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Husband's Support for Mental Health in Post-Maternal Mothers

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Abstract

The postpartum period is a critical transition period for mothers, babies and families both psychologically, emotionally and socially. In the postpartum period, 85% of mothers experienced psychological disorders that showed more significant symptoms. Mental health disorders experienced by mothers will have a direct impact on maternal health and cause postpartum complications. This study was to determine the relationship between husband's support and mental health in postpartum mothers at PMB Tri Utami, Semarang City. The research method used is a survey method with a quantitative type of research. The data collected were analyzed univariately and bivariately using the chi square test. Results: the study based on mental health from 30 respondents found 26 respondents (86.7%) with no symptoms of depression, 4 respondents (13.3%) had symptoms of depression. The results of the Chi Square test obtained a sig value of $0.032 < 0.05$, which means there is a relationship between husband's support and mental health in postpartum mothers. Conclusion: in the study there is a relationship between husband's support and mental health in postpartum mothers at PMB Tri Utami, Semarang City. The suggestions in this research are expected for midwives to increase attention in providing education to husband and wife couples and families about the importance of support and their role in supporting the mental health of postpartum mothers, so that couples and families can better understand their role in supporting the mental health of mothers throughout the period postpartum.

Keywords: husband's support, mental health, postpartum mothers

INTRODUCTION

The postpartum period is a critical transition period for the mother, baby and family both psychologically, emotionally and socially. In developed and developing countries, the postpartum period has become a major concern not only because this period is a special period for the mother and baby but also because the risk of maternal and infant illness and death occurs more often (Riska Amalia et al., 2023). For most women, childbirth is a positive experience. For some women, it can also be challenging and is often described as "traumatic." Other studies suggest that rates of trauma may be even higher, experienced by up to 45%, 55%, and even more than 60% of women who give birth (Freestun et al., 2025).

Childbirth psychological trauma and post-traumatic stress disorder represent a substantial burden of disease with 6.6 million mothers and 1.7 million fathers or co-parents affected by post-traumatic stress disorder worldwide each year. There is mounting evidence that parents who develop post-traumatic stress disorder do so as a direct consequence of their traumatic birth experience. High-risk groups, such as those who have experienced preterm birth, stillbirth, or preeclampsia, have higher prevalence rates (Horsch et al., 2024).

According to the World Observatory of Global Health, according to health statistics from the 2019 Mental Health Atlas Report, around 135 postpartum mothers worldwide suffer from mental disorders, including depression. 20% of depression cases are caused by external factors such as poverty, stress, violence and low social support. Based on the 2019 Indonesian Health Science Journal, around 50-70% of Indonesian postpartum mothers experience psychological stress after giving birth caused by postpartum mothers who are unable to adjust mentally (Ishmah et al., 2024). Risk factors contributing to the development of perinatal depression have been identified: personal or family

psychiatric history, adverse life events, lack of support, etc. In addition, 20% of pregnant women in developed countries have chronic physical conditions, which may worsen during pregnancy, increasing the vulnerability to mental disorders. Evidence suggests that obstetric complications such as hypertensive disorders, gestational diabetes, miscarriage, and preterm birth may have a positive association with depression (Tato Fernandes et al., 2023). Postpartum depression (PPD) not only affects the psychological and physiological aspects of maternal health but can also affect neonatal growth and development. Partners who are in close contact with the birthing woman play a key role in communication and emotional support. This study explores the relationship of PPD support with partners and the factors that influence it, which are believed to build psychological well-being and increase maternal partner support (Ruan & Wu, 2024). The role of a mother greatly influences the development of her child, therefore mothers who experience emotional disorders during the postpartum period must be handled carefully so that it does not progress to a more serious direction. Therefore, it is the husband who must give attention and support to the postpartum mother. Support from a husband can give a sense of security to his wife so that she can go through the postpartum period and will be stronger in taking on new responsibilities more comfortably and happily.

METHOD

The research used is method survey with the type of research, namely quantitative. The population in this research is all postpartum mothers who visited. PMB Tri Utami in November - December 2024. The criteria that must be fulfilled in determining the sample are the Inclusion criteria consisting of Postpartum Mothers who are in control of. PMB, postpartum mothers who agree to be responsive, postpartum mothers who can communicate well. The exclusion criteria in this study were postpartum mothers with complications in giving birth, mothers who did not have husbands. In this study, the sampling technique used was random sampling, which is a technique for taking samples randomly without considering the strata in the population members (Nursalam, 2020). All postpartum mothers who meet the inclusion criteria will be sampled in a sampling research by first determining the number and specific characteristics as targets that must be met (Sugiono, 2013). The sample in this research was 30 postpartum mothers who visited. PMB Tri Utami period November – December 2024.

In this study, the instruments used were the husband's support questionnaire and the EPDS. The questionnaire was intended to obtain general data on the research subjects such as respondent characteristics, husband's support, and postpartum mothers' mental health. Data on husband's support for postpartum mothers' mental health used closed statements with a Likert scale that provided four alternative answers. These alternatives were arranged from supportive to non-supportive, with indicators including emotional, informational, instrumental, and assessment support. Data on the mental health of postpartum mothers during the preparation of cakes E. PDS (E. Dinburg Postnatal Depression Scale), with 10 questions based on a like.r.t point scale (0-4) with the highest score (30), depicting the potential for depression in the mother and the lowest score (0), depicting not in the direction of depression.

RESULT & DISCUSSION

Results of the study on "Husband's support for mental health in postpartum mothers at PMB Tri Utami, Semarang City. This study was conducted on November 28 - December 5, 2024. The data obtained will be presented in the form of tables and descriptions.

Table 1. Characteristics of Respondents

		Frequency	Percent	Cumulative Percent
Age	< 20 Year	2	6.7	6.7
	21 - 30 Year	14	46.7	46.7
	31 - 40 Year	13	43.3	43.3
	> 40 Year	1	3.3	3.3
Last education	Elementary/Middle School	4	13.3	13.3
	Senior High School	12	40.0	40.0
	D3/S1	14	46.7	46.7
Work	Doesn't work	14	46.7	46.7
	Work	16	53.3	53.3

Number of children	1	12	40.0	40.0
	2	12	40.0	40.0
	3 or more	6	20.0	20.0

Source: Primary Data, 2024

From the table above based on age, respondents aged <20 years were 2 respondents (6.7%), 14 respondents (46.7%) aged between 21 - 30 years were the most, 13 respondents (43.3%) were aged between 31 - 40 years and the rest were > 40 years old as many as 1 respondent or 3.3%. The category of the last education, 4 respondents (13.3%) had the last education of elementary school / junior high school, 12 respondents (40%) had the last education of high school / vocational school, and the remaining 14 respondents (46.7%) had the last education of D3 / S1. Based on employment, 14 respondents (46.7%) were unemployed, and the remaining 16 respondents (53.3%) were employed. Based on the number of children, 12 respondents (40%) had 1 child, 12 respondents (40%) had 2 children, and the remaining 6 respondents (20%) had 3 or more children.

Table 2. Relationship between husband's support and mental health in postpartum mothers

Variable			Husband's Support		Total	P value
			Does not support	Support		
Mental Health	No Symptoms of Depression	Count % within Mental Health	11 42,4%	15 57,6%	26 100.0%	0,032
	There are Symptoms of Depression	Count % within Mental Health	4 100.0%	0 0.0%	4 100.0%	
	Total	Count % within Mental Health	15 50.0%	15 50.0%	30 100.0%	

Source: Primary Data, 2024

Based on the results of cross-tabulation between the variables of Mental Health and Husband's Support, of the 30 respondents who had mental health without symptoms of depression, 42.3% (11 respondents) were due to the lack of husband's support and respondents who had mental health without symptoms of depression 57.7% (15 respondents) had husband's support. This shows that husband's support plays an important role in maintaining the wife's mental health. The results of the study by (Takdir et al., 2022) shows that social support can reduce the negative impact of stress, which contributes to better mental health. Based on the results of the chi-square test to see the relationship, a sig value of $0.032 < 0.05$ was obtained, meaning that there is significant relationship between mental health variables and husband's support. The results of the analysis showed a significant relationship between husband's support and mental health ($p = 0.032$). This study is in line with (Ariani, N. K. S., Darmayanti, P. A. R., & Santhi, W. T., 2022) Husband's support has a great influence on the mental state of a postpartum mother. Its influence can be seen from within the wife's emotions because the husband is the closest person and is responsible for facilitating the emergence of a feeling of comfort, security, respect, worth, being needed, strength, and enthusiasm to complete the pregnancy and childbirth well and happily.

Discussion

From table 1 shows that the majority of respondents are aged between 21-30 years (46.7%). This shows that this age group is the dominant segment in the study conducted. This indicates that the age of 21-30 years has significant relevance in the context of the research being carried out. The age of 21-30 years is a healthy reproductive age group for a woman, this age is also referred to as adulthood or reproductive age, because at this time a person is able to solve the problems faced calmly, especially in dealing with pregnancy, childbirth, postpartum, and the period of caring for her baby. Viewed from the developmental and social aspects. There were 2 respondents aged <20 years. Younger age hinders economic and emotional stability to overcome financial, family, and social difficulties. Younger mothers tend to be poor and live in families that are socially and economically disadvantaged. This can cause anxiety and depression, especially during the postpartum period (Jiménez-Barragan et al., 2024). Another study by García-Blanco et al. (2017) found that prenatal depressive symptoms were higher in older women, but postpartum depressive symptoms and parenting stress increased in both younger and older mothers. Although cortisol levels increased in older postpartum age, social

functioning such as family support and maternal attitudes improved with age. This suggests that social benefits may offset mental health challenges associated with older maternal age (Dol, J., 2021). A study by Ionio et al. (2024) examined the effect of specific postpartum anxiety on mother-child bonding. Although the primary focus of this study was not on maternal age, the results showed that postpartum anxiety can affect mother-child bonding, even after controlling for variables such as maternal age, general anxiety, and depression. This suggests that maternal age plays a role in postpartum mental health dynamics, although it is not the sole determinant (Ionio et al., 2024). An age range of under 20 years during the postpartum period causes a lack of maturity in thought patterns which will result in a postpartum mother being less prepared mentally in taking care of her child, as the age and level of maturity increases, a person's strength in thinking and working will also be more mature, both physical, psychological and development social.

The majority of respondents have a final education level of D3/S1 with 14 respondents (46.7%). This is in line with the theory of social support, namely that higher levels of education are often associated with better access to social and economic resources. Respondents with D3/S1 tend to have wider social networks and stronger support in both formal and informal education. This social support can play an important role in improving the well-being of individuals and society as a whole. The results of table 1 are in line with mental health theory which shows that higher education is also related to improved individual mental health. Therefore, higher education levels are strongly associated with better mental health. Causal relationships are very difficult to establish and are generally multifactorial. However, education has been shown to be one of the clearest indicators of life outcomes such as employment, income, and social status. The tendency they get is lower stress and anxiety compared to those with less education.

A community study published in the *Journal of Affective Disorders* found that higher levels of maternal education correlated with an increased risk of postpartum anxiety. Factors contributing to this increased risk included a history of depression, preterm birth, negative experiences during labor and the first week postpartum, and low partner support. The study highlights that mothers with higher education may have higher expectations of themselves and the motherhood process, which can increase stress and anxiety (van der Zee-van den Berg et al., 2021).

On research (Takdir et al., 2022) also shows that the education that a person takes will affect the way of thinking and perspective on themselves and their environment. Respondents with a higher educational background will change their attitudes and perspectives in responding to the process of childbirth and changes during the postpartum period. Higher education tends to be better able to overcome life's challenges. These results provide recommendations for improving mental health, especially in postpartum mothers with lower education and provide useful insights for policy makers and practitioners in designing more effective strategies to improve husband support and mental health in postpartum mothers.

Based on table 1, the majority of respondents work as many as 14 respondents (46.7%), respondents work this can result in emotional disorders due to heavier workloads plus having to adapt to various new habits and challenges. Seven percent of mental health is a global disease, and 19 percent of them are disabled. Mental health is also a valuable end goal, mental well-being is very important because it is a major determinant of a number of socio-economic outcomes such as premature death, lower life expectancy and higher risk of other communicable and non-communicable diseases. In the economy, people with low psychological are likely to be unemployed, paid lower wages and less productive. This makes them vulnerable to economic shocks and more likely to live in poverty (Kondiroli & Sunder, 2022). A study by Dagher et al. (2016) examined the relationship between psychosocial characteristics of work and symptoms of depression, anxiety, and stress in postpartum mothers. The results showed that mothers who returned to work in an environment with high demands, low control, and minimal social support tended to experience increased symptoms of anxiety and stress. This study emphasizes the importance of a supportive work environment for mothers returning to work after childbirth (Nursalam, 2020).

As many as 12 respondents (40%) have 1 child, as many as 12 respondents (40%) have 2 children. The most frequent respondents were parity 1 (40%) and parity 2 (40%). A woman giving birth for the first time is a very stressful thing. The tension experienced can be caused by the first experience. This also has an influence on the adaptation process in which primiparous mothers more often experience postpartum emotional disorders. The worries of postpartum mothers can be in the form of birth pain, the condition of the fetus being born, the safety of themselves and their babies, baby care and the breastfeeding process so that feelings of worry, anxiety and fear arise if they experience mistakes and

experiences of giving birth that the mother has experienced before can help and reduce the occurrence of emotional disorders (Fatmawati & Gartika, 2021). A study by Dol et al. (2021) in Canada examined the influence of parity and age of the baby on maternal self-efficacy, social support, anxiety, and postpartum depression. The results showed that primiparous mothers (giving birth to their first child) had lower levels of self-efficacy and higher levels of postpartum anxiety compared to multiparous mothers (who had had previous children). In addition, mothers with older babies experienced higher levels of anxiety and depression and lower social support. These findings emphasize the importance of ongoing support for mothers, especially in the first six months after giving birth (Dol, J., 2021). Social support (from family, friends, and significant others) can improve the mother's ability to adjust and manage postpartum stress and strengthen the mother-child bond. Social support can be a protective factor that can reduce the impact of life stress and increase positive mental health status in adverse situations. Family support is a key element in alleviating maternal mental health symptoms. When adjusting to parenthood after childbirth, physical and psychological support from a partner is very much needed by the mother for her physical and emotional recovery (Nursalam, 2020). Husband's support is the most influential thing in a wife's emotions because the husband is the closest person and is responsible for facilitating the emergence of a feeling of comfort, security, respect, worth, being needed, strength, enthusiasm to complete pregnancy and childbirth well and happily.

Mothers really need emotional support from their husbands during the postpartum period. The form of support received from relatives or close people has little influence on the mother's mental health. The limited support provided by the husband is due to not understanding what the mother wants or the situation of the mother and her husband. During the postpartum period, mothers experience many changes, to reduce stress, emotional support is needed by the husband to the wife. A husband who fails to provide support to the mother causes the mother's emotional well-being to become disturbed which can affect the mother's psychology (Asaye et al., 2020). A study in Indonesia highlighted that husbands' involvement in maternal care, including emotional support and participation in childcare, positively contributed to maternal well-being. This support included assistance with housework, childcare, and emotional support, all of which played a role in reducing symptoms of postpartum depression.

Other studies have shown that partner support during pregnancy can mediate social inequalities in postpartum depression, especially in non-migrant and first-generation migrant women. Adequate support from a partner can reduce postpartum depression scores by up to 11% in first-generation migrant women (Lesueur et al., n.d.). Qualitative research suggests that mothers' perceptions of their husbands' support significantly influence their experiences with postpartum depression. Mothers who feel supported by their husbands tend to have more positive experiences and report less depressive symptoms than those who feel less supported. Innovations in digital mental health interventions also suggest that husband involvement can enhance the effectiveness of programs. A study in Nepal found that when husbands participated in a digitally supported counseling intervention, there was an increase in understanding and support for wives experiencing postpartum depression (Bhardwaj et al., 2024). During this vulnerable period, the physical, emotional, and cognitive availability of husbands positively contributes to women's functioning and self-evaluation as wives and mothers. Their representations of 'doing for' and/or 'being with' their husbands promote their well-being and ultimately protect the family (Montgomery et al., 2009).

One of the weaknesses in this research is the limited number of samples used, due to time and resource limitations, the research is only able to collect data from a limited number of respondents. This of course limits the extent to which the findings can be applied to a wider population. However, the researcher hopes to carry out further research with a larger sample coverage so that it will provide results that are in-depth in understanding the relationship between husband's support and mental health in postpartum mothers

CONCLUSION

Support from your husband is very important for the mental health of postpartum mothers. Mothers who receive this support are usually better able to adapt psychologically after giving birth and have a lower risk of experiencing postpartum blues or postpartum depression. As a result of the research carried out, the majority of respondents were Russians between 21 and 30 years old (46.7%), with a D3 or S1 educational background (46.7%), working for a job (53.3%), and having one or two children (40%). Postpartum mothers who received support from their husbands (50.0%) and did not

receive support (50.0%), and 26 respondents (86.7%) did not have symptoms of depression, and the results of this study showed a significant relationship between husband's support and mental health with a value of $0.032 < 0.05$. This shows that the mental health of postpartum mothers is greatly influenced by husband's support which functions as a way to overcome stress and prevent depression after giving birth. Therefore, it is very important for the husband to be involved in the postpartum mother's care process, so that he can support the wife's mental health during the postpartum period.

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