The Relationship Between Husband's Support and the Incidence of Postpartum Depression at PMB in Pariaman

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Abstract

Postpartum depression (PPD) is a prevalent psychological disorder that affects many women during the early postnatal period, posing significant risks to both maternal and infant health. Among various psychosocial determinants, the support provided by the husband plays a crucial role in either protecting against or contributing to the onset of PPD. This study aims to examine the relationship between the level of husband's support and the incidence of postpartum depression among postpartum mothers receiving care at independent midwifery practices (PMB) in Pariaman, Indonesia. A quantitative analytic method with a cross-sectional design was used. The study involved 60 postpartum mothers selected through purposive sampling. Data were collected using a structured questionnaire that included demographic data, a husband's support scale, and the Edinburgh Postnatal Depression Scale (EPDS). The results revealed that 29 mothers (48.3%) experienced symptoms of postpartum depression. Among those with low husbands' support, 83.3% were found to be depressed, while the prevalence was 64.7% among those with moderate support and only 12.0% among those with high support. The Chi-square test indicated a statistically significant association between husband's support and postpartum depression (χ^2 = 23.870, df = 2, p = 0.000). These findings suggest that lower levels of spousal support are associated with higher risks of postpartum depression. Therefore, enhancing husband involvement during the perinatal period should be considered a key strategy in preventing postpartum depression and improving maternal mental health outcomes.

Keywords: Postpartum Depression; Husband's Support; Maternal Mental Health; EPDS; Spousal Involvement; Midwifery Services; Indonesia; Perinatal Care.

1.0 Introduction

Postpartum depression (PPD) is a common and serious mental health disorder that affects many women following childbirth. Globally, the prevalence of postpartum depression ranges from 10% to 20%, with even higher rates reported in developing countries due to a variety of psychosocial and environmental factors (O'Hara & McCabe, 2013). In Indonesia, postpartum depression is increasingly recognized as a public health concern, with studies indicating a prevalence of around 22–34% among postpartum mothers (Widyawati *et al*., 2020). Despite being prevalent, PPD is often underdiagnosed and undertreated, especially in primary

healthcare settings such as independent midwifery practices (PMB), where emotional support systems are often overlooked.

One of the significant psychosocial factors contributing to the risk of postpartum depression is the level of support provided by the husband. Emotional, informational, and instrumental support from the husband plays a crucial role in the mental well-being of postpartum women. Research shows that women who perceive low spousal support are more likely to experience depressive symptoms compared to those with strong familial and partner support (Beck, 2001; Dennis & Ross, 2006). In the traditional Indonesian family system, the husband often holds a central role not only in providing economically but also in determining the emotional stability of the household.

The early postpartum period is a critical time when women are adjusting physically, emotionally, and socially to motherhood. The presence of an attentive and supportive husband can significantly buffer the stress of new parenthood and reduce the likelihood of developing depressive symptoms. However, in many cases, a lack of awareness or involvement from husbands can leave mothers feeling isolated and overwhelmed, increasing their vulnerability to postpartum depression.

Given the cultural and health service context of Pariaman, where PMBs are commonly utilized for maternal care, understanding the impact of husbands' support on postpartum depression is crucial. Despite the importance of this issue, there is a lack of local data examining the association between spousal support and maternal mental health outcomes. Therefore, this study aims to analyze the relationship between husband's support and the incidence of postpartum depression among women attending PMB in Pariaman.

2.0 Literature Review

Postpartum depression (PPD) is a significant public health issue that affects women in the weeks or months following childbirth. The World Health Organization recognizes PPD as one of the leading causes of disability-adjusted life years (DALYs) in reproductive-age women, particularly in low- and middle-income countries. Global studies estimate its prevalence to be between 10% and 20% (Amer *et al.*, 2024), though rates can exceed 30% in underserved populations (Bhardwaj *et al.*, 2024).

A critical psychosocial factor influencing the onset and severity of PPD is perceived social support—particularly that provided by the husband or intimate partner. Husband's support encompasses emotional presence, practical assistance, and active involvement in childcare and household duties (Cho, 2022). Research indicates that emotional support from a spouse significantly reduces stress, improves maternal self-efficacy, and acts as a buffer against depressive symptoms (Antonioiu, 2022).

Several cross-cultural studies have demonstrated the protective effect of high-quality partner support. In Iran, Ahmadpour (2023) found that maternal mental health outcomes were significantly better when partners provided consistent support throughout the perinatal period. Likewise, a study in China by Liu *et al.* (2024) highlighted that partner support is a key moderator between life stressors and depressive outcomes in postpartum women.

Attachment theory also offers insight into the relationship dynamics between new parents. Yamada *et al.* (2020) showed that secure attachment styles in couples were associated with more effective support and reduced PPD risk. Meanwhile, a French cohort study by Melchior *et al.* (2020) revealed that partner support not only mitigated depressive symptoms but also moderated the effects of low socioeconomic status.

Importantly, studies have emphasized the need to include men in maternal mental health interventions. Partner education programs have shown promising outcomes in reducing maternal depression and enhancing family functioning (Ekpenyong *et al.*, 2023; Dennis &

Ross, 2006). Culturally sensitive approaches that recognize traditional family roles are crucial to maximize the impact of husband involvement (Joo & Yoo, 2015).

In conclusion, a growing body of literature supports the assertion that husbands' support plays a vital role in preventing postpartum depression, making it a central focus for early intervention strategies in maternal health services.

3.0 Methods

This study employed a quantitative analytic design with a cross-sectional approach to examine the relationship between husbands' support and the incidence of postpartum depression among postpartum mothers. The research was conducted at several independent midwifery practices (PMB) located in Pariaman, Indonesia. The selection of PMBs as the research setting was based on their accessibility and frequent utilization by postpartum mothers for postnatal care services. The population of this study consisted of postpartum mothers within six weeks after childbirth who visited PMBs during the study period. A purposive sampling technique was used to recruit respondents who met specific inclusion criteria, namely: women aged 18 years and above, within 6 weeks postpartum, living with their husbands, and willing to participate. Mothers with a history of psychiatric disorders or complications requiring hospital referral were excluded from the study. A total of 60 respondents were included in the final sample.

Data were collected using structured questionnaires administered through face-to-face interviews. The questionnaire consisted of three main sections: (1) demographic characteristics of the mother and husband, (2) level of husband's support, and (3) postpartum depression status. Husband's support was measured using a validated social support scale adapted for postpartum contexts, which assessed emotional, informational, and instrumental support. Scores were categorized into low, moderate, and high levels of support. Postpartum depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS), a widely used screening tool for postpartum depression. A cut-off score of ≥ 10 was used to indicate the presence of depressive symptoms.

Data analysis was carried out using SPSS software. Descriptive statistics were used to describe the characteristics of respondents and the distribution of husbands' support and postpartum depression. The relationship between husband's support and postpartum depression was analyzed using the Chi-Square test, with a significance level of $\alpha = 0.05$. Ethical approval for this study was obtained from the Ethics Committee of Universitas Sumatera Barat, and written informed consent was secured from all participants prior to data collection.

4.0 Results

The study involved a total of 60 postpartum mothers who met the inclusion criteria. Table 1 presents the demographic characteristics and distribution of the two main variables: husband's support and postpartum depression status.

The results showed that most respondents (41.7%) received a high level of support from their husbands, followed by moderate support (28.3%) and low support (30.0%). In terms of postpartum depression, 29 mothers (48.3%) were identified as experiencing postpartum depression based on EPDS scores ≥ 10, while 31 mothers (51.7%) did not show depressive symptoms.

Table 2 shows the result of the Chi-Square analysis conducted to examine the relationship between husband's support and the incidence of postpartum depression. The cross-tabulation revealed that of the 18 mothers who received low support, 15 (83.3%) experienced postpartum depression. Among those with moderate support, 11 out of 17 (64.7%) were depressed. In contrast, only 3 out of 25 (12.0%) mothers with high husband support showed symptoms of postpartum depression.

Table 1. Demographic Characteristics (n = 60)

Variable	Category	Frequency (n)	Percentage (%)
Husband's Support Level	Low	18	30.0%
	Moderate	17	28.3%
	High	25	41.7%
	Total	60	100.0%
Postpartum Depression	Yes (EPDS ≥ 10)	29	48.3%
	No (EPDS < 10)	31	51.7%
	Total	60	100.0%

Table 2. Chi-Square Test of the Relationship Between Husband's Support and Postpartum Depression

Test Component	Result
Chi-Square Value (χ^2)	23.870
Degrees of Freedom (df)	2
P-value	0.0000
Significance Level (α)	0.05

The Chi-Square statistical test produced a chi-square value of 23.870 with 2 degrees of freedom and a p-value of 0.0000. Since the p-value is less than the significance level of 0.05, it can be concluded that there is a statistically significant relationship between the level of husband's support and the incidence of postpartum depression.

These findings indicate that mothers who receive low or moderate support from their husbands are significantly more likely to experience postpartum depression compared to those who receive high levels of support. This highlights the critical role of spousal involvement and emotional support in protecting maternal mental health during the postpartum period.

5.0 Discussion

The current study revealed a statistically significant association between the level of husband's support and the incidence of postpartum depression (PPD). Mothers experiencing low or moderate spousal support were markedly more likely to exhibit depressive symptoms—83.3% and 64.7%, respectively—compared to only 12.0% among those receiving high support. These findings align with international evidence demonstrating that perceived partner support is a key protective factor against PPD across diverse settings.

Spousal involvement during the perinatal period substantially reduces maternal psychological distress (Cho, 2022; Antonioiu, 2022). A large-scale study in Iran found that strong family and partner support significantly improved postpartum maternal functioning and emotional well-being (Ahmadpour, 2023). Similarly, a cross-sectional study in Japan demonstrated that a lack of partner support increases the risk of depressive symptoms in new mothers (Yamada *et al*., 2020).

Attachment style appears to moderate the impact of spousal support. Research in China reported that among securely attached women, support from partners yielded a strong protective effect against postpartum depression (Liu *et al*., 2024). Prepartum partner support predicted lower PPD scores even after adjusting for confounders. This underscores the importance of emotional availability and relationship quality, not just supportive behaviors.

Social inequalities also play a mediating role. Evidence from a French cohort study indicates that partner support mediates the effect of socioeconomic status on PPD, with disadvantaged women benefiting particularly from satisfying spousal relationships (Melchior *et al*., 2020). In low-resource urban and rural settings, digital and partner-based interventions improve access to mental health support for mothers at risk (Bhardwaj *et al*., 2024), and cultural factors influencing male involvement may impact maternal mental outcomes.

Our results support the hypothesis that inadequate husband support is associated with a higher risk of PPD. Observational data also suggest that new fathers themselves may suffer postpartum symptoms, influencing their ability to support their partners (Le Monde, 2024; Wikipedia, 2025). In this sense, spousal care may benefit both parents.

Comparatively, systematic meta-analyses report PPD prevalence around 10–20% globally, with underdiagnosis common (Amer *et al*., 2024; Ekpenyong *et al*., 2023). Mothers who receive greater involvement from their partners—emotionally, informationally, and instrumentally—are much less likely to experience depressive symptoms. Interventions such as partner education, couple-based therapy, and postpartum doula support (sanhujori) have shown promise in enhancing maternal mental health in varied cultural contexts (Joo & Yoo, 2015).

In summary, the study's findings echo a robust international literature indicating that higher husband support significantly lowers the incidence of postpartum depression. This highlights the need for antenatal and postnatal programs that actively engage men as partners in maternal care, address attachment and socioeconomic disparities, and integrate culturally adapted spousal support interventions.

Conclusion

This study demonstrates a statistically significant relationship between the level of husband's support and the incidence of postpartum depression among mothers receiving care at PMB in Pariaman. The findings revealed that mothers who received low or moderate support from their husbands were significantly more likely to experience postpartum depression compared to those who received high levels of support.

The results reinforce existing literature indicating that spousal support—especially emotional and practical involvement—plays a critical role in maternal mental health during the postpartum period. Strengthening husband involvement in perinatal care may serve as a protective factor, potentially reducing the prevalence of postpartum depression in the community.

Therefore, health professionals, particularly midwives and community health workers, should be encouraged to include husbands in maternal education programs and emotional support interventions. Policymakers and health institutions must also consider integrating couple-based strategies into maternal mental health services to promote family well-being.

In summary, husband's support is not only beneficial—it is essential in preventing postpartum depression and fostering a healthier postnatal environment for both mother and child.

Declaration of conflicting interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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