

LITERATURE REVIEW: HUSBAND'S ROLE IN REDUCE THE INCIDENCE OF POSTPARTUM DEPRESSION IN WORKING WOMEN IN INDONESIA

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ABSTRACT

Postpartum stress conditions are experienced by most women. Mothers who are actively working tend to have a greater risk of Postpartum Depression than mothers who do not work. This is due to the dual roles of raising children, managing the household, and completing work matters. This study aimed to determine husbands' support for the incidence of Postpartum Depression in working women in Indonesia. This study used a literature review strategy that was reviewed from several sources such as PubMed, ScienceDirect, and Google Scholar with a selection of articles published from 2017 to 2023. Searches in the database were carried out using keywords such as "Postpartum Depression", "Working Women and Postpartum Depression", and "Husband's Role and Postpartum Depression". The literature review results show that the main factor influencing the incidence of Postpartum Depression in Working Women is the lack of a husband's role. Based on the literature review, it can be concluded that family support, especially husbands, is needed to minimize Postpartum Depression in Working Women. It is hoped that husbands will support and help working women in taking care of their children so that Postpartum Depression does not occur.

Keywords: *Husband's Role, Postpartum Depression, Postpartum Blues, Working Women*

ABSTRAK

Kondisi stres pasca melahirkan dialami sebagian besar wanita. Ibu yang aktif bekerja cenderung memiliki risiko lebih besar terkena Depresi Pasca Persalinan dibandingkan ibu yang tidak bekerja. Hal ini disebabkan adanya peran ganda membesarkan anak, mengurus rumah tangga, dan menyelesaikan urusan pekerjaan. Penelitian ini bertujuan untuk mengetahui dukungan suami terhadap kejadian Depresi Postpartum pada wanita bekerja di Indonesia. Penelitian ini menggunakan strategi literatur review yang direview dari beberapa sumber seperti PubMed, ScienceDirect, dan Google Scholar dengan pilihan artikel yang diterbitkan pada tahun 2017 hingga 2023. Pencarian pada database dilakukan menggunakan kata kunci seperti "Postpartum Depression", "Wanita Bekerja dan Postpartum Depression", dan "Peran Suami dan Postpartum Depression". Hasil kajian literatur menunjukkan bahwa faktor utama yang mempengaruhi kejadian Depresi Postpartum pada Wanita Bekerja adalah kurangnya peran suami. Berdasarkan tinjauan literatur dapat disimpulkan bahwa dukungan keluarga khususnya suami diperlukan untuk meminimalisir Postpartum Depression pada Wanita Bekerja. Diharapkan para suami mendukung dan membantu wanita bekerja dalam mengasuh anaknya agar tidak terjadi Postpartum Depression.

Kata Kunci: *Peran Suami, Postpartum Depression, Postpartum Blues, Wanita Bekerja*

INTRODUCTION

Postpartum stress is experienced by most women. The feeling of sadness that engulfs the mother appears within two days to two weeks after giving birth. Postpartum Blues greatly affects a woman's mental abilities, and bodily functions, and can affect the mother-child relationship. There are three degrees of mental health disorders in postpartum women: Postpartum Blues, Postpartum

Depression (PPD), and Postpartum Psychosis. Postpartum Blues commonly known as Baby Blues Syndrome (BBS) is a short-term mental and emotional change that occurs in mothers 2 - 3 days and a maximum of 14 days after giving birth. PPD occurs if the baby blues condition increases and persists for more than a few weeks even up to 1 year after giving birth. The most severe situation, Postpartum Psychosis, can cause mothers to be reluctant to breastfeed so that the baby will be malnourished [1], [2].

Postpartum maternal health is a global health priority. Postpartum Depression (PPD) is defined as depressive symptoms such as reduced mood, loss of pleasure, reduced energy and activity, functional impairment, low self-esteem, and suicidal thoughts or actions that occur within the first year after childbirth. Psychosocial conditions of Postpartum Mothers can be influenced by several factors such as education level, parity, pregnancy planning, pregnancy discomfort, postpartum discomfort, and level of social support [3].

Government Regulation of the Republic of Indonesia Number 61 of 2014 regulates the role of husbands towards their wives states that husbands play a role in improving optimal maternal health by paying attention to maternal health during pregnancy including planning before delivery safely by health workers. The Suami Siap Antar dan Jaga (SIAGA) program is a program initiated by the government, which aims to increase the participation of husbands in providing assistance, planning, and dealing with pregnancy, childbirth, and postpartum for their wives.

The role of the husband during pregnancy will have a positive influence on pregnant women. Mothers who receive maximum support will experience increased affection for the fetus during pregnancy, resulting in lower levels of postpartum depression and anxiety compared to women who lack support from their husbands or families. Husbands' involvement in perinatal care will help affirm women's autonomy and support women's capacity to care for themselves and their babies [4].

According to Wahyuntari E., (2018) in her research stated that the prevalence of Postpartum Depression in Yogyakarta was 24.6%. The Edinburgh Postnatal Depression Scale (EPDS) used in measuring the stress level of postpartum mothers shows that in developed countries such as Canada, PPD is reported as high as 29%. Meanwhile, the prevalence of PPD in developing countries such as Qatar is 18% to 36%. The prevalence of postpartum depression in Asian countries ranges from 3.5% - 63.3% which is categorized into five risk factors physical/biological, psychological, obstetric, sociodemographic, and cultural.

World Health Organization (WHO) found that the incidence of Postpartum Depression is three times greater than at any other period in a woman's life. PPD is a combination of emotional, environmental, biological, and hormonal factors. The causes of PPD are influenced by internal and external factors. Internal factors such as hormonal fluctuations, psychological and personality factors, previous history of depression, history of pregnancy and childbirth with complications, cesarean delivery, unplanned pregnancy, low birth weight (LBW) babies, mothers who breastfeed and

experience difficulties in breastfeeding, previous experience of caring for babies, age, and parity. External factors such as culture related to maternal roles and duties, economics, and social support can increase the perceived difficulty of motherhood [3].

Women who experience PPD also experience more disruption in their partner relationships which can increase absenteeism and affect the work performance of both the woman and her partner or husband. Inflexible and stressful work environments, the stress of working while pregnant or with young children at home and exacerbated by low social support from partners further increase the risk of developing PPD. Mothers who experience PPD experience increased absenteeism, prolonged medical disability after a normal delivery, difficulty adjusting to returning to work after childbirth, and often experience relationship conflict or even divorce [5].

A heavy work culture during pregnancy and up to the time of delivery can be harmful to both mother and fetus. Mothers who work hard during pregnancy tend to give birth to babies with low birth weight (LBW). LBW babies need intensive care until they reach a stable condition and there is a stress response in the mother both psychologically and physiologically which can cause the mother to experience Baby Blues if it lasts for a long time it can lead to Postpartum Depression [3].

Mothers who are actively working tend to have a greater risk of experiencing PPD. This is due to the significant changes experienced by mothers such as multiple roles in taking care of children, managing households, and completing work affairs. Mothers who return to work after maternity leave are usually sleep deprived due to newborn babies who are often awake at night until the age of 3 months. Surrounding support such as a partner who contributes to household chores, reducing workload at work, and maternity leave will certainly make mothers feel helped so that the risk of PPD can be avoided (Masih and Masih, 2023). Therefore, this study aims to determine the husband's support for the incidence of Postpartum Depression in working women in Indonesia.

METHOD

This research used the Literature Review method from National and International Journals. Literature sources were evaluated using electronic searches in the PubMed, ScienceDirect, and Google Scholar databases with the selection of articles published from 2017 to 2023. Database searches were conducted using keywords such as "Postpartum Depression", "Working Women and Postpartum Depression", and "Husband's Role and Postpartum Depression". The inclusion criteria in this study were studies on Postpartum Depression focusing on the prevalence of Postpartum Depression in Working Women and factors associated with the incidence of PPD. Exclusion criteria include theses, dissertations, literature studies, systematic reviews, studies on treatment or intervention methods, and studies on biological and genetic risk factors.

RESULTS AND DISCUSSION

Postpartum depression is a mood disorder that occurs after giving birth. This disorder reflects psychological dysregulation which is a sign of major depressive symptoms. Postpartum depression is usually experienced by mothers after 4 weeks of giving birth. The accompanying signs are feelings of sadness, decreased mood, loss of interest in daily activities, significant weight gain or loss, feelings of uselessness or guilt, fatigue, decreased concentration and even the desire to harm herself. Finally, mothers who experience postpartum depression are unable to care for their babies optimally, including being lazy about providing breast milk directly which can endanger the health of the mother and baby [6].

The results of the analysis of 10 research articles regarding the role of husbands in reducing the incidence of postnatal depression in working mothers can be seen in the table below:

Table 1. Literature Review

Researchers	Design	Sample	Instruments	Results
Handini & Puspitasari, (2021)	Cross-sectional	Sample 70 postpartum women at Puskesmas Gading and Puskesmas Simomulyo, Surabaya, Indonesia	<i>Edinburgh Postnatal Depression Scale</i> (EPDS) to measure the level of depression.	Approximately 88.1% of women with high husband support were not at risk of depression; mothers with low husband support (63.6%) had a moderate risk of depression; while mothers with moderate husband support (82.4%) were at risk of major depression. Therefore, based on statistical tests, it can be said that there is a significant difference in the level of postpartum depression with husband support ($p = 0.000$).
Qi et al., (2022)	Cross-sectional	Samples of 887 postpartum women were recruited from Shijiazhuang Obstetrics and Gynecology Hospital, China.	<i>The Social Support Rating Scale</i> (SSRS) used to assess participants' social support	Pregnant women with higher marital satisfaction had a lower risk of developing PPD. Marital satisfaction had a greater effect on the incidence of PPD than other variables. Support from husbands, especially emotional support, is needed for Chinese women after childbirth and symptoms of postpartum depression are determined by marital dissatisfaction. Marital satisfaction ($\beta = -0.282$, bootstrap 95% CI = -0.350, -0.216, $p = 0.000$) had a direct effect on PPD.
Kebede et al., (2022)	Cross-sectional	Samples of 794 postpartum women in Gondar City, Ethiopia	PHQ-9 depression scale with cut-off point 10	Husband/partner involvement in Maternal, Neonatal, and Child Health services was significantly associated with PPD. Women whose partners were not actively involved in MCH services were 2.34 times more likely to experience PPD compared to women whose partners were involved in MCH services. Husband involvement in MCH care services can build higher support for women.
Aynur et al., (2021)	descriptive and correlation	Samples of 181 postpartum women in	<i>Edinburgh Postnatal Depression Scale</i> (EPDS)	The correlation between perceived spousal support and PPD has shown that the higher the spousal support to postpartum mothers, the lower the risk of

Researchers	Design	Sample	Instruments	Results
		public hospitals in Anatolia, Turkey	and <i>Perceived Spousal Support among Women in Early Postpartum Period Scale (PSSAWPEPP)</i>	PPD ($p < 0.01$) so it can be concluded that providing support to spouses will reduce the risk of PPD.
Pebryatie et al., (2022)	<i>Cross-sectional</i>	Samples were 336 postpartum women who received midwifery care at 27 independent midwifery clinics in 7 regions of West Java Province, Indonesia.	<i>Quality of Marriage Index (QMI)</i> and <i>Edinburgh Postnatal Depression Scale (EPDS)</i> were used to measure the relationship between spouse and postpartum depressive symptoms.	This study reinforces the assumption that the quality of the husband-wife relationship can determine the husband's involvement during pregnancy, labor, and postpartum ($\gamma = 0.60, P < .001$), which ultimately leads to better maternal health behaviors ($\gamma = 0.015, P < .001$) and decreased postpartum depressive symptoms in mothers ($\gamma = -.21, P < .001$).
Alsayed et al., (2021)	<i>Cross-sectional</i>	Samples of 172 postpartum women at infant vaccination clinics in primary health centers (PHCs) of the Ministry of Health (MOH) and Ministry of National Guard (MNGHA) in Jeddah, western Saudi Arabia.	Arabic version of <i>Edinburgh Postnatal Depression Scale (EPDS)</i>	Women who had lower scores on husband and family support were significantly associated with PPD ($P=0.039$ and $P=0.036$).
Wahyuntari E, (2018)	<i>Cross-sectional</i>	Samples of 108 postpartum women at Sadewa Hospital, Yogyakarta, Indonesia	EPDS and SSQ	The relationship between social support and postpartum depression with p-value = 0.001 and $r = -0.59$. The prevalence of postpartum depression at RSUD Sadewa was 35.4%. Postpartum depressions in each region vary depending on culture, sample size, time of diagnosis, and cut-off point. The prevalence of postpartum depression in Asia ranges from 3.5% to 63.3%.
Cho et al., (2022)	<i>Cross-sectional</i>	Samples of 1654 postpartum women based on the 2016	EPDS (cut off ≥ 10).	Low levels of social support (including husband support) were more likely to have PPD compared to women with high levels of social support. In multivariate logistic regression analysis, women with

Researchers	Design	Sample	Instruments	Results
		Study on Women's Health-Related Issues (K-Stori), Korea		moderate and low levels of social support were 1.78 (95% CI = 1.25-2.52) and 2.73 (95% CI = 1.54-4.83) times more likely to experience PPD, compared to women with high levels of social support.
Syarif, (2022)	<i>Cross-sectional</i>	Samples of 40 postpartum women in Wajo Health Center Baubau City, Southeast Sulawesi, Indonesia	EPDS	There is a relationship between family support (pValue 0.000) on the occurrence of Postpartum Depression. The R-square value of 65.90 indicates that the equation obtained can explain that the variables of income / economic status and family support affect the risk of postpartum depression in primiparous mothers.
Setiawati et al. (2019)	<i>Cross-sectional</i>	Sample of 311 women in Bogor Regency, Indonesia	Questionnaires	The most dominant variable affecting postpartum depression was husband support (p-value 0.000; OR: 5.873; 95% CI 3.202 - 10.775)

Based on the 10 articles reviewed, 3 articles show the low role of spouses in postpartum mothers, which affects the increase in PPD rates. Low husband support can be caused by a lack of understanding of the importance of providing both physical and emotional support which can have an impact on the physical and mental health of postpartum women. The husband's failure to provide support to the mother can cause the mother's mood to become bad.

The author argues that mothers play a role not only as wives, daughters-in-law, and members of society but also as protectors of their children. She takes care of her children, husband, and household chores. The role of a working mother adds to the duties and responsibilities of postpartum mothers. Therefore, the role of the husband is needed so that the mother is not physically and mentally exhausted and stressed due to the many demands of work both at home and in the office that cause the mother to lose sleep, economic difficulties due to increased dependents (children), depressed due to negative comments from family/neighbors regarding how to raise children and others. Helping each other with household chores and being involved in the care of the postpartum mother will go a long way in helping the mother adapt to her new role.

This was consistent with the research of Aynur et al., (2021) which states that spouses as the main source of support for postpartum mothers correlate with perceived partner support and the incidence of PPD. The higher the partner support felt by postpartum mothers, the lower the risk of PPD ($p < 0.01$). A husband's love and attention can be a good support for postpartum mothers. Husbands and other family members are expected to understand and work together to support mothers who suffer from postpartum depression because they cannot cure themselves.

CONCLUSION AND SUGGESTIONS

The results of the literature review show that generally the level of depression of postpartum mothers is measured by the Edinburgh Postnatal Depression Scale (EPDS). Husband's attention, appreciation, and assistance both physically and emotionally can support postpartum mothers so that they are motivated to maintain their health during the perinatal period. The incidence of PPD in working mothers has a worse impact due to low husband support plus work stress and the burden of taking care of children and completing homework. It is recommended that husbands who have working wives are expected to always support their wife's physical and mental health so that postpartum depression does not occur.

ACKNOWLEDGMENT

This study is an approved paper of the University of Muhammadiyah Jakarta conducted with financial support from the Higher Education Financing Center (BPPT) and the Education Fund Management Institution (LPDP) of Kemendikbudristek.

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