

The Relationship Between Husband's Support and Postpartum Depression Among Mothers

^{1*}A.Dinda Putri Akikah, ¹Andi Asrina, ¹Andi Surahman Batara, ¹Yusriani, ¹Fairus Prihatin Idris, ¹Muh. Ikhtiar
¹Program Studi Magister Kesehatan Masyarakat, Universitas Muslim Indonesia, Indonesia

ARTICLE INFO

Article History:

Received :17-10-2025

Revised :22-12-2025

Accepted :25-01-2026

Keywords :

Social support, Depression,
Post Partum

Correspondence :

A.Dinda Putri Akikah

Email :

dindongaqikah@gmail.com

ABSTRACT

Introduction: Postpartum depression is a common emotional disorder that may adversely affect maternal well-being and child development. This study aimed to examine the relationship between social support and maternal characteristics and the likelihood of postpartum depression among mothers in the Batu Putih Community Health Center service area in 2025. A cross-sectional quantitative design was employed. The study participants were postpartum mothers residing in the Batu Putih Community Health Center service area. The independent variables included maternal age and the type of social support provided by husbands. The results showed no significant association between maternal age and the likelihood of postpartum depression ($p > 0.05$). In contrast, a significant association was found between husbands' social support and the likelihood of postpartum depression ($p < 0.05$), with higher levels of support associated with a lower likelihood of postpartum depression. These findings indicate that social support, particularly from husbands, is a key factor influencing the likelihood of postpartum depression. Therefore, strengthening husbands' involvement in preventive and promotive efforts is essential to reduce the risk of emotional disorders among postpartum mothers.

INTRODUCTION

For married couples, families, and close relatives, childbirth is often one of the most anticipated and joyful moments in life. However, this period may also be accompanied by postpartum mood disturbances, including postpartum depression. More severe than "baby blues," postpartum depression is a mood disorder that typically affects women, particularly those with a history of clinical depression, within four weeks, three months, or up to twelve months after childbirth (1). It is characterized by depressive symptoms, excessive anxiety, disturbed sleep patterns, insomnia, and physical changes such as weight gain or weight loss (2).

Postpartum depression is a mood disorder that can affect women after childbirth and may substantially impair maternal functioning. Mothers experiencing postpartum depression may struggle to perform daily activities for themselves or others due to persistent sadness, worry, and fatigue (3). Feelings of helplessness and reduced motivation may also lead to diminished caregiving capacity, which can compromise infant care. Consequently, infants may experience suboptimal growth and development due to inadequate hygiene and health maintenance and reduced enthusiasm for breastfeeding. In turn, the quality of the mother–infant relationship may be adversely affected (4).

According to WHO estimates from 2017, 322 million people worldwide experience depression, with the highest burden observed in Southeast Asia and the Western Pacific regions (5). In Indonesia, the prevalence of depression is estimated at 3.7%, which is lower than that of India, which has been reported as the highest in the Southeast Asia region at 4.5% (5). The World Health Organization (WHO) also estimates that among women who give birth, the incidence of postpartum depression in those experiencing mild depression is approximately 10 per 1,000 live births. The proportion of postpartum women in Asia who experience postpartum blues varies widely, ranging from 26% to 85%. At present, the prevalence of postpartum blues in Indonesia remains unclear because no institution has conducted a nationally reliable survey (6).

Beyond hormonal changes, pregnancy and childbirth may deplete a woman's physical reserves, which may be compounded by anxiety about the baby, sleep deprivation, and adjustment to unfamiliar environments. In addition, some women may respond poorly to new medications, including narcotic analgesic preparations administered during labor and delivery (7). Therefore, this study aimed to examine the relationship between maternal age and spousal support and postpartum depression among women in the Batu Putih Community Health

Center (UPTD) service area. This focus is particularly relevant because, to the best of our knowledge, no prior study on this topic has been conducted in this facility (7).

METHODS

This study employed a cross-sectional study design with a quantitative approach and was conducted in 2025 in North Kolaka Regency, within the service area of the Batu Putih Community Health Center (UPTD). Ethical approval was obtained prior to data collection (ethics approval number: UMI01250976). The study population comprised all postpartum mothers residing in the working area of the Batu Putih Community Health Center. A total of 93 respondents participated in the study, and the sample was selected using a purposive sampling technique.

Social support was assessed using the Postpartum Social Support Questionnaire (PSSQ) to measure the level of support received by mothers from their husbands. The tendency toward postpartum depression was measured using the Edinburgh Postnatal Depression Scale (EPDS). Statistical significance was determined using a p-value threshold of < 0.05 . Data analysis included both univariate and bivariate analyses. The Chi-square test was applied to examine the relationship between respondents' age and husbands' social support and the likelihood of postpartum depression.

RESULT AND DISCUSSION

RESULT

Respondent Characteristics

Table 1: Distribution of respondent characteristics

Characteristics of Postpartum Mothers	N	%
Age Group		
17-19 Years	11	11.8
20-34 Years	72	77.4
35-44 Years	10	10.8
Total	93	100
Type of work		
Civil servants	10	10.8
Household	77	82.8
Private Sector	6	6.5
Total	93	100
Level of education		
D3	9	9.7
S1	24	25.8
Senior High School	53	57.0
Junior high school	7	7.5
Total	93	100
Parity		
First pregnancy	46	49.5
Second Pregnancy	28	30.1
3rd Pregnancy	15	16.1
4th pregnancy	4	4.3
Total	93	100

Based on the characteristics presented in Table 1, the ages of postpartum women ranged from 15 to 44 years. The majority of respondents were aged 20–35 years, comprising 72 postpartum mothers (77.4%). In terms of educational attainment, most respondents had completed high school, accounting for 53 postpartum women (57.0%). Regarding occupation, the majority were housewives, with 77 postpartum women (82.8%). In addition, nearly half of the respondents were primiparous, with first-time mothers accounting for 46 postpartum women (49.5%).

Table 2. Distribution of Postpartum Mothers' Responses

Category	N	%
Postpartum Depression		
Depression	28	30.1
Not Depressed	65	69.9
Total	93	100.000
Husband's Support		
Less Supportive	30	32.3
Support	63	67.7
Total	93	100.000

As presented in Table 2, 65 postpartum mothers (69.9%) did not experience postpartum depression, indicating that the majority of respondents were psychologically well following childbirth. However, 28 postpartum mothers (30.1%) exhibited clinically relevant levels of postpartum depression. Regarding spousal support, 63 postpartum women (67.7%) reported receiving support from their husbands, suggesting that most husbands provided adequate support during the postpartum period. In contrast, 33 postpartum women (32.3%) reported insufficient support from their husbands.

Table 3. Relationship between Husband's Support and Postpartum Depression

	Depression		N'Depression		Total		P Value
Husband's Support	N	%	N	%	N	%	
Less Supportive	22	73.3	8	26.7	30	100	0.001
Support	6	9.5	57	90.5	63	100	
Total	28	30.1	65	69.9	93	100	
Age Group							0.183
17-19 Years	2	18.2	9	81.8	11	100	
20 – 34 Years	25	34.7	47	65.3	72	100	
35-44 Years	1	10.0	9	90.0	10	100	
Total	28	30.1	65	69.9	93	100	

*Chi-square Test : 0.001 and 0.183

As shown in Table 3, among postpartum women who reported inadequate support from their husbands, 22 (73.3%) experienced postpartum depression, while 8 postpartum women (26.7%) did not. In contrast, among postpartum women who received support from their husbands, only 6 (9.5%) experienced postpartum depression, whereas 57 postpartum women (90.5%) did not. Statistical analysis demonstrated a significant association between spousal support and the likelihood of postpartum depression ($p = 0.001$), indicating that $p < 0.05$.

Regarding maternal age, among postpartum women aged 17–19 years, 2 (18.2%) experienced postpartum depression, while 9 postpartum women (81.8%) did not. In the 20–34-year age group, 25 postpartum women (34.7%) experienced postpartum depression, whereas 47 postpartum women (65.3%) did not. Among postpartum women aged over 35 years, 1 (10.0%) experienced postpartum depression, while 9 postpartum women (90.0%) did not. Statistical testing revealed no significant association between maternal age and the likelihood of postpartum depression ($p = 0.183$), as the p-value exceeded the significance threshold of 0.05.

DISCUSSION

Characteristics of Postpartum Mothers Based on Age

Based on the findings of this study, postpartum women aged 17–19 years predominantly did not experience postpartum depression, with 81.8% reporting no depressive symptoms, while 18.2% experienced postpartum depression. The absence of postpartum depression among most mothers under the age of 20 may be influenced by

several factors, including strong support from their husbands, which appears to play an important protective role against depressive symptoms in young mothers. Nevertheless, some young mothers still exhibited signs of depression, which may be attributed to limited skills in infant care and insufficient support from family members, who are often the closest and most experienced sources of assistance. These limitations may increase anxiety and psychological burden, thereby contributing to depressive symptoms.

Many perspectives on postpartum depression suggest that women aged 20–30 years are generally considered to be in the optimal age range for pregnancy and childbirth, as this period is associated with better physical readiness and reproductive health. According to medical professionals, women in this age group tend to experience fewer menstrual and reproductive health problems, which may support healthier pregnancies. Conversely, adverse obstetric histories, such as eclampsia or severe preeclampsia—characterized by hypertension, proteinuria, and convulsive symptoms—have been reported as risk factors for postpartum mental health problems (8). Mothers under the age of 20 are often considered not fully prepared, both physically and psychologically, for pregnancy and childbirth. Anatomically, the uterus and pelvis may not have reached full maturity, potentially complicating labor, while psychologically, younger mothers may not yet be ready to assume the responsibilities of parenthood (9).

In this study, 34.7% of postpartum mothers aged 20–35 years experienced postpartum depression, whereas 65.3% did not. These findings suggest that many mothers in this age group may be less prone to depression due to greater emotional maturity, prior life experience, and stronger spousal support. Such factors may enable mothers to regulate their emotions more effectively and to actively seek information or assistance from health professionals regarding challenges encountered during pregnancy, childbirth, or the postpartum period. However, postpartum depression was still observed among some mothers aged 20–35 years, particularly those who were at the peak of their careers or had strong aspirations to return to work. Role conflict arising from the need to balance professional responsibilities and maternal duties may generate significant stress, which is a known risk factor for depressive symptoms.

Previous studies have reported that the age range of 20–35 years is generally considered the most favorable period for caring for newborns. In contrast, women aged 35 years or older may exhibit symptoms such as fatigue and reduced energy levels, which can contribute to psychological vulnerability (10). For working mothers, spousal support in managing household responsibilities is particularly important. Meanwhile, non-working mothers may benefit from peer support systems, such as postpartum support groups facilitated by community health centers. Research has shown a negative correlation between age and work-related stress, with younger individuals typically experiencing better physical health compared to older individuals (11). These findings suggest that the relatively low prevalence of work-related postpartum depression in this study may be influenced by the predominance of mothers within the productive age range of 20–35 years.

Among postpartum women aged over 35 years, who are often considered to be in a higher-risk reproductive age group, 90.0% did not experience postpartum depression, while only 10.0% reported depressive symptoms. This relatively low prevalence may be explained by greater life experience and psychological maturity, which may enhance coping capacity in caring for newborns. Nevertheless, some mothers in this age group remained vulnerable to depression, potentially due to stress associated with re-adapting to childcare responsibilities and age-related physiological changes. Hormonal fluctuations following childbirth may also contribute to mood disturbances and depressive symptoms. Other studies have similarly reported that although women over the age of 35 face increased obstetric risks, they do not necessarily exhibit higher levels of postpartum depression compared with younger mothers, particularly when they have higher educational attainment and stable financial conditions (12).

The statistical analysis in this study yielded a p -value of 0.183 (> 0.05) for the association between maternal age and postpartum depression, indicating no statistically significant relationship. This finding suggests that maternal age alone does not influence the occurrence of postpartum depression. These results differ from previous studies that reported a strong association between maternal age and the prevalence of postpartum depression (13). However, the present findings are consistent with other studies demonstrating no significant correlation between maternal age and postpartum depression, highlighting that factors such as social support and a history of mental illness may play a more substantial role (14).

The majority of postpartum mothers in this study were within the productive working age range. Previous research has shown that younger individuals tend to experience lower levels of work-related stress and generally have better health status compared to older workers (15). This may partly explain the relatively low prevalence of

work-related postpartum depression observed in this study, given that most respondents were aged between 20 and 35 years.

Field observations conducted by the researchers further indicated that symptoms of postpartum depression occurred across various age groups with relatively similar likelihood. Psychosocial factors, including support from partners, family members, and health care providers, appeared to exert a greater influence on postpartum mental health than age alone. Younger mothers, particularly those under 25 years of age, often reported anxiety related to limited experience in infant care; however, this anxiety did not consistently progress to depression. Conversely, older mothers, especially those over 30 years of age, were generally more emotionally prepared but sometimes reported fatigue and stress associated with caring for multiple children. These findings are consistent with previous research indicating no significant association between parity and postpartum mental health problems (16).

Overall, the absence of a statistically significant association between maternal age and postpartum depression suggests that differences in risk between younger and older age groups may offset one another. Consequently, maternal age alone is insufficient to explain the occurrence of postpartum depression, and greater emphasis should be placed on psychosocial determinants, particularly spousal and social support.

The Relationship Between Spousal Support and Postpartum Depression

The findings of this study indicate that 32.2% of postpartum mothers reported receiving limited support from their husbands, while the majority (67.7%) received adequate spousal support. These results suggest that most postpartum mothers benefited from relatively high levels of support from their partners during the postpartum period.

Among postpartum mothers who reported inadequate support from their husbands, 73.3% experienced postpartum depression. This finding indicates that postpartum depression is considerably more likely to occur in the absence of spousal support. Husbands are often the closest individuals to their wives and serve as primary sources of emotional reassurance, active listening, and practical assistance. The lack of support may be influenced by several factors, including maternal age, a history of adverse childbirth experiences, and insufficient financial support as family responsibilities increase. However, 6.7% of mothers did not experience depression despite receiving limited spousal support. This may be explained by higher educational levels, better knowledge regarding postpartum emotional changes, and proactive efforts to seek alternative support from friends, extended family members, or health professionals. Previous studies have shown that among primiparous mothers, greater awareness of postpartum depression is associated with better quality of life, whereas severe postpartum depression is linked to poorer quality of life outcomes (17).

Husbands play a crucial role as the first and most important source of support for postpartum women (18). As the individuals most closely involved in daily interactions with their wives, husbands are often the first to notice emotional and behavioral changes following childbirth. Consequently, postpartum women who do not receive adequate spousal support are at increased risk of developing postpartum depression. In contrast, the prevalence of depression was relatively low (9.5%) among postpartum mothers who received positive social support from their husbands. This finding suggests that spousal support serves as a protective factor against postpartum depression. Nevertheless, some mothers who received spousal support still experienced depressive symptoms, which may be attributed to other contributing factors, such as age, emotional vulnerability, or concerns related to previous childbirth experiences. Notably, 90.5% of postpartum mothers who received adequate support from their husbands did not experience postpartum depression. Overall, these findings indicate that higher levels of spousal support are associated with a lower likelihood of postpartum depression.

The protective role of spousal support may also be influenced by contextual factors, including the nature of the husband's employment. In some cases, non-institutional or flexible work arrangements allow husbands to spend more time with their families during the postpartum period. Additionally, husbands with higher levels of education and knowledge may be better equipped to seek relevant information and provide appropriate support to their wives. Supporting evidence from other studies indicates that women who receive adequate family support during pregnancy and the postpartum period tend to experience more positive psychological outcomes (19). Spousal support has been shown to help postpartum mothers manage stress and adapt more effectively to postpartum challenges. Consistent with this study, previous research has demonstrated that postpartum mothers who lack adequate family support are at greater risk of developing postpartum depression (20).

Postpartum depression is more likely to occur when husbands provide limited assistance to their wives following childbirth. However, inadequate spousal support may also result from external factors, such as work-related fatigue, which is influenced by employees' age and length of service (21). Furthermore, the higher prevalence of postpartum depression observed among multiparous mothers in some studies may be related to increased responsibilities, including household tasks and caregiving duties for older children (22).

Bivariate analysis using the chi-square test revealed a statistically significant association between postpartum depression and spousal social support, with a p-value of 0.001 ($p < 0.05$). These findings indicate a significant relationship between postpartum depression and the level of support provided by husbands. Postpartum depression was less prevalent among mothers who received strong or high levels of spousal support. Similar findings have been reported in studies conducted in other settings, including research conducted at the Tandalili Community Health Center in Maros Regency, which also highlighted the critical role of husbands' support in preventing postpartum depression (23).

The results of this study are consistent with previous research demonstrating a significant relationship between husbands' support and postpartum depression among postpartum mothers (24). Spousal support has consistently been identified as a key determinant of maternal mental health. Further evidence indicates a strong association between postpartum emotional disturbances and spousal social support (25). Beyond ensuring physical well-being during pregnancy, emotional support, encouragement, and practical assistance from husbands contribute to mothers' psychological readiness for childbirth and the postpartum period.

Field observations conducted during this study further revealed that maternal psychological stability is strongly influenced by spousal support. Husbands who provide emotional reassurance, practical assistance, and consistent attention tend to help their wives feel calmer, more confident in caring for their infants, and better adjusted to their new maternal roles. Common forms of support included assistance with infant care, accompanying mothers to health services, monitoring physical and mental health, and helping with household chores. The extent and nature of spousal support are also shaped by cultural norms. In some contexts, husbands are still perceived primarily as breadwinners, which may limit their involvement in childcare. However, in more egalitarian and open family structures, husbands are increasingly engaged in both emotional and practical support, contributing positively to maternal mental health outcomes.

CONCLUSION

The findings of this study indicate that there is no significant association between maternal age and the likelihood of postpartum depression ($p > 0.05$). In contrast, social support from husbands demonstrated a significant association with postpartum depression ($p < 0.05$), with higher levels of support associated with a lower likelihood of depressive symptoms. These results suggest that social support, particularly from husbands, is one of the key factors related to postpartum depression. Therefore, strengthening husbands' involvement in preventive and promotive care is essential to reduce the risk of emotional disorders among postpartum mothers.

ACKNOWLEDGEMENT

The authors express their sincere appreciation to the Batu Putih Community Health Center (UPTD) and all individuals and institutions that contributed, directly or indirectly, to the completion of this research.

AUTHOR'S CONTRIBUTION STATEMENT

A.Dinda Putri Akikah: Conceptualization, Writing -Original Draft, Review & Editing. Yusriani, Fairus Prihatin Idris, Muh. Ikhtiar: Conceptualization, Methodology, Manuscript review. Andi Asrina, Andi Surahman Batara: Supervision. A.Dinda Putri Akikah: Formal analysis, Writing -Original draft, Manuscript review. Andi Asrina, ¹Andi Surahman Batara: Validation, Manuscript review.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors acknowledge the use of ChatGPT, Scispace, Perplexity, Grammarly, and DeepL to support language improvement, improve clarity, and improve the overall readability and structure of the manuscript.

FUNDING

No. Funding

REFERENCES

1. Stewart DE, Vigod S. Postpartum depression. *N Engl J Med*. 2016;375(22):2177–2186. doi:10.1056/NEJMcpl607649
2. Ardiyanti D, Dinni SM. Application of the Rasch model in developing an instrument for early detection of postpartum depression. *J Psychol*. 2018;45(2):81–97. doi:10.22146/jpsi.29818
3. Borra C, Iacovou M, Sevilla A. New evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions. *J Matern Child Health*. 2015;19(4):897–907. doi:10.1007/s10995-014-1591-z
4. Irawati D, Yuliani F. The influence of psychosocial factors and delivery method on the occurrence of postpartum blues in postpartum mothers. *J Keperawatan*. 2014;6(1):1–8.
5. Arimurti A, et al. Literature study of influencing factors of postpartum depression. *J Kesehat Masy*. 2020;4(2):29–37.
6. Nurbaya S, Rasimin R. The effect of psychoeducation on postpartum depression at Sitti Fatimah Hospital, Makassar. *J Kesehat*. 2016;9(2):266–272.
7. Irvana I. Factors influencing the incidence of postpartum depression at Labuang Baji Regional Hospital, Makassar. *J Ilm Kesehat*. 2021;3(1):61–66.
8. Silverman ME, Reichenberg A, Savitz DA, Cnattingius S, Lichtenstein P, Hultman CM, Sandin S. Risk factors for postpartum depression: a population-based study. *Depress Anxiety*. 2017;34(2):178–187. doi:10.1002/da.22597
9. Fauziah AR. Tendency toward postpartum depression in primiparous mothers. *Ug J*. 2021;15:14–25.
10. Gjerdingen DK. Postpartum mental health: a study of older and younger women. *J Womens Health*. 2019;28(3):1–8.
11. Mahendra YI, et al. Relationship between age, parity, economic status, and spiritual values with postpartum depression. *J Psychol Health Sci*. 2020;1(1):1–8.
12. Pangaribuan RSA. Husband's support and maternal age in relation to postpartum blues. *J Kebidanan*. 2020;5(2):45–52.
13. Wardani L. Factors associated with postpartum depression in postpartum mothers in Sungai Pagar Community Health Center area, Kampar Kiri Hilir. *J Kesehat Masy*. 2018;3(1):23–30.
14. Rahmawati R, Asrina A, Fairus PI. Overview of breastfeeding practices in Bajeng District, Gowa Regency. *Jendela Kesehat Masy*. 2021;2(3):450–460.
15. Sinaga E, Jober NF. Characteristics and mental health status of postpartum mothers. *Silampari Nurs J*. 2023;6(2):120–128.
16. Matumadi IU, Caorong LA, Bangcola AA. Postpartum depression, risk factors, support perception, and quality of life among primiparous mothers in rural Lanao del Sur, Philippines: a descriptive-predictive study. *J Healthc Adm*. 2024;3:135–148. doi:10.33546/joha.3602
17. Achmada NS, Era CP, Ninuk DA, Uning M. Relationship between family support and risk of perinatal depression at Muhammadiyah Hospital Surabaya. *J Keperawatan*. 2022;7(1):55–63.
18. Fairus M, Widiyanti S. Relationship between husband's support and postpartum depression in postpartum mothers. *J Kesehat*. 2014;7(1):11–18.
19. Yusriani Y, Khidri AM, Tarisza DM. Relationship between family support and immune-maintaining behavior among pregnant women in Bontonmpo Community Health Center area. *Jendela Kesehat Masy*. 2024;5(3):433–439.

20. Hanifah RS. Factors related to postpartum depression in Karanganyar Community Health Center area, Karanganyar Regency [thesis]. Surakarta: Universitas Muhammadiyah Surakarta; 2017.
21. Surahman BA, Nurgahayu N, Mudrikah SA. Relationship between access to maternal health services and antenatal care visits at Binanga Community Health Center, Mamuju. *Jendela Kesehat Masy*. 2024;5(1):1–8.
22. Yun I, Rosidi D, Kadir A. Implementation of bonding attachment in postpartum mothers. *J Keperawatan*. 2020;15:246–251.
23. Muhammad T, Sitti N, Faisal A. Relationship between husband's support and postpartum depression among postpartum mothers. *Sci J Nurs Stud Res*. 2022;1(5):45–52.
24. Jyhan A, Lina AM, Indah P. Relationship between husband's support and depression among postpartum mothers during the COVID-19 pandemic. *Widya Gantari Indones Nurs J*. 2022;6(1):30–38.
25. Pratiwi AM. Mrs. M's anxiety regarding normal delivery at Antang Perumnas Community Health Center. *J Kebidanan*. 2021;1:111–116.