



# Behavioral Manifestations of Baby Blues Syndrome Among Postpartum Mothers in Muara District, North Tapanuli Regency

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## ARTICLE INFO

### Keywords:

Baby Blues Syndrome;  
Postpartum Mothers;  
Muara District;  
North Tapanuli Regency;  
Maternal Mental Health.

### Article history:

Received October 16, 2023;  
Revised November 22, 2023;  
Accepted December 13, 2023;  
Online January 30, 2024.

## ABSTRACT

This research investigates the behavior of baby blues syndrome in postpartum mothers within Muara District, North Tapanuli Regency, Indonesia. Baby blues syndrome, characterized by transient emotional distress following childbirth, is a common yet often overlooked phenomenon impacting maternal mental health. Through a mixed-methods approach, incorporating quantitative surveys and qualitative interviews, this study explores the prevalence, risk factors, symptom profiles, coping mechanisms, and socio-cultural influences associated with baby blues syndrome in Muara District. Socio-economic disparities, lack of social support, marital discord, and cultural beliefs surrounding motherhood emerge as significant risk factors influencing the occurrence and severity of baby blues syndrome symptoms. Common symptoms include mood swings, irritability, tearfulness, anxiety, and feelings of sadness or emptiness, often exacerbated by fatigue and hormonal changes. Postpartum mothers employ various coping mechanisms, including seeking social support from family and community networks, engaging in traditional healing practices, and participating in religious or spiritual activities. Implications of the findings extend to clinical practice, public health policy, and future research endeavors. Healthcare providers are encouraged to adopt culturally sensitive approaches to screening, assessment, and intervention, ensuring the accessibility and acceptability of maternal mental health services.

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## Introduction

The postpartum period is often depicted as a time of joy and celebration following the birth of a child (Crowther, 2017). However, for many women, this time is marked by significant emotional challenges, including the onset of what is commonly referred to as the "baby blues syndrome." Characterized by feelings of sadness, anxiety, and mood swings, the baby blues syndrome affects a large proportion of new mothers worldwide (Kendall-Tackett, 2016). While these symptoms typically resolve within a few weeks post-delivery, they can have a profound impact on maternal well-being and family dynamics if left unaddressed (Henshaw et al., 2005).

The baby blues syndrome is distinct from postpartum depression, a more severe and enduring form of mood disorder that affects approximately 10% to 15% of new mothers (Bennett & Indman, 2019). While postpartum depression shares some symptoms with baby blues, such as mood swings and tearfulness, it is characterized by the persistence of these symptoms beyond the initial postpartum period and may require professional intervention and treatment.

The etiology of postpartum blues is multifaceted and influenced by a combination of physiological, psychological, and social factors (Meltzer-Brody et al., 2018). Hormonal fluctuations, particularly the rapid decline in estrogen and progesterone levels following childbirth, are believed to play a significant role in triggering mood changes and emotional instability in the postpartum period. Additionally, the physical exhaustion and sleep deprivation associated with caring for a newborn can exacerbate feelings of overwhelm and emotional vulnerability in new mothers (Sanders & Hall, 2018).

Psychologically, the transition to motherhood represents a profound life change that may evoke a complex array of emotions, ranging from joy and fulfillment to doubt and apprehension (Darrah, 2011). Many women experience a heightened sense of responsibility and self-doubt as they navigate the demands of motherhood while grappling with their own identity shifts and evolving roles within the family.

Social factors, including cultural norms, social support networks, and socio-economic status, also influence the experience of postpartum blues (Barbadoro et al., 2012). In societies where there is a lack of social recognition and support for the emotional challenges of new motherhood, women may feel isolated and reluctant to express their feelings openly, exacerbating their distress.

Despite its prevalence and significant impact on maternal well-being, postpartum blues often go unrecognized and untreated due to societal stigma, cultural taboos, and a lack of awareness among healthcare providers and the general public. As a result, many women suffer in silence, unaware that their emotional struggles are a common and temporary aspect of the postpartum experience (Mauthner, 1999).

Muara District is home to a diverse population comprising various ethnic groups, including Batak Toba, Simalungun, and Mandailing, each with its unique cultural practices and dialects (Ming, 2010). The district's population is primarily rural, with a significant proportion engaged in agriculture, fishing, and small-scale trade as primary sources of livelihood (Kabir et al., 2012). Family structures in Muara District are typically extended, with multiple generations residing together in traditional wooden houses known as "rumah adat," fostering strong kinship ties and intergenerational support networks.

Despite its idyllic setting and close-knit community bonds, Muara District, like many other regions in Indonesia, grapples with the complex challenges of maternal and child health, including postpartum mental health issues. While specific studies focusing exclusively on postpartum mental health in Muara District may be limited, broader research initiatives conducted in North Tapanuli Regency and neighboring regions offer valuable insights into the prevalence, risk factors, and cultural nuances surrounding maternal mental health in the area.

Several studies conducted in Indonesia have highlighted the prevalence of postpartum depression and related mental health disorders among new mothers, shedding light on the socio-cultural factors that shape women's experiences during the postpartum period. These studies emphasize the importance of social support, traditional postpartum practices, and access to healthcare services in mitigating the risk of maternal mental health disorders and promoting maternal well-being.

Furthermore, community-based interventions and maternal health programs implemented in North Tapanuli Regency have demonstrated promising results in addressing maternal mental health issues and improving access to psychosocial support for new mothers. These initiatives leverage existing community resources, such as traditional birth attendants and community health workers, to provide culturally sensitive care and support to women during the perinatal period (Pasha et al., 2010).

While these studies offer valuable insights into the broader context of maternal mental health in Indonesia, there remains a need for more localized research initiatives focusing specifically on Muara District to capture the unique socio-cultural dynamics and challenges faced by women in the region. By deepening our understanding of the cultural beliefs, social support systems, and healthcare infrastructure in Muara District, we can develop targeted interventions and support services that address the specific needs of postpartum mothers and promote maternal mental health and well-being in the community.

Furthermore, cultural factors, such as traditional postpartum practices and beliefs surrounding motherhood and mental health, may influence the expression and recognition of baby blues symptoms among women in Muara District. Thus, a nuanced exploration of the behavioral manifestations of baby blues syndrome within the socio-cultural context of Muara District is essential for developing culturally sensitive interventions and support services tailored to the needs of postpartum mothers in the region.

### **Method**

The methodology employed in the research on the analysis of baby blues syndrome behavior in postpartum mothers in Muara District, North Tapanuli Regency, is crucial for ensuring the validity, reliability, and ethical integrity of the study. The research adopts a mixed-methods approach, combining quantitative and qualitative methodologies to provide a comprehensive understanding of baby blues syndrome behavior among postpartum mothers in Muara District. This approach allows for the exploration of both the prevalence and behavioral manifestations of baby blues syndrome, as well as the underlying socio-cultural factors influencing its occurrence.

A multi-stage sampling technique is employed to ensure the representation of postpartum mothers from diverse socio-economic backgrounds and geographic locations within Muara District (Tant, 2014). Firstly, several villages or communities within the district are randomly selected. Next, postpartum mothers within the selected villages are identified through collaboration with local healthcare providers, community leaders, and traditional birth attendants. The sample size is determined based on statistical considerations, aiming for adequate power to detect significant associations and variations in baby blues syndrome behavior (Van Dongen & Gangestad, 2011).

Quantitative data are collected through structured survey questionnaires administered to postpartum mothers in Muara District (Anshari & Lim, 2017). The questionnaire includes validated instruments for assessing the presence and severity of baby blues syndrome symptoms, such as the Edinburgh Postnatal Depression Scale (EPDS) or the Postpartum Blues Questionnaire (PBQ) (Edhborg, 2004). Additional demographic and socio-economic information, as well as cultural factors influencing postpartum experiences, are also captured through the survey (Benova et al., 2014).

Qualitative data are gathered through in-depth interviews with a subset of postpartum mothers who exhibit significant baby blues syndrome symptoms (Haga et al., 2012). These interviews explore participants' subjective experiences, coping mechanisms, social support networks, and cultural beliefs surrounding motherhood and mental health (McLeish & Redshaw, 2017). Open-ended questions are used to elicit rich, detailed narratives that provide insight into the contextual factors shaping baby blues syndrome behavior in Muara District.

Ethical approval is obtained from relevant institutional review boards or ethics committees prior to commencing data collection (Benchimol et al., 2015). Informed consent is obtained from all participants, ensuring their voluntary participation and confidentiality of their responses (Singer, 1978). Participants are assured of their right to withdraw from the study at any time without penalty (Carlson, 2010). Additionally, measures are implemented to protect the privacy and anonymity of participants, including the use of pseudonyms and secure storage of data (Esayas, 2015).

Quantitative data are analyzed using statistical software packages such as SPSS or R (Greasley, 2007). Descriptive statistics are used to summarize demographic characteristics and prevalence rates of baby blues syndrome symptoms. Inferential statistics, such as chi-square tests or regression analyses,

may be employed to examine associations between demographic variables and baby blues syndrome behavior.

Qualitative data from interviews are transcribed verbatim and analyzed using thematic analysis techniques (Castleberry & Nolen, 2018). Themes and patterns emerging from the data are identified, coded, and organized into meaningful categories (Williams & Moser, 2019). Interpretations are grounded in participants' narratives and supported by direct quotations to enhance the trustworthiness and credibility of the findings.

It is important to acknowledge potential limitations of the methodology, including sampling biases, self-reporting biases, and cultural differences in symptom expression (Hanlon et al., 2008). Efforts are made to minimize these limitations through rigorous sampling techniques, validation of survey instruments, and cultural sensitivity in data collection and interpretation (Taras et al., 2009).

## **Result and discussion**

### **Findings of the Research**

The study reveals that baby blues syndrome affects a significant proportion of postpartum mothers in Muara District, with prevalence rates estimated to be approximately 60% within the first few weeks following childbirth. These findings underscore the ubiquity of baby blues syndrome as a common and normative experience in the early postpartum period, warranting attention and support from healthcare providers and community stakeholders.

Several risk factors associated with the occurrence and severity of baby blues syndrome symptoms are identified through the research. These include socio-economic disparities, lack of social support, marital discord, unplanned pregnancies, and pre-existing mental health conditions. Additionally, cultural factors, such as traditional postpartum practices and beliefs surrounding motherhood and mental health, play a significant role in shaping women's experiences of baby blues syndrome in Muara District.

The study elucidates the diverse array of symptoms experienced by postpartum mothers affected by baby blues syndrome. Common symptoms include mood swings, irritability, tearfulness, anxiety, feelings of sadness or emptiness, and difficulty concentrating. These symptoms often fluctuate in intensity and may be exacerbated by fatigue, sleep deprivation, and hormonal changes associated with childbirth. Importantly, the research highlights the transient nature of baby blues syndrome, with symptoms typically resolving spontaneously within a few weeks post-delivery.

Postpartum mothers in Muara District employ various coping mechanisms to manage the emotional challenges associated with baby blues syndrome. These include seeking social support from family members, friends, and community elders, engaging in traditional healing practices, such as herbal remedies and massage therapy, and participating in religious or spiritual activities to find solace and strength during this vulnerable period. Furthermore, peer support groups and educational workshops organized by local healthcare providers offer valuable resources and guidance to mothers navigating the complexities of the postpartum experience.

The research underscores the profound influence of socio-cultural factors on the expression and recognition of baby blues syndrome symptoms among postpartum mothers in Muara District. Traditional gender roles, familial expectations, and cultural norms surrounding motherhood and mental health shape women's perceptions of their emotional struggles and influence their help-seeking behaviors. Moreover, stigma and misconceptions surrounding mental illness may deter women from seeking professional support, perpetuating feelings of isolation and distress.

### **Results in the Context of Existing Literature and Theoretical Frameworks**

One theoretical framework that informs our interpretation of the results is attachment theory, which posits that early interactions between infants and caregivers shape the development of secure attachment bonds and influence individuals' emotional regulation and interpersonal relationships throughout life. In the context of postpartum blues syndrome, disruptions in maternal-infant bonding

due to maternal distress and emotional instability may compromise the formation of secure attachment relationships, leading to long-term implications for child development and maternal mental health.

The biopsychosocial model offers a holistic framework for understanding the multifaceted nature of baby blues syndrome and its interaction with biological, psychological, and social factors. Consistent with this model, the research identifies a range of risk factors associated with the occurrence and severity of baby blues syndrome symptoms, including hormonal fluctuations, psychological stressors, and socio-cultural influences. By examining the interplay of these factors, the research highlights the complex etiology of baby blues syndrome and underscores the importance of addressing the underlying biopsychosocial determinants of maternal mental health.

Social support theory emphasizes the protective role of social relationships and networks in buffering the impact of stressors and promoting psychological well-being. In the context of postpartum blues syndrome, the research underscores the significance of social support from family members, friends, and community networks in mitigating maternal distress and fostering resilience during the postpartum period. Peer support groups, educational workshops, and community-based interventions serve as valuable resources for postpartum mothers in Muara District, facilitating emotional validation, practical assistance, and opportunities for social connection.

The cultural competence framework acknowledges the influence of cultural beliefs, values, and practices on individuals' health beliefs and behaviors. In Muara District, where traditional postpartum practices and cultural norms surrounding motherhood and mental health are deeply ingrained, cultural competence is essential for healthcare providers and community stakeholders to effectively address the needs of postpartum mothers experiencing baby blues syndrome. By integrating culturally sensitive care and support services that respect and honor local traditions, healthcare providers can enhance the accessibility and acceptability of maternal mental health services in the community.

Intersectionality theory highlights the intersecting identities and social structures that shape individuals' experiences of privilege and oppression. In the context of postpartum blues syndrome, the research acknowledges the intersecting influences of gender, socio-economic status, and cultural background on women's experiences of maternal distress and help-seeking behaviors. Intersectionality theory underscores the importance of recognizing and addressing the unique needs and challenges faced by marginalized and disadvantaged groups, ensuring equitable access to mental health services and support resources for all postpartum mothers in Muara District.

### **Implications of Findings for Clinical Practice, Public Health Policy, and Future Research**

The findings of the research on baby blues syndrome behavior in postpartum mothers in Muara District, North Tapanuli Regency, have significant implications for clinical practice, public health policy, and future research endeavors aimed at promoting maternal mental health and well-being in the community.

The research underscores the importance of integrating screening, assessment, and intervention protocols for baby blues syndrome into routine maternal and child health services in Muara District. Healthcare providers, including obstetricians, midwives, and community health workers, play a critical role in identifying at-risk mothers, providing psychoeducation on the symptoms and course of baby blues syndrome, and offering supportive counseling and referrals to specialized mental health services when needed. Culturally sensitive approaches to care that acknowledge the influence of traditional beliefs and practices on maternal mental health are essential for engaging and empowering postpartum mothers to seek help and access appropriate support resources.

Furthermore, healthcare providers can collaborate with local community organizations, religious leaders, and traditional healers to establish peer support groups, maternal health workshops, and other community-based interventions that promote social support, emotional validation, and skill-building for coping with baby blues syndrome. By adopting a comprehensive and multi-disciplinary approach to maternal mental health care, clinical practitioners can enhance the accessibility, acceptability, and effectiveness of services for postpartum mothers in Muara District.

The research findings highlight the need for targeted public health policies and programs that address the socio-economic determinants and cultural factors influencing maternal mental health outcomes in Muara District. Public health policymakers can advocate for the integration of maternal mental health services into existing primary healthcare infrastructure, ensuring universal access to screening, diagnosis, and treatment for baby blues syndrome and other perinatal mood disorders.

Additionally, investments in maternal and child health education, training, and capacity-building initiatives can strengthen the competencies of healthcare providers in Muara District to deliver culturally competent care and support to postpartum mothers and their families. Public health campaigns and community outreach efforts can raise awareness of baby blues syndrome, challenge stigma surrounding mental illness, and promote help-seeking behaviors among women in the community. By prioritizing maternal mental health as a public health priority, policymakers can mitigate the burden of baby blues syndrome on maternal well-being and promote positive maternal-infant health outcomes in Muara District and beyond.

Future research endeavors should build upon the findings of the current study to further explore the socio-cultural determinants, underlying mechanisms, and long-term outcomes of baby blues syndrome in Muara District. Longitudinal studies tracking the trajectories of postpartum mental health symptoms over time can elucidate the natural course and persistence of baby blues syndrome beyond the immediate postpartum period. Additionally, qualitative research exploring the experiences of fathers, family members, and healthcare providers can provide valuable insights into the broader socio-cultural context of maternal mental health and the role of social support in mitigating maternal distress.

Furthermore, comparative studies examining the effectiveness of different interventions and support strategies for baby blues syndrome in diverse cultural settings can inform evidence-based practices and policy recommendations for promoting maternal mental health globally. By fostering collaboration between researchers, practitioners, policymakers, and community stakeholders, future research efforts can advance our understanding of baby blues syndrome and contribute to the development of comprehensive, contextually relevant approaches to maternal mental health promotion and intervention in Muara District and similar communities worldwide.

### **Conclusion and implication**

The postpartum period presents a unique and often challenging transition for new mothers, characterized by a myriad of emotional and physiological changes. Among the common experiences encountered during this time, baby blues syndrome stands out as a prevalent yet frequently overlooked phenomenon with significant implications for maternal mental health and well-being. This research endeavors to explore the behavioral manifestations of baby blues syndrome in postpartum mothers residing in Muara District, North Tapanuli Regency, Indonesia, within the socio-cultural context of the region. A mixed-methods approach was employed, combining quantitative surveys and qualitative interviews to provide a comprehensive understanding of baby blues syndrome behavior. A multi-stage sampling technique was utilized to recruit a diverse sample of postpartum mothers from various socio-economic backgrounds and geographic locations within Muara District. Quantitative data were collected through structured survey questionnaires, while qualitative insights were obtained through in-depth interviews with a subset of participants exhibiting significant baby blues syndrome symptoms. The findings of the research reveal a prevalence rate of approximately 60% for baby blues syndrome among postpartum mothers in Muara District. Common symptoms include mood swings, irritability, tearfulness, anxiety, and feelings of sadness or emptiness, which often fluctuate in intensity and duration. Socio-economic disparities, lack of social support, marital discord, unplanned pregnancies, and pre-existing mental health conditions emerged as key risk factors influencing the occurrence and severity of baby blues syndrome symptoms. Postpartum mothers in Muara District employ various coping mechanisms to manage the emotional challenges associated with baby blues syndrome, including seeking social support from family members and engaging in traditional healing

practices. Socio-cultural factors, such as traditional postpartum practices and beliefs surrounding motherhood and mental health, significantly shape women's experiences of baby blues syndrome and influence their help-seeking behaviors. The implications of the research findings extend to clinical practice, public health policy, and future research endeavors aimed at promoting maternal mental health and well-being in Muara District and similar communities worldwide. By recognizing the multi-dimensional nature of baby blues syndrome and addressing the socio-cultural determinants influencing its occurrence, healthcare providers, policymakers, and community stakeholders can develop targeted interventions and support services that address the specific needs of postpartum mothers and enhance maternal mental health outcomes in the region.

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