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Legal Protection Against a Mother Who Has Baby Blues Syndrome

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Abstract: Postpartum mothers who suffer from baby blues syndrome may abuse their biological children. Baby blues syndrome is a form of mental disorder. The chronology, mental condition, evidence and results of forensic psychiatry in a case of abuse by a perpetrator who suffers from a mental disorder are very important considerations and determine whether or not the perpetrator can be punished. This is considering that apart from the Criminal Code, regulations regarding legal accountability for perpetrators of mental disorders are also regulated in Law of the Republic of Indonesia Number 36 of 2009 concerning Health (UU Health) and Law of the Republic of Indonesia Number 18 of 2014 concerning Mental Health (UU Mental Health). This research also explores the form of legal responsibility for the perpetrator. This research methodology uses normative juridical, with a statutory regulation approach and a case approach. Data collection was obtained using the data analysis method in the form of descriptive qualitative analysis of secondary data. The results of the research show that perpetrators suffering from baby blues syndrome when committing abuse cannot be punished due to forgiving reasons based on Article 44 paragraph (1) of the Criminal Code which is an exception for mental disabilities for the mental disorders they suffer from. Criminal liability certainly cannot be imposed on the perpetrator. The form of legal responsibility is carrying out rehabilitation as well as efforts to cure it, as well as carrying out education regarding the mental illness suffered.

Keywords : by Blues Syndrome, Legal Protection, Mother

1. Introduction

In postpartum mothers, there are hormonal changes and the experience of childbirth is not light, some mothers experience emotional instability known as *Baby Blues* syndrome or *Postpartum Blues*. Some conditions can disappear on their own, but other conditions, if not treated immediately will make these symptoms worse and cause *Postpartum Depression*, even worse can escalate into *Postpartum Psychosis* which causes the mother to hallucinate and can hurt herself and others including her

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baby.¹This feeling causes some women to be lazy to take care of children, commit maltreatment to murder their newborn children.²

This can occur in the place of delivery and postpartum when the mental state of the biological mother is unstable and there is no intensive supervision from people around her.³ Proof of a mother to be able to account for her actions, thus cannot be separated from how the mother as a perpetrator of abuse can be proven guilty through *visum et repertum psychiatricum* for perpetrators who experience psychiatric disorders, including mental *baby blues syndrome*.⁴

Not all legal measures are alternatives to punish perpetrators who commit criminal acts of persecution, so these persecution cases are silenced by victims of persecution. Persecution according to Poerwodarminto is arbitrary treatment in order to torture or oppress others. R. Soesilo argues that based on Jurisprudence, persecution is deliberately causing bad feelings (suffering), pain and injuries which are also elements of the criminal act of persecution.

The criminal acts of persecution are not all the same. There are levels of persecution ranging from mild to severe, even causing death to the victim. One example of persecution that causes the death of the child that is known to occur in Karawang City is the culprit of a biological mother who has *baby blues syndrome*. Cases of maltreatment of recently born children in this case can certainly occur, regardless of the condition of the mother whether experiencing *baby blues syndrome*, *postpartum depression*, or *postpartum psychosis*. This is very unfortunate when in fact

¹ Ade Nailul Huda, Baby Blues Syndrome, p.1.

² Hutagaol, Op-cit, p. 1.

³ Rafidah Nur R, "Criminal Responsibility of Baby Blues Syndrome Mothers Who Commit Child Abuse Crimes" (Airlangga University Surabaya, 2020), p. 1.

⁴ Rafidah, Op-cit, p. 5.

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every child born is always expected to be the successor of a nation that is able to make Indonesia proud.

Article 44 of the Criminal Code states that a person with a psychiatric disorder gets a criminal removal, such as one of them is the existence of forgiving reasons. The reason for forgiveness is that it concerns the person of the perpetrator who cannot be found guilty of unlawful acts. The previous case related to the provisions of Article 44 of the Criminal Code, evidence related to mental disability when there is an inability to be responsible by the perpetrator which is then included as a justification reason is in the hands of the judge and assisted by psychiatric experts. *Baby blues syndrome* in this case as a very mild mental disorder and falls into the category of People With Psychiatric Problems (ODMK) and has not entered the stage of depression or mental disorders. The condition of mothers who experience *baby blues syndrome*, of course, will worsen if they do not immediately get treatment from a psychiatrist, *baby blues syndrome* will become *postpartum depression* to *postpartum psychosis* which is also called People with Mental Disorders (ODGJ) in the Mental Health Law.

Previous cases also found an element of guilt for mothers with *baby blues syndrome* in their legal liability, namely the intentionality that the mother could thus be criminalized. The Criminal Code itself actually has no definition of criminal responsibility at all. According to Simons, criminal liability is a person's ability to take responsibility as a psychological state that justifies the use of criminal endeavors from both public and private perspectives. According to Pompe, criminal liability is the responsibility of everyone for the criminal acts he commits until there are victims in it. Criminal liability is essentially a mechanism established by criminal law to react to violations of a criminal act's "agreement to refuse."

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Common problems that occur in mothers who experience *baby blues syndrome* certainly affect the mental health of a new mother, and problems especially in mothers with *postpartum depression* tend not to breastfeed effectively, pay less attention to their own safety and can also hurt their biological children if not supervised properly.

According to Bahiyatun in Andrew Umayasaid 2 psychological conditions of a *Postpastrum Blues* mother will experience psychological adaptation, namely the *Taking in* period (Passive Mother towards the environment), the *Taking Hold* period (Mothers worry about the inability to care for their babies), and the *Letting Go* period (mothers accept responsibility as mothers).⁵

According to Mochtar in Susanti Prasetya Ningrum said there are four main factors that affect the labor process in women, namely birth canal *factors (passage)*, fetal factors (*passanger*), power factors *or strength (power)*, and psychological factors. Women who are pregnant and about to give birth need to have stable psychological conditions to help her in labor. Conversely, feelings of anxiety, fear, tension, and worry will cause stress to the mother so that the labor process does not run smoothly.⁶

According to Supartini in Susanti Prasetya Ningrum stated that there are two causes of stress in postpartum mothers, namely internal and external factors. Internal factors include the psychological condition of the mother who is overwhelmed by various worries, fears, and anxieties about herself and the baby, financial problems, and prohibitions or myths that must be obeyed by postpartum mothers. While

⁵ Andrew Umayasaid et al, Comparison of Postpartum Blues Incidence in Postpartum Mothers with Normal Delivery and Sectio Caesarea, JOM PSIK, Vol. 1, No.2, October 2014.

⁶ Susanti Prasetya Ningrum, Psychological Factors Influencing Postpartum Blues: Psymphatic, Scientific Journal of Psychology, December 2017, Vol. 4, No. 2.

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external factors include the absence of support from the family environment, hormonal changes felt by the mother, and a family that is not harmonious.⁷

According to Yulistiniangsih, D., and Susanti, D., *Postpartum blues* is a melancholy or sadness that occurs after childbirth, usually will appear temporarily starting from 2 days to 2 weeks from the birth of the baby. Factors that influence the incidence of *postpartum blues* are the type of labor, age, occupation, education and parity. Symptoms that can be caused by *postpartum blues* in the form of feelings of sadness due to discomfort with physical changes that occur. The impact of *postpartum blues* for the short term can cause the mother to neglect her baby while the long-term impact can cause interference with the cognitive development of the child.⁸

According to Ulfah Salsabila, Sumarni DW, Andrian Fajar, Silas Henry Ismanto, about 50 to 80 percent of mothers experience *postpartum blues*. *Postpartum blues* are mild mood disorders experienced by postpartum mothers. *Postpartum blues* generally disappear on their own. *Postpartum blues* can progress to *postpartum depression* and *postpartum psychosis*. The development of *the postpartum blues* has a negative impact on the mother and the growth and development of the child. *Postpartum blues* can also endanger the lives of both mother and baby. Early diagnosis of *the postpartum blues* along with identification of risk factors will enable the health workforce to prevent the progression of *the postpartum blues* into postpartum depression. *Postpartum blues* risk factors that are still in dispute are childbirth complications.⁹

⁷ Susanti Prasetya Ningrum, Psychological Factors Influencing Postpartum Blues, 2017.

⁸ Yulistianingsih, D., & Susanti, D. (2021). The relationship of maternal parity with the incidence of postpartum blues. *Samodra Journal of Health Sciences* 12(1), 26-34.

⁹ Ulfah Salsabila, Dr. Dra. Sumarni DW, M.Kes; dr. Andrian Fajar K.D, M.Sc., Sp. KJ; dr. Silas Henry Ismanto Sp, The Association between Labor Complications and Mothers with the Tendency of Baby Blues in Pakem, Yogyakarta, 2020, p 2.

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According to Rahmawati, *baby blues syndrome* is a mild mood disorder syndrome that is often ignored by postpartum mothers, their families or health workers which in the end *baby blues syndrome* can develop into psychopathological depression, namely mothers experience marital relationship problems even with family and child growth and development. The clinical picture of baby blues syndrome is characterized by episodes of crying, feeling depressed, anxiety, irritability, feeling separated and distant from the baby, mild hypochondriasis, difficulty sleeping and unable to concentrate.¹⁰

If the *postpartum blues* cannot be handled properly, then eventually it can become a difficult problem for both mother and baby, this problem can cause unpleasant feelings for the mother and even this disorder can develop into a more severe condition namely *postpartum depression* which has a worse impact.¹¹

According to Irawati & Yulianti, factors that affect postpartum blues, including hormonal factors, age, type of childbirth, family support, education level, physical fatigue.¹² A study from India found risk factors for *postpartum blues* include low income, parity, difficult relationships with mothers-in-law and parents, adverse life events during pregnancy, lack of physical help.¹³

Psychological problems that often arise in *postpartum* mothers in general there are three main postpartum psychological disorders, from mild to severe, namely *postpartum blues*, or more commonly known as *baby blues*, *postpartum depression* and *postpartum psychosis*.¹⁴

¹⁰ RAHMAWATI / OBGIN SCIENTIFIC JOURNAL- VOL.13. NO. 2(2021)

¹¹ Padila. (2014). Maternity Nursing. Yogyakarta: Nuha Medika

¹² Irawati, D & Yulianti, F. (2014). The Influence of Psychosocial Factors and Childbirth on the Occurrence of Postpartum Blues in Postpartum Mothers. Scientific Journal of Health Hospital Majapahit. 6(1); 1-14

¹³ Nasreen et al. (2016). Maternal Postpartum Morbidity in Marrkech. Biomed Central Pregnancy and Childbirth

¹⁴ Marni. (2012). Pathological Obstetric Care. Yogyakarta: Student Library

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Psychological problems in the form of *Postpartum depression* This is a common thing in the world. At the global level, more than 300 million people suffer from depression (WHO, 2018). Data from WHO (2018) recorded the prevalence of *Postpartum Blues* In general, the world population is 3-8% with 50% of cases occurring in productive age, namely 20-50 years. The WHO also states that disruption *Postpartum Blues* It affects about 20% of women and 12% of men at some time of life.¹⁵

Baby blues syndrome is generally an underlying problem that arises in families at the birth of the first child. Mental stress is generally caused by physical fatigue in a mother where they must meet and take care of a new part of the family that really needs extra care and energy. A mother is generally less able to experience and handle it, until what lasts is fatigue and ends with an argument triggered by a small clash.¹⁶

The negative consequences of *postpartum* mental stress are not only felt by the mother, but can have repercussions on the child and her family as well. Mothers who experience mental stress, desire and attraction to their babies can decrease. Mothers respond less positively such as when the baby is wailing, looking in his eyes, or body movements. In conclusion, mothers who face *postpartum mental stress* are unable to take care of their babies in the maximum way, including being lethargic in distributing breast milk directly.¹⁷

Based on the introduction above, several problems arise, namely disruption of mental health in mothers who experience babby blues can endanger the child they

¹⁵ Hutagol, E. (2019). The Relationship between Husband Support and Mother's Anxiety Provides Exclusive Breastfeeding at Tuminting Health Center, Tuminting District. Ejournal of Nursing (e-Kp), 3(1); 1-7

¹⁶ Winarni, D., Wijayanti, K., & Ngadiyono, N. (2017). The Effect of IEC (Communication of Educational Information) Preparation for Childbirth and Postpartum on the Incidence of Postpartum Blues. Journal of Midwifery, 6(14).

¹⁷ Julianti, E., Rustina, Y., & Defi, E. (2019). The Home Planning Program can improve the knowledge and skills of mothers who give birth to premature babies caring for their babies. Indonesian Journal of Nursing, 22(1).

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give birth to. Because the supervision and care of the mother is not well supervised, making the mother experience *postpartum depression* that can harm her own child to lead to death. It also aims to find out the causes and proper handling of mothers who experience the babby blues phase.

2. Method

This research method uses quantitative methods (Quantitative Research) as the research method chosen in this study to answer research questions. In the preparation of instruments or data collection tools, the variables that become the main reference for researchers in compiling questions, consist of questions about causes and solutions in response to the problem of baby blues syndrome. The method used in data analysis is to use internet media, namely Google Form.

The location used in this study was carried out in Andir District, Bandung City.

Furthermore, the population in this study is 50 married mothers who have children in the Andir District area of Bandung City. A sample is a portion of the number and characteristics possessed by that population. With regard to sampling techniques, it must be noted that the quality of research is not always determined by the size of the sample, but by the strength of the theoretical basis, by the research design (statistical assumptions), and the quality of implementation and processing. Based on this, researchers make the entire population as a research sample, thus researchers believe that the questionnaires given to respondents can be filled in according to the reality of each individual's experience and the research carried out can be truly representative.

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3. Analysis or Discussion

3.1. Legal Protection Against Mothers Who Experience Baby Blues Syndrome

Self-adjustment in postpartum mothers is the most important aspect that must be owned in order to achieve psychological well-being. According to Hamilton, psychological well-being in postpartum mothers can be achieved if the mother has good cooperation with her husband as the main support in carrying out her new role as a mother.¹⁸

Mothers who have a strong belief in their ability to provide babysitting will have *more positive* emotional well-being, closer *attachement* to their children, and better adjustment to their new role as parents.¹⁹ However, many new mothers are unsure of their ability to fulfill the responsibilities of parenthood. Interactive and social cognitive processes during the transition period require strong confidence in the ability to care for the baby early in the postpartum transition.

During the transition to parenthood, there was a decline in some positive communication and adaptation processes in fostering husband-wife relationships. In addition, not all women are able to adjust well during the postpartum transition. Among them there are those who experience *psychological* disorders with various kinds of symptoms that we often refer to as *postpartum blues or baby blues syndrome*.²⁰

¹⁸ Hamilton K, "Baby Steps - An Online Program Promoting the WellBeing of New Mothers and Fathers: A Study Protocol," JMIR Research Protocols 5, no. 3 (2016): 140.

¹⁹ Moneca DL and Chichik N, "Analysis of Factors Associated with Parenting Self Efficacy in the Early Postpartum Period at Puskesmas Bergas," Ar-Rum Salatiga 3 Health Scientific Journal, no. 2 (2019).

²⁰ Ade Benih Nirwana, Women's Health Psychology (Yogyakarta: Muha Medika, 2011).

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In society, *baby blues syndrome* is still considered a natural occurrence in postpartum mothers due to temporary hormonal activity, even though if not treated immediately it will potentially become postpartum depression. This postpartum depression condition has the potential to be very dangerous for the safety of mothers and children, even the mother can commit violence on her own child.

Article 44 of the Criminal Code states that a person who has a psychiatric disorder gets criminal removal, as explained by the researcher in the introduction above, then the mother can receive forgiveness for the existence of a psychiatric disorder. The reason for this forgiveness is that it concerns the person of the mother who cannot be found guilty of unlawful acts.

To determine whether a mother is mentally disturbed, it is necessary to have a *psychiatrist* and ask for her testimony. Testimony of psychiatrists in court in the form of oral and letter (*Visum et Repertum Psychiarticum*) is needed as evidence to make light of the judge's mental condition and ability to take responsibility. *Visum et Repertum Psychiatricum* (VeRP) is a written document containing information on the psychiatric condition of the defendant/examined made by a doctor. The efforts made by doctors in making VeRP are efforts to provide assistance to law officers to determine the presence or absence of mental disorders in the mother, whether there is a relationship between the mental disorder and behavior that results in legal events, and how the ability of responsibility is examined. And in general, the symptoms of *baby blues syndrome* are in the form of sad reactions or depression, easy to cry, irritable, feeling anxious, headaches, the emergence of unstable feelings,

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always blame yourself, feeling inadequate, decreased appetite and difficulty sleeping.²¹

In Indonesia, the incidence of *baby blues syndrome* according to USAID (*United State Agency for International Development, 2016*) there are 31 births per 1000 population. Indonesia is ranked fourth highest in ASEAN after Laos with 26 births per 1000 population and Cambodia with 25 births per 1000 population. According to Edward, the incidence of baby blues syndrome in Indonesia reaches 23%, while the screening results using EPDS found that 14-17% of women who have given birth are at risk of experiencing baby blues syndrome. The high incidence of *baby blues syndrome* in postpartum mothers can have a significant impact on the psychological state of the mother.²²

In Indonesia, psychological problems in baby blues mothers have not received special attention. The incidence of baby blues in Indonesia is between 50%-70 and the incidence of depression in postpartum mothers is recorded at 22.4% (WHO, 2018). The results of a study in Yogyakarta (2017) showed that out of 68 baby blues mothers, 44 people (64.7%) experienced depression. In 2015, it was found that 50% of mothers encountered showed early symptoms of postpartum depression in the form of feelings of sadness, complaining of fatigue and being overwhelmed in caring for their babies.

Based on the data above, the author distributed a questionnaire in the form of a Google Form to be used as a sample to examine the impact and treatment of mothers

²¹ Machmudah, "PSYCHOLOGICAL DISORDERS IN POSTPARTUM MOTHERS: POSTPARTUM BLUES," *Journal of Maternity Nursing* 3, no. 2 (November 2015): 118–125.

²² Edward, *Midwifery Research Methods and Data Analysis Techniques* (Jakarta: Salemba Medika, 2017)

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who experience *Baby Blues Syndrome*. The authors asked the 25 respondents to fill out and answer the statements in the questionnaire based on how they felt.

Based on the research that has been done, we can know that the impact and handling of the occurrence *Baby Blues Syndrome* Caused by several things, namely as follows:

1. Impact of Baby Blues Syndrome

- a) **Hormonal Changes:** After childbirth, the level of hormones like estrogen and progesterone in the mother's body drastically decreases. This can affect mood and emotions so that mothers are prone to experiencing symptoms of the baby blues.
- b) **Lack of Sleep:** Newborns often wake their mothers during the night to eat and change diapers, thus causing the mother to lose sleep. Sleep deprivation can worsen feelings of anxiety and fatigue that trigger the occurrence of baby blues symptoms.
- c) **Physical Changes:** The mother's body undergoes significant physical changes after delivery, including changes in weight, physical pain or discomfort, and changes in reproductive organs. This can affect the comfort and feelings of the mother so that she sometimes feels pressured to have to make many adjustments.
- d) **Stress and Anxiety:** Babysitting a newborn can be an emotionally and physically demanding job. Motherhood is also a big role change in a woman's life. This can make a mother feel unstable or lose self-identity. This is what can cause stress and anxiety.

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2. Treatment of Baby Blues Syndrome

- a) Fulfillment of Daily Food Needs: In addition to being busy with the obligation to take care of the baby, you still should not forget the importance of getting enough food intake every day. Meeting the nutritional needs of daily food is important to change mood (mood) for the better.
- b) Take a walk out of the house: One way to overcome the baby blues is to leave the habit of breastfeeding, changing baby diapers, or other activities related to your little one for a while. Instead, you can go outside for a while to get some fresh air or free your mind that can be a way to overcome the baby blues.
- c) Ask for Help from the People Closest to You: Before looking for a new atmosphere to help overcome the baby blues, try to convey your condition and ask the closest person to help take care of the baby. At least, you can ask for the help of the closest person to take care of the baby until you return home as a way to overcome this baby blues.
- d) Give yourself time to adapt: Being a new mom is not an easy job. So, it never hurts to give yourself time to recover your physical and mental condition after giving birth as a way to overcome the baby blues. You can also make this time to better adapt to the routine as a new mother. Do not forget, apply normal postpartum care such as perineal wound care. Meanwhile, if you undergo a cesarean section,

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apply SC (caesarean) wound care in the post-caesarean section. This is so that the wound of the cesarean section scar quickly recovers.

- e) Small support and appreciation to the mother: Although in this situation it is dominated by the happiness of the arrival of the baby, but do not forget that the family or closest relatives should pay more attention to the condition of the mother as the main key in handling the child.

Based on the results of the survey that has been conducted by the author as described in the method, the following data were collected:

Table 2.1

Statement about a mother affected by *Baby Blues Syndrome*.



Based on the survey in table 2.1 that has been conducted by the author through data responders 50 people, there are 62% of mothers experiencing *baby blues syndrome*, And as many as 38% of mothers do not experience this but she feels it only

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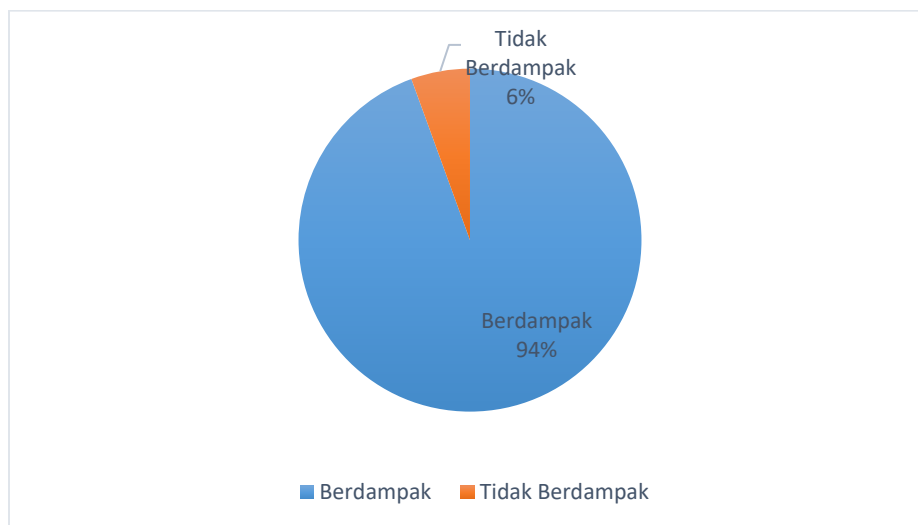
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at the beginning of postpartum or only for a moment. Although the number is smaller, it is not a light thing to respond to because the appearance of these small symptoms is likely to be large if left unchecked. This is because lack of sleep accompanied by busyness in taking care of the baby can make the mother exhausted so that it triggers symptoms *Baby Blues syndrome*.

Table 2.2

A statement about the profound impact of *baby blues syndrome* on life.



Based on the survey that has been conducted by the author as in table 2.2 shows that in fact *Baby Blues syndrome* Very much impacted the personal life of the mother. Generally, they will have difficulty sleeping and lose their appetite which causes them to get tired easily and are not eager to take care of their babies. The emergence of these impacts causes women to find it difficult to enjoy their new role as mothers.

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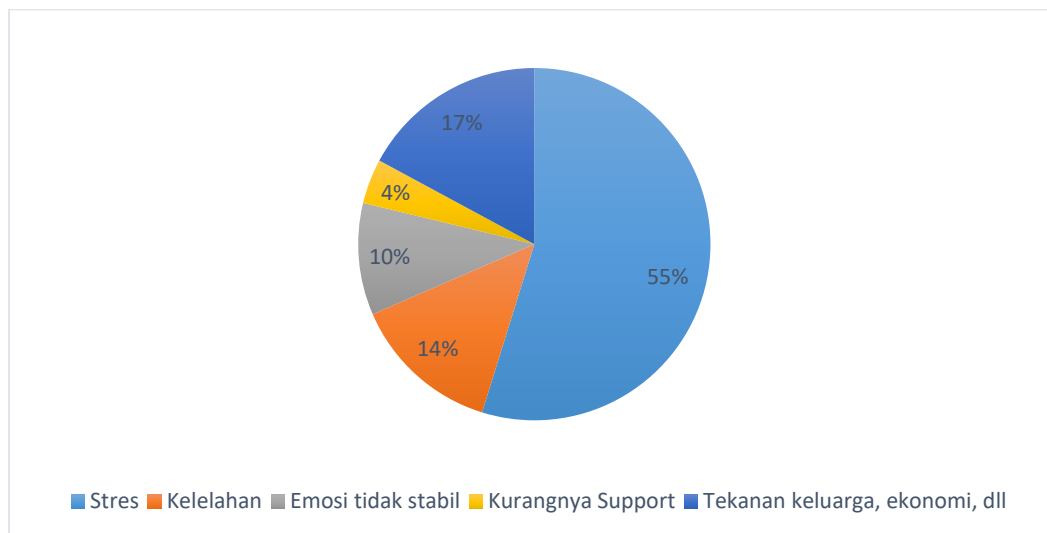
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Mothers will also feel inferior and lament because they do not get the happiness they crave after giving birth. This condition will affect the relationship between mother and baby. In the end, the mother feels unworthy to be a parent for her child, even worse, it can hurt her own child.

Table 2.3

Statements about what makes baby *blues syndrome* happen



Based on the survey that has been conducted by the author as in table 2.3 shows the things that make baby blues syndrome occur are as follows:

- a) Stress: In the table above it can be understood that stress is the biggest thing that occurs *baby blues syndrome* in mothers. In the questionnaire that the researchers distributed, as many as 55% of 50 mothers were affected by *baby blues syndrome* in the Andir District of Bandung City.
- b) Fatigue: In the table above it can be understood that fatigue in postpartum mothers can cause baby blues syndrome, as many as 14% of mothers feel

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tired during postpartum. Because it is certain that the labor process is very long and the need to breastfeed the child is certainly not an easy thing for the mother, because not all babies can immediately breastfeed well.

- c) Unstable emotions: In the table above it can be understood that unstable emotions occur in mothers as much as 10%. Changes in attitude or emotions can also be influenced by the burden of the mind or stress, lack of rest, physical fatigue, environmental influences, family, and so on. So we have to see and observe, what could be the explanation of his daily emotional changes. And don't hesitate to ask, because good communication must still be maintained, of course in the right way.
- d) Lack of Support: In the table above it can be understood that lack of support can be the thing that makes *baby blues syndrome occur*. Although the results of the research data above are very small to occur in the mother, but precisely this becomes an important role for the mother in carrying out her daily activities. The role of a mother is not only to take care of children and take care of the house. In this growing era, especially in urban areas, a mother is required to be able to carry out a variety of duties, ranging from pursuing a career and work, building a family, to socializing in the community. To undergo all these things, a good support system is certainly needed so that women can carry out their roles optimally in accordance with their potential, the advantages they have, and the goals to be achieved in life.
- e) Family, economic, etc. pressures:

Table 2.4

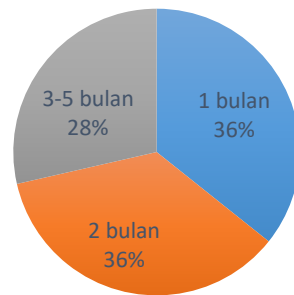
Statement about the phases of baby *blues syndrome*

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Based on a survey conducted by the author as in table 2.4 shows that as many as 36% of mothers experience *baby blues syndrome* approximately 1-2 months after postpartum. Generally, symptoms of *baby blues syndrome* can worsen from day to day after the mother gives birth if not treated properly.

As for mothers who experience *baby blues syndrome* for 3-5 months in the data above shows that each mother is different in handling herself and cannot be left alone, so the recovery process is quite time-consuming. Therefore, there needs to be more supervision of new mothers from their family or closest relatives.

Table 2.5

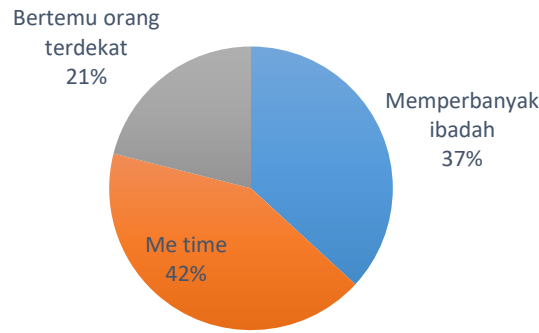
Statement on how to recover *from baby blues syndrome*

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Based on the survey that has been conducted by the author as in table 2.4 shows that the way mothers deal with problems affected by *baby blues syndrome* is as follows:

- a) Me time: Me time or an activity that we know as spending a short time for yourself. Mothers certainly need to rest themselves after busy activities. This activity is very important to relieve boredom and relieve fatigue momentarily from the many activities that mothers do at home. The moment of 'me time' can be done according to the wishes and comfort of each mother. Moms can enjoy alone time by pampering themselves, such as watching television, reading favorite books, grooming, and more.
- b) Increase worship: In the data above we can understand that when we feel a lot of pressure, fatigue, even stress, of course worship has become the main solution in our lives. A peaceful heart also affects the physical and mental health of the mother. Excessive stress can lead to a variety of health problems, such as high blood pressure, sleep disorders, and psychological problems. Therefore, keeping the heart calm by worshipping His god is the main key to life.

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- c) Meeting the closest person: In the data above we can see that the influence of the surrounding environment also has a big impact on the mother, in the data above as many as 21% of mothers need time to meet the closest people or their own family. Because generally, when the mother feels happy when communicating, interacting, with people she likes, of course, it will affect the level of pressure she experiences to be less.

Based on the results of the study above, we can understand that the study conducted on 50 responders, as many as 62% of mothers experienced the baby blues, and as many as 94% of baby blues syndrome had a major impact on daily life, as many as 55% of the bandages of baby *blues syndrome* were due to excessive stress, as many as 36% of the phases of baby *blues syndrome* That is 1-2 months after postpartum, and as many as 42% of mothers need time to get pleasure in themselves, make themselves happy by buying food they like, take a leisurely walk, shop, or even small things that can reduce stress levels.

In the data above that *baby blues syndrome* has a big impact on life, as many as 94% of mothers feel that it interferes with carrying out their activities. Of course, with decreased mood changes, emotional instability, excessive sadness, even wanting to hurt one's own child is a big pressure on mothers who experience *baby blues syndrome*.

Therefore, we can understand based on the data above that mothers affected by *baby blues syndrome* require special handling and more attention. The number of mothers who experience stress is the main cause of the mother affected by *baby blues syndrome*, this needs to be considered also because the mother needs time for herself to be free from emotional pressure. So that the bond between mother and child can

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be established well, not only doing in handling the child but mothers who have good mental health, can carry out their daily activities without any sense of pressure.

4. Conclusion

1. Legal protection for perpetrators of abuse who experience baby blues syndrome is that they cannot be criminalized. The existence of mental disorders experienced by the mother is then associated with criminological theory and the theory of responsible ability which makes the mother cannot be subject to criminal sanctions, but must be rehabilitated and educated related to mental illness suffered by the perpetrator. The perpetrator can thus realize that the act committed is a wrong behavior that cannot be justified by the cause. The perpetrator is entitled to a period of healing in accordance with article 28H Paragraph (1) of the 1945 NRI Constitution and Article 68 of the Mental Health Law. From the description above, we can understand that people who are sick, change their minds, or suffer from mental disorders cannot be punished. This is in accordance with the provisions of Article 44 of the Criminal Code, a person who commits an act while at the time of committing the act the person suffers from pain, changes his mind or is insane, then the act cannot be held accountable to him and the person cannot be punished. Based on the results of a study conducted on 50 responders from the description above, we can understand that mothers in general after postpartum are affected by baby blues syndrome. This causes high levels of stress and affects daily life that makes mothers unable to control themselves to cause excessive anxiety, increased emotionality, even to hurt themselves or the baby if not handled properly.

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