support becomes a very crucial protective factor in maintaining the mother's psychological well-being during the recovery period.

From the perspective of the Indonesian context, Sinaga and Jober's (2023) research found that one-third of postpartum mothers in Indonesia (32.7%) experienced mental health problems, with groups with low social support showing a higher proportion of psychological problems (Sinaga and Jober, 2023). Research by Cahyaningtyas and Yulian (2023) confirms that the quality of social networks plays a significant role in the psychological well-being of postpartum mothers, where mothers with strong family support show better resilience in facing role changes and challenges during the postpartum period (Cahyaningtyas and Yulian, 2023).

A recent qualitative study by Elger et al. (2025) revealed that postpartum CS mothers who required longer hospitalization received the least emotional and appraisal support. The support received tended to be dominated by instrumental and informational support from healthcare providers, while emotional support relied more heavily on family. These findings reinforce the argument that active family involvement in postpartum CS care is not merely complementary, but an essential component in maintaining maternal psychological well-being (Stein Elger et al., 2025). Furthermore, Harandi et al.'s (2019) meta-analysis specifically emphasized that women are the group that most benefit from social support on their mental health compared to other groups, making this study's findings relevant and consistent with the existing body of evidence (Fasihi Harandi, Mohammad Taghinasab and Dehghan Nayeri, 2019).

The correlation coefficient value is in the moderate category ($r = 0.384$) based on the guidelines of Schober et al. (2018) indicating that social support is an important predictor but does not stand alone (Schober, Boer and Schwarte, 2018). Other factors such as family history of psychiatric disorders, personality (neuroticism), infant condition, and access to mental health services consistently emerged as independent predictors (Xu et al., 2026). A holistic approach that considers all of these factors is necessary in post-CES maternity nursing care.

Based on the above description, it can be concluded that there is a significant relationship between social support and the psychological well-being of post-CES mothers ($r = 0.384$; $p < 0.001$), with a pattern consistent both theoretically and empirically. Social support acts as a protective factor that helps mothers manage the physical and psychological stress after a CES. Therefore, improving the quality and quantity of social support through active family involvement and professional interventions from healthcare professionals is a key strategy in maintaining and improving the psychological well-being of post-CES mothers.

CONCLUSIONS

Based on the results of a study of 96 mothers after caesarean section delivery at Bhayangkara Hospital in Jambi City, the majority of respondents received social support in the high category (61.5%), followed by the medium category (36.5%) and low (2.1%), which indicates that the role of husbands, families, and health workers is still functioning as a protective factor, although 38.6% of respondents in the medium and low categories still require further clinical attention. In terms of mental health, most respondents were in the high category (72.9%), followed by the medium category (26.0%) and low (1.0%), which reflects a relatively good psychological condition in the 4–6 week postoperative period, but not yet fully optimal for some respondents and requires early intervention in at-risk groups. The results of the analysis also showed a positive and significant relationship between social support and mental health status ($r = 0.384$; $p < 0.001$), which indicates that social support plays an important role in improving maternal mental health after CS, although it is not the only determining factor because other factors such as clinical conditions, sleep quality, maternal self-efficacy, and support from health workers also have the potential to influence variations in respondents' mental health.

REFERENCES

1. Aisyah Tita Rahmayuly, M. M. (2024). Literature Study: The Relationship of Husband's Support with The Event of Depression in Postpartum Mothers. *Jurnal Keperawatan Universitas Jambi*, 8(3), 29-36.
2. Amna, Z. and Khairani, M. (2024) 'Faktor-Faktor Risiko Depresi Pada Ibu Pascabersalin', *Jurnal Ilmu Keluarga dan Konsumen*, 17(1), pp. 28–40. doi: 10.24156/jikk.2024.17.1.28.
3. Cahyaningtyas, K. N. and Yulian, V. (2023) 'Gambaran Kesehatan Mental pada Ibu Post Natal', *Jurnal Keperawatan Silampari*, 6(2), pp. 1274–1280. doi: 10.31539/jks.v6i2.5477.

4. Cho, H. *et al.* (2022) 'Association between social support and postpartum depression', *Scientific Reports*, 12(1), p. 3128. doi: 10.1038/s41598-022-07248-7.
5. Cohen, S. and Wills, T. A. (1985) 'Stress, social support, and the buffering hypothesis', *Psychological Bulletin*, 98(2), pp. 310–357. doi: <https://doi.org/10.1037/0033-2909.98.2.310>.
6. Dewanti, I. R., Winta, M. V. I. and Pratiwi, S. (2024) 'Dinamika Psychological Well Being pada Ibu Pasca Melahirkan Caesar', 8(2011), pp. 30015–30023.
7. Duran, S. and Vural, G. (2023) 'Problems Experienced by the Mothers in Post-Cesarean Period: A Narrative Review', *Iranian Journal of Public Health*, 52(10), pp. 2036–2041. doi: 10.18502/ijph.v52i10.13841.
8. Fasihi Harandi, T., Mohammad Taghinasab, M. and Dehghan Nayeri, T. (2019) 'The correlation of social support with mental health: A meta-analysis', *Electronic Physician*, 9(9), pp. 5212–5222. doi: 10.19082/5212.
9. Fitriani, D. and Permatasari, E. (2023) 'Gambaran dukungan sosial pada ibu post sectio caesarea di RSI Jombang', *Indonesian Journal of Nursing Practices*, 7, pp. 112–119. doi: 10.18196/ijnp.v7i2.16478.
10. Haines, H. M. *et al.* (2019) 'Identifying women who are afraid of giving birth: A comparison of the fear of birth scale with the WDEQ-A in a large Australian cohort', *Sexual & Reproductive Healthcare*, 6(4), pp. 204–210. doi: <https://doi.org/10.1016/j.srhc.2015.05.002>.
11. House, J. S. (1981) *Work Stress and Social Support*. Addison-Wesley.
12. Inekwe, J. N. and Lee, E. (2022) 'Perceived social support on postpartum mental health: An instrumental variable analysis', *PLOS ONE*, 17(5), p. e0265941. doi: 10.1371/journal.pone.0265941.
13. Kementerian Kesehatan Republik Indonesia (2023) *Survei Kesehatan Indonesia Tahun 2023*. Jakarta Pusat.
14. Khademi, K. and Kaveh, M. H. (2024) 'Social support as a coping resource for psychosocial conditions in postpartum period: a systematic review and logic framework', *BMC Psychology*, 12(1), pp. 1–12. doi: 10.1186/s40359-024-01814-6.
15. Mariany, M., Naim, R. and Afrianty, I. (2022) 'The Relationship Of Social Support With Postpartum Blues In Postpartum Mothers In The Work Area Of Pomalaa Puskesmas', *Jurnal Surya Medika*, 8(2), pp. 319–324.
16. Ning, J. *et al.* (2024) 'Meta-analysis of association between caesarean section and postpartum depression risk', *Frontiers in Psychiatry*, 15. doi: 10.3389/fpsyt.2024.1361604.
17. Norazman, C. W. and Lee, L. K. (2024) 'The influence of social support in the prevention and treatment of postpartum depression: An intervention-based narrative review', *Women's Health*, 20. doi: 10.1177/17455057241275587.
18. Nursalam, N. (2016) 'Metodologi penelitian ilmu keperawatan'. Salimba Medika.
19. O'Hara, M. W. and McCabe, J. E. (2013) 'Postpartum depression: Current status and future directions', *Annual Review of Clinical Psychology*, 9, pp. 379–407. doi: 10.1146/annurev-clinpsy-050212-185612.
20. Organization, W. H. (2022) *World Mental Health Report: Transforming Mental Health for All*, WHO Press. Available at: <https://www.who.int/publications/i/item/9789240049338>.
21. Orovou, E. *et al.* (2025) 'Prevalence and correlates of postpartum PTSD following emergency cesarean sections: implications for perinatal mental health care: a systematic review and meta-analysis', *BMC Psychology*, 13(1). doi: 10.1186/s40359-025-02344-5.
22. Polit, D. and Beck, C. (2019) *Nursing Research*. Wolters Kluwer Health.
23. Prasanty, S. J. and Ernawati, E. (2025) 'Psychosocial Interventions and Social Support for Maternal Mental Health and the Prevention of Postpartum Depression: A Literature Review', *Journal La Medihealtico*, 6(6), pp. 1631–1644. doi: 10.37899/journallamedihealtico.v6i6.2804.
24. Purwanza, S. W. *et al.* (2022) *Metodologi Penelitian Kuantitatif, Kualitatif, dan Kombinasi, Media Sains Indonesia*.
25. RI, K. K. (2021) 'Pedoman dan standar etik penelitian dan pengembangan standar kesehatan nasional', Jakarta: Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan (LPB).

26. Riska Amalia, N. A. *et al.* (2023) 'Hubungan Kesehatan Mental dengan Maternal Functioning pada Ibu Postpartum', *Alami Journal (Alauddin Islamic Medical) Journal*, 7(2), pp. 67–74. doi: 10.24252/alami.v7i2.36608.
27. Rokhmah, D. and Windayanti, H. and Nurhayati, E. (2022) 'Sumber dukungan sosial dan kualitas hidup ibu post sectio caesarea di rumah sakit rujukan', *Jurnal Kesehatan Prima*, 16, pp. 61–70. doi: 10.32807/jkp.v16i1.563.
28. Sarafino, E. P. and Smith, T. W. (2014) *Health psychology: Biopsychosocial interactions*. John Wiley & Sons.
29. Schober, P., Boer, C. and Schwarte, L. A. (2018) 'Correlation Coefficients: Appropriate Use and Interpretation', *Anesthesia & Analgesia*, 126(5), pp. 1763–1768. doi: 10.1213/ANE.0000000000002864.
30. Setia, I. C. and Arifin, T. (2021) 'Penentuan Penanganan Persalinan Caesar dengan Neural Network dan Particle Swarm Optimization', *Sistemasi*, 10(2), p. 346. doi: 10.32520/stmsi.v10i2.1235.
31. Sinaga, E. and Jober, N. F. (2023) 'Karakteristik dan Status Kesehatan Mental Ibu Postpartum', *Jurnal Keperawatan Silampari*, 6(2), pp. 1717–1729.
32. Stein Elger, R. *et al.* (2025) 'The role of social support in shaping maternal experiences during the postpartum hospital stay: A qualitative study', *Women's Health*, 21. doi: 10.1177/17455057251385367.
33. Sufredini, F. *et al.* (2022) 'The effects of social support on depression and anxiety in the perinatal period: A mixed-methods systematic review', *Journal of Affective Disorders*, 319, pp. 119–141. doi: <https://doi.org/10.1016/j.jad.2022.09.005>.
34. Syapitri, H. *et al.* (2021) *Buku ajar metodologi penelitian kesehatan*. Ahlimedia Book.
35. Tonei, V. (2019) 'Mother's mental health after childbirth: Does the delivery method matter?', *Journal of Health Economics*, 63, pp. 182–196. doi: <https://doi.org/10.1016/j.jhealeco.2018.11.006>.
36. Wahyuni Sundari, S., Novayanti, N. and Nur Aulia, D. (2023) 'Dukungan Sosial Dan Status Kesehatan Mental Ibu Pascasalin', *Jurnal Ilmiah Kesehatan Diagnosis*, 18, pp. 2302–2531.
37. World Health Organisation (2021) *Caesarean Section Rates Continue to Rise, Amid Growing Inequalities in Access*. Available at: <https://www.who.int/news/item/16-06-2021-caesarean-section-rates-continue-to-rise-amid-growing-inequalities-in-access> (Accessed: 19 February 2025).
38. Xu, L. *et al.* (2023) 'Study on the effect of intervention on postpartum psychological improvement and body recovery of caesarean section women based on information-motivation-behavioural skills model', *Nursing Open*, 10(7), pp. 4705–4712. doi: 10.1002/nop2.1720.
39. Xu, M. *et al.* (2026) 'Risk factors for postpartum depression: an umbrella review', *Frontiers in Public Health*, 13(January). doi: 10.3389/fpubh.2025.1714668.