

PREVENTION OF POSTPARTUM BLUES THROUGH FAMILY SUPERVISION BASED ON MANDAILING CULTURE IN NORTH SUMATERA

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Abstract

Postpartum blues is disturbance atmosphere heart frequent light appears in the postpartum period and is risky develop become postpartum depression when No handled . Research This evaluate effectiveness of the mentoring model family based on transcultural midwifery with integrate mark culture Mandailing in Prevention of postpartum blues in Rantau Prapat City . The method used is a quasi- experiment with pre-test–post-test control group design on 68 mothers third trimester of pregnancy and family and cadres integrated health post , which is divided in group intervention and control . Intervention in the form of training module containing practice culture local (marsidudu , marsipaingot , marhaban , marsialapari) contextualized to in midwifery transcultural . Research results show improvement significant on knowledge and attitudes family ($p < 0.001$) and decline meaningful incidence of postpartum blues ($p = 0.008$) in the group intervention , while group control No experience change means . The N-Gain value indicates effectiveness training category currently For family (66.92%) and sufficient For cadres (56.92%), although aspect attitude Still need Strengthening . Longitudinal analysis using GEE confirmed the positive impact of the intervention on reducing EPDS scores. The study concluded that a culturally based midwifery approach effectively increased family support while preventing postpartum blues and is worthy of adoption as a holistic, community-based maternal health care strategy.

Keywords : postpartum blues, transcultural midwifery , culture Mandailing , family support, maternal mental health

INTRODUCTION

The postpartum period is a crucial phase that requires mothers to adapt to biological, psychological, and social changes, as well as their new role as mothers. Inability to adapt during this period often leads to mild emotional distress called postpartum blues. This condition is characterized by mood swings, anxiety, feelings of helplessness, and frequent crying, usually occurring on the third to fifth day after delivery and can last up to two weeks. Although often temporary, postpartum blues can potentially progress to depression and even psychosis if inadequate support is not provided (Ntaouti et al., 2018; Arfian, 2019).

The incidence of postpartum blues varies globally, ranging from 8% in Japan to nearly 80% in Tanzania, depending on the research methodology used (Perry et al., 2019). In Indonesia, the prevalence is reported to range from 23% to 70% (Handayani et al., 2021; Sinabariba et al., 2022). Data from the Labuhanbatu Health Office shows an increase in cases in Rantau Prapat over the past three years, from 18.3% in 2021 to 22.2% in 2023, with the majority of cases occurring in mothers of the Mandailing ethnic group (Labuhanbatu Health Office, 2024). This situation is also influenced by external factors such as urbanization, traffic congestion, pollution, and economic pressures, which add to maternal stress during pregnancy and postpartum.

As the majority ethnic group in Rantau Prapat, the Mandailing have postpartum traditions that serve as physical, mental, and social support for mothers, such as marsidudu (spiced steam therapy), marhaban (coconut oil massage), marsialapari (family cooperation), and marsipaingot (loving advice). However, persistent patriarchal values, such as demands for mothers to quickly return to domestic roles and a preference for sons, can add to the psychological burden and trigger postpartum blues. Thus, Mandailing culture holds both protective potential and challenges that must be addressed in maternal health services.

Leininger's (1988) concept of transcultural midwifery emphasizes the use of local wisdom in midwifery practice. This approach allows for synergy between modern medical services and traditional cultural practices, resulting in more comprehensive care. A study in Bali demonstrated that culturally based family support interventions were able to reduce postpartum blues and increase the success of exclusive breastfeeding (Winingsih, 2022). These findings strengthen the argument that integrating local culture can strengthen emotional support and maintain maternal mental health after childbirth.

Family support in Rantau Parapat has so far focused primarily on the physical and nutritional aspects of mothers, while psychological and sociocultural needs have not been optimally addressed. This situation creates a gap between the services provided and the actual needs of postpartum mothers. Therefore, a support model that integrates Mandailing cultural values with the principles of transcultural midwifery is needed as a preventative measure against postpartum blues.

This research is the third phase of a series of previous studies that have mapped risk factors and explored the experiences of Mandailing mothers after childbirth. The focus this time is on the application of a transcultural midwifery-based family support model to assess its effectiveness in strengthening family support, improving early detection of postpartum blues, assisting mothers' adaptation to their roles, and reducing its prevalence in Rantau Prapat City. The results are expected to provide theoretical contributions in the form of developing a local culture-based midwifery model, as well as practical benefits for health workers, families, and policymakers to improve the quality of more comprehensive and sustainable maternal health services.

LITERATURE REVIEW

Transcultural Midwifery Theory

Transcultural midwifery theory, particularly in the context of midwives, emphasizes the importance of understanding cultural differences and values that influence pregnancy and childbirth. This theory aims to increase midwives' awareness of the cultural needs and preferences of various groups of pregnant women, enabling them to provide more sensitive and appropriate care (Esegbona-Adeigbe, 2023).

Transcultural midwifery is an approach to midwifery practice that focuses on understanding and respecting cultural differences and similarities in childbirth and maternity care. It emphasizes the importance of culturally competent care in improving maternal and newborn health outcomes (Leininger, 1988). The concept of transcultural midwifery emerged from the broader field of transcultural nursing, introduced by Leininger in the 1950s.

According to Leininger, aspects of transcultural midwifery include three components: preservation/maintenance, which is supporting beneficial cultural practices; accommodation/negotiation, which is adjusting care to be in harmony with the culture without endangering health; and repatterning/restructuring, which is modifying risky cultural practices with safer alternatives while still respecting the patient's cultural values.

Mandailing Culture

Mandailing culture in Indonesia is closely linked to the human life cycle, including pregnancy, childbirth, and postpartum. Values, traditions, and beliefs passed down from generation to generation are reflected in various midwifery practices. Special rituals during pregnancy are performed to ensure the safety of the mother and baby, while the birthing process is often accompanied by customs that provide emotional and spiritual support for the mother (Koentjaraningrat, 2017).

Supporting pregnant and childbirth mothers is an essential part of traditional midwifery practice. Companions, both from the family and the local community, provide physical, emotional, and spiritual support throughout pregnancy and postpartum. Their presence not only provides practical assistance but also serves as a source of social support that empowers mothers to face the challenges of pregnancy and childbirth (Saebani, 2020).

Local traditions also play a role in preventing postpartum blues. Cultural values and supportive practices can create a support system that reduces stress and anxiety in new mothers. Strong social and emotional support can reduce the risk of postpartum blues symptoms (Astuti et al., 2021).

Furthermore, support during pregnancy, childbirth, and postpartum helps ensure the health of both mother and baby. This support includes information on nutrition, prenatal care, and emotional and medical support. Integrating local culture, such as the use of safe traditional herbal medicines or massage specifically for pregnant women, can increase the effectiveness of support, making mothers feel more comfortable and accepted during their pregnancy (Bobak, 2019).

Culture Mandailing own a number of traditions that play a role important in support Mother post give birth to at a time prevent postpartum blues, including :

1. **Marsidudu** give moral and physical support through help relatives in look after House stairs and baby so that reduce stress Mother new .

2. **Marpangir** help recovery physical and provide effect soothing relaxation in a way emotional .
3. **Happy** become moment prayers and greetings congratulations that increase feelings of being appreciated and loved , so strengthen condition psychological Mother .
4. **Mandadang** provide a sense of security Because family alternate guard mother and baby at night day , allowing Mother get Rest Enough .
5. **Marsialapari** showing community mutual cooperation that alleviates burden mother , so that He Can focus on recovery self .
6. **Marsipaingot** in the form of advice from parents or relatives experienced increase confidence self and readiness Mother in nurse baby . Overall tradition This show How mark family and togetherness in culture Mandailing become mechanism protective to risk of postpartum blues.

METHOD

Study This use quasi- experimental design with pre-test–post-test control group. Research This involving 68 mothers third trimester of pregnancy and companion family and cadres Integrated health post in Rantau Prapat City , Regency Labuhanbatu . Respondent shared become group intervention (30) that received mentoring with based transcultural midwifery module culture Mandailing and groups control (38) which only accept counseling Standard . The variables measured included knowledge, attitudes, support, and the incidence of postpartum blues using the EPDS. The study was conducted from April to June 2025 in response to the increasing number of postpartum blues cases and the absence of culture-based support programs.

The implementation procedure began with postpartum blues preparation counseling and data entry and an EPDS pre-test for 68 respondents. Next, family and cadre training was conducted, with knowledge and attitudes measured before and after the training (post-test 1 for 30 respondents). A maximum of 14 days after delivery, re-measurements were conducted covering the mother's EPDS score, family knowledge and attitudes, and cadre scores (post-test 2). Finally, fidelity of support was assessed using a checklist as a covariate in the model analysis. Data collection was conducted through pre- and post-tests using knowledge and attitude questionnaires and the EPDS, plus semi-structured interviews to explore experiences of implementing Mandailing culture. Data analysis included the Friedman test for score changes, the N-Gain calculation for intervention effectiveness, the Wilcoxon and Mann-Whitney tests for differences in the EPDS, and longitudinal analysis using Generalized Estimating Equations (GEE) to examine the impact of the intervention repeatedly over time.

RESULTS

Testing for Differences in Groups with the Wolcoxon Test

To determine the effectiveness of the mentoring intervention in reducing the incidence of postpartum blues, an analysis was conducted using the Wilcoxon test. This test was chosen because the data analyzed came from paired measurements (before and after mentoring) with a non-normal distribution. The analysis was divided into two groups, a control group and a case group, to compare whether there were significant differences in each group. The results of the Wilcoxon test are shown in Table 1.

Table 1. Results of the Wilcoxon test above Postpartum Blues Occurrence Before and After Mentoring in Case and Control Groups				
Variables	Mean Rank		Z Value	Significance
Post Partum Blues Group Incident Control	Negative Ranks	6	-0.302	0.763
	Positive Ranks	5		
Postpartum Blues Case Group Incidence	Negative Ranks	0	-0.2646	0.008
	Positive Ranks	7		

Table 1 presents Wilcoxon test results for compare incident *postpartum blues* before and after mentoring in groups control and group case . In the group control , value *mean rank* For difference negative is 6 and for difference positive is 5, with The Z value is -0.302 and the significance is 0.763. A significance value that is far above 0.05 indicates that No There is difference meaningful between before and after in the group control , meaning mentoring No give influence significant in the group This .

Meanwhile, the results in the case group were different. *The mean rank* showed a positive change with a value of 7, while no negative differences were found (0). A Z-value of -2.646 with a significance of 0.008 ($p < 0.05$) indicated a significant difference between before and after mentoring in the case group. This means that after mentoring, the incidence of *postpartum blues* in the case group decreased significantly.

These results confirm that mentoring is effective in reducing the incidence of *postpartum blues* in the case group, while the control group showed no significant changes. This indicates that mentoring interventions have a significant impact on preventing and reducing *postpartum blues* in mothers after childbirth.

Mann Whitney Group Difference Test

To ensure whether there are differences between the case and control groups in the post-test, a difference test based on groups will be conducted using the Mann Whitney test. The test results can be seen in the table following This				
Table 2. Results of the Mann Whitney Test on Post Partum Blues Occurrence After Assistance to Respondents				
Variables	Mean Rank		Z Value	Significance
Post Partum Blues Occurs After Mentoring	Didn't Get It Mentoring	42.46	-0.3785	0.001
	Get Mentoring	24.42		

Table 2 shows Mann Whitney test results for compare incident *postpartum blues* after mentoring between respondents who do not get assistance and those who receive it mentoring. *Mean rank value* in the group without mentoring more high (42.46) compared to with the group that received mentoring (24.42). Difference This strengthened with Z value of -3.785 and significance of 0.001 ($p < 0.05$), which means there is difference meaningful between second group.

This result indicates that respondents who do not get mentoring tend own incident *postpartum blues* more tall compared to with those who get mentoring. Low mark *mean rank* in the group with mentoring show existence decline level incident *postpartum blues* in a way significant after intervention given.

In conclusion, this Mann Whitney test confirm that mentoring effective in lower incident *postpartum blues*. Intervention in the form of mentoring proven give impact positive with pressing number incident, so that can recommended as an important strategy in effort prevention *postpartum blues* in mothers after give birth to.

Analysis Longitudinal Generalized Linear Models

For analyze impact mentoring based on development time before and after so used Generalized Estimating Equations (GEE) analysis. The results GEE analysis can seen in the table following This,

Table 3. Results of the Generalized Estimating Equations Test Considering Time, Groups and Interactions			
Parameter	B	p-value	Interpretation
Group (Case vs Control)	-1,770	0.011	There was a significant difference; the case group (with assistance) had lower EPDS scores than the controls.
Time (Pre vs Post)	-1,504	0.037	There was a significant decrease in EPDS scores from before to after the measurement.
Interaction (Group *Time)	1,616	0.061	Not significant (approaching 0.05); meaning decline pre-post scores between group case vs control different direction, but Not yet Enough strong in a way statistics.

Table 3 shows the GEE test results that variables groups (case vs control) have B value = -1.770 with $p = 0.011$. This result meaningful significant, which indicates that there is difference real between the group that gets mentoring based *transcultural midwifery* with group control. EPDS scores in the control group case more low compared to group control, which means intervention mentoring give effect protective in lower symptom *postpartum blues*.

Next, the variables time (pre vs post) shows B value = -1.504 with $p = 0.037$. This result is also significant, which indicates that in a way overall, it happened decline EPDS score from before to after assistance, regardless from his group. Findings This confirm that time measurement own role important in change condition psychological mother, where is the support in a way general can help reduce symptom depression postpartum. Meanwhile, the *interaction variable group * time* produced a value of B = 1.616 with $p = 0.061$. Although not significant ($p > 0.05$), this result is on the threshold of significance, so it can be interpreted that there is a tendency for changes in EPDS scores between the case and control groups to be in different directions. In other words, the case group showed a greater decrease in scores than the control group, but the statistical evidence is not yet strong enough, possibly influenced by the limited sample size or variations in individual responses.

Overall, these results suggest that mentoring based on Mandailing cultural values has been shown to be effective in reducing EPDS scores through both group and time effects. Although the interaction between group and time

was not yet significant, the observed trend suggests that the intervention was more beneficial in the case group. In conclusion, mentoring can be recommended as an intervention strategy to prevent and reduce *postpartum blues*, with potentially stronger results if tested on a larger sample size or over a longer mentoring period.

DISCUSSION

Analysis of Increasing Family and Cadre Knowledge in Efforts to Accompany Mothers Postpartum

The significant increase in family knowledge indicates that training materials on early symptoms, risk factors, and support strategies have been successfully transformed into applicable knowledge at the household level. Theoretically, strengthening family literacy serves as a primary prevention layer to prevent the transition from baby blues to more severe mood disorders. This aligns with findings that postpartum mood disorders are a common phenomenon that requires early detection and family-based support (Guintivano, 2018; Azad, 2019).

The family's N-Gain score, which is categorized as "moderate," indicates the effectiveness of the intervention, although there is still room for improvement. Within the framework of learning evaluation, N-Gain (Hake) serves as a sensitive indicator for measuring proportional improvement against maximum potential. Therefore, further strategies such as structured reinforcement (boosters) and case study-based exercises with a local cultural context are expected to drive more significant improvements in learning outcomes (Hake, 1998). Meanwhile, in the cadre group, there was no significant difference despite the N-Gain score being categorized as "moderate," which can be explained by a ceiling effect: high initial scores limit the potential for measurable improvement. The evaluative literature also highlights that absolute gains can be distorted by pre-test scores; therefore, in groups with high initial competency, more challenging instruments are needed to accurately detect change.

The Transcultural Midwifery approach explains why materials integrated with local Mandailing cultural practices (such as marsidudu, marhaban, marsialapari, marsipaingot) are more easily understood and remembered by participants. The principles proposed by Leininger (1988) emphasize the importance of preserving adaptive health practices, cultural accommodation, and repatterning or restructuring cultural norms that could potentially burden mothers, all of which are reflected in the training module.

Furthermore, the approach developed by Andrews & Boyle and the Purnell (2002) model emphasize the need for systematic cultural assessment and competency in cross-cultural communication. When training materials successfully map Mandailing values, beliefs, and practices into daily support plans (such as household chores, secure spiritual support, and night shift arrangements), cadres and families' understanding improves because the content is contextualized and relevant to their lives.

Cultural sensitivity is central to the quality of maternal care because integrating cultural preferences with safe clinical practices can increase family engagement and compliance, ultimately positively impacting maternal psychological well-being. This finding is consistent with research showing that family support is the primary quantitative resource, while cadres serve as information amplifiers and referral intermediaries (Low, 2023; Place, 2024).

Increasing knowledge among families and health workers is relevant to the multidimensional determinants of postpartum blues: hormonal, psychological, and social. Understanding triggers such as sleep deprivation, new role burdens, and minimal social support contributes to strengthening early detection, including through the use of screening instruments such as the Edinburgh Postnatal Depression Scale (EPDS). Meta-analytic evidence suggests a threshold score of ≥ 11 as the optimal point for balancing sensitivity and specificity, although adaptation of the threshold score based on cultural context is still recommended, in accordance with a transcultural approach that emphasizes modifying instruments and referral pathways to suit local conditions (Mathey, 2022; Levis, 2020).

In terms of program design, curriculum differentiation is highly recommended: families receive basic classes covering sign/symptom recognition, support roles, and home use of the EPDS, while cadres receive advanced training covering basic psychosocial triage, empathic communication, and the use of referral algorithms. This strategy aligns with transcultural principles that emphasize incremental and collaborative competencies across roles within the health care network.

Overall, the results showed a significant increase in knowledge among family groups, as well as limited but functional improvements among cadres. This supports the effectiveness of the local culture-based mentoring model in increasing the capacity for practical knowledge relevant to postpartum blues prevention. With reinforcement through continuous learning strategies (boosters), practice assessments, and increased fidelity of program implementation, the effects of increased knowledge have the potential to be more effectively converted into consistent supportive behaviors. This aligns with the principles of transcultural nursing and midwifery, which emphasize interventions based on the values, beliefs, and practices of specific local communities (Kte'pi, 2023).

Analysis of Improving the Attitudes of Families and Cadres in Efforts to Accompany Mothers Postpartum

The results of the Friedman test analysis indicated a significant increase in family attitudes toward maternal support during the postpartum period, as seen from the comparison of the average score before and after training, which increased from a mean rank of 1.4 to 2.5 ($p < 0.05$). This finding underscores the effectiveness of educational interventions in shaping a more positive perception of the strategic role of families in preventing postpartum blues. The intervention also aligns with the need for emotional education, which has been shown to facilitate the adaptation process of mothers in assuming their new role as parents.

The improvement in family attitudes is reflected in the N-Gain value of 43.12%, which is categorized as quite significant but not optimal in terms of effectiveness. This indicates that although there has been a more positive change in attitudes, the intensity and depth of the intervention material still need to be improved. Strategies that can be adopted include repeated reinforcement through a series of training modules and the implementation of more intensive reflective practice to ensure that attitude changes are more stable and sustainable.

Previous research by Alsabi (2022) revealed that although families' knowledge of postpartum mood disorders was considered adequate, negative attitudes or stigma were still common. For example, the perception that mothers experiencing postpartum depression are considered "weak" or as if they "chose to experience it." This finding reflects a gap between cognition and affect, namely that knowledge alone does not always translate into empathy or emotional support.

Supportive attitudes from families and health workers are crucial in detecting early symptoms of postpartum blues, both through the use of instruments such as the *Edinburgh Postnatal Depression Scale (EPDS)*, direct observation of changes in maternal behavior, and during the referral process to health care facilities. In the context of urbanization in the Rantau Prapat region, which has resulted in increased psychological stress for mothers, a more empathetic shift in family and health workers' attitudes is a form of mitigation against the risk of psychological disorders, while simultaneously fulfilling a biopsychosocial approach in maternal health services.

Cadres, the spearhead of community services, also demonstrated a significant improvement in their attitudes toward postpartum maternal support, as indicated by an increase in the mean rank from 1.82 to 2.12 ($p = 0.006$). This indicates that the training module, which embraces a transcultural midwifery approach, is not only relevant to families but also effective in increasing cadre awareness and commitment. However, the N-Gain score for cadre attitudes was recorded at 37.81%, which is considered less effective. This situation suggests the need for adjustments to training strategies, including providing more in-depth follow-up materials, especially for cadres who already have a strong basic understanding, to prevent attitude stagnation or a ceiling effect.

A study by Fair (2021) supports these findings by showing that midwifery training that considers cultural sensitivity can significantly improve the knowledge, skills, and cultural competence of healthcare workers, including the attitudinal dimension. Therefore, the transcultural approach adopted in training has proven to have significant potential in fostering more inclusive and empathetic attitudes.

The integration of local cultural values such as *marsidudu* (physical support), *marsipaingot* (wise advice), and *marhaban* (emotional support) into the training program not only enriches the content but also strengthens the affective dimension of participants. These traditions reflect local wisdom that can be mobilized to respond to mothers' emotional needs and broaden awareness of the meaning of culturally based support. According to Dalmaijer et al. (2025), strengthening cultural competence in health services contributes to improved maternal clinical outcomes and creates a sense of security and satisfaction for mothers during pregnancy and childbirth. Thus, changes in attitudes from both families and cadres directly contribute to improving the quality of mothers' postpartum experiences.

The synergy between families and cadres in this intervention has been proven to improve both knowledge and attitudes, which in turn fosters a supportive social ecosystem or *supportive culture* at the community level. In the context of preventing postpartum blues, this collaboration is a crucial foundation for sustainably changing social norms. To strengthen the effectiveness of attitude change, it is recommended that the intervention program include regular reinforcement sessions, the use of simulation-based assessment instruments to measure the depth of attitudes, and ongoing monitoring of the dynamics of attitude change as a key indicator in program evaluation. With this approach, it is hoped that the achieved attitude changes will not be merely temporary but will also have a sustainable long-term impact.

Analysis Prevention Post Partum Blues incident through mentoring based on Transcultural Midwifery (Cultural Values) Mandailing)

Implementation approach transcultural in practice midwifery demand existence respect to difference culture in give service postpartum practice This require power health understand as well as accommodate system values , customs , and beliefs held by the mother and her family (Gardner, 2024). Sensitivity culture become aspect important , considering background behind culture greatly influences perception Woman to symptom emotional after giving birth and their strategies in look for assistance (Gardner, 2024).

Insensitivity to dimensions culture in perinatal services can widen canyon quality service between group society . Therefore that 's important For integrate context socio-cultural local to in practice midwifery to bridge approach clinical with fact social mother and family .

In various culture , phase postpartum characterized by practices aimed at For guard condition physical and mental health of mother and baby . The tradition of confinement is widespread in Asian countries transforming become system supporters Mother through giving time Rest full , herbal consumption , and avoidance taboos certain (Cai, 2024). In Indonesia, the practice of similar strengthen condition emotional Mother with present support close social from family . The role of the family big in this ritual create supportive and accelerating environment recovery as well as prevent loneliness that can make things worse condition psychological Mother . Research shows that design intervention based culture local increase attitude positive companions , good from element family and cadre health . Training that combines outlook culture proven push awareness collective about importance mentoring for postpartum mothers . One of them studies find improvement competence culture and

empathy power health after follow training sensitive culture (Fair, 2021). Approach This allows companion understand in a way more deep need emotional mother and give more support appropriate target .

Research in Lampung by Anita (2024) shows existence correlation positive between support family and low prevalence disturbance atmosphere heart to mother post-operative fault . Agustini (2025) confirmed findings This with data showing that support husband and family in a way significant influential to decline the incidence of baby blues ($p=0.006$). Although training has produce change meaningful attitude , effectiveness intervention Still classified as currently based on N-Gain value , shows that transformation behavior Not yet fully take root . This is indicates the need strengthening approach , good through training repetitive and method more educational participatory like simulation .

Emotional and social support from the immediate environment is a key preventative strategy for postpartum depression. A study by Choe (2022) found that mothers with low levels of support were nearly five times more likely to experience depression than those with high levels. This support includes practical assistance, empathy, and psychological reinforcement that make mothers feel accepted and valued. In Saudi Arabia, research by Aqeeli (2025) showed that a husband's active role in supporting his wife postpartum had a protective effect against psychological disorders. Conversely, a husband's minimal role was a significant factor in the development of depression.

Increasing the involvement of families and cadres as companions for mothers is crucial in creating a sustainable support system. A literature study (Sari, 2025) emphasized that a peer-based approach is effective in reducing symptoms of baby blues. Open communication within the family creates a safe space for mothers to express their feelings without pressure. In this way, families and cadres serve as an essential emotional support system to prevent psychological vulnerability.

In the Mandailing cultural context, local values such as marsidudu, marsipaingot, and marhaban play a significant role in supporting mothers after childbirth. Marsidudu refers to physical care using herbal steam prepared by the family as a form of direct attention to the mother's condition (Nasution, 2022). This physical support allows mothers to focus on recovery without being burdened with domestic chores.

On the other hand, marsipaingot describes the provision of wise advice by senior family members with an empathetic approach (Hayati, 2020). This compassionate advice helps mothers manage emotional stress and gain insight into parenting. Meanwhile, marhaban, a form of welcoming a baby within a religious and social framework, provides emotional support to the mother, demonstrating that she is not facing the postpartum period alone (Cai, 2024).

These three forms of support enrich the culture-based mentoring model. Local traditions not only maintain community identity but also strengthen mothers' resilience to postpartum psychological challenges. When these values are contextualized within a modern midwifery approach, more adaptive and sustainable interventions are created.

In transcultural midwifery practice, midwives act as facilitators, bridging medical science with local wisdom. One key step is conducting cultural mapping in the target community. By recognizing local practices, beliefs, and languages, midwives can deliver interventions in a way that is both harmonious and acceptable. Education is delivered not through a confrontational approach, but through dialogue that respects the community's cultural perspectives (Agustina, 2025). This will facilitate acceptance of the intervention and encourage program sustainability.

The success of intervention programs can also be enhanced by involving community leaders, such as traditional or religious leaders, to provide cultural legitimacy to health messages. They can help articulate the importance of supporting new mothers and encourage the preservation of local values that support mental health. Global recommendations support this approach as an effective strategy for improving overall maternal health (Place, 2024).

In conclusion, implementing transcultural midwifery, utilizing local wisdom, such as that found in the Mandailing community, is a strategic step in strengthening postpartum interventions. This approach allows for synergy between health science and community culture, resulting in more inclusive services with long-term impact. The success of this effort depends on cross-sector collaboration and a collective awareness that postpartum maternal health is a shared responsibility.

CONCLUSION

The results of the study showed that the implementation of a transcultural midwifery-based family support model that integrates Mandailing cultural values was proven effective in reducing the incidence of postpartum blues in postpartum mothers. This effectiveness was reflected in a significant increase in family knowledge and attitudes, a strengthening of the role of Posyandu cadres as culturally based companions, and a significant decrease in the incidence of postpartum blues in the intervention group compared to the control group. The integration of local cultural values such as marsidudu (physical support), marsipaingot (empathetic advice), and marhaban (emotional-communal support) played a crucial role in creating contextual, relevant, and sustainable psychosocial support for postpartum mothers.

The Health Office and the Health Office are advised to integrate a culturally based family support model into the routine programs of Integrated Health Posts (Posyandu), Community Health Centers (Puskesmas), and community

midwifery services. Regular training for family support providers and Posyandu cadres needs to be increased to strengthen their skills in providing culturally based physical, emotional, and social support. Furthermore, transcultural midwifery training modules should be continuously refined and adapted to the cultural characteristics of other regions so they can become a national reference for maternal services based on local wisdom.

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