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Husband and Family Support in Postpartum Depression Mothers at PDHI Yogyakarta Islamic Hospital

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ABSTRACT

Postpartum depression (PPD) is a psychological illness that affects mothers after giving birth and can last for up to two years. Its symptoms include sadness, anger, fatigue, loneliness, feeling undervalued, and even thoughts of suicide or harming others.. These circumstances may harm the mother, impede the growth of the child, and have an impact on the mother's family, needing help from the husband and family. This study at the PDHI Yogyakarta Islamic Hospital intends to ascertain the association between husband and family support and the prevalence of PPD. This research is a quantitative study that uses an observational-analytical method with a cross-sectional design. The sample was taken using probability sampling techniques, resulting in 29 postpartum mothers as participants. The Edinburgh Postnatal Depression Scale (EPDS) questionnaire is used to identify PPD symptoms. The results of the study showed that out of the 29 samples, 14 mothers experienced PPD (48.3%). The percentage of mothers who did not receive husband support was 20.3%, and those who did not receive family support was 13.8%. Bivariate analysis using the Fisher's Exact Test showed a p-value of 0.006 for husband support and a p-value of 0.042 for family support. These values are considered valid because $p < \alpha$ (0.05). Thus, it can be concluded that there is a relationship between husband and family support with PPD incidence in postpartum mothers at PDHI Yogyakarta Islamic Hospital.

INTRODUCTION

All women look forward to this occasion because it is widely believed that women who give birth are the ideal in society.[1] Pregnancy, childbirth, and the postpartum period are difficult procedures that women go through, and they require the full support of many people, notably

husbands and families. Some new mothers adjust to their new roles during the first week after giving birth[2]. Physical, emotional, or psychological changes occur after these alterations. In the postpartum phase, new mothers often develop PPD, a depressed mood disorder that occurs after delivery. Typically, the symptoms appear two to six weeks after giving birth[3].

The World Health Organization (WHO) reports that the prevalence of PPD differs across a number of nations. In wealthy nations like the United States, the Netherlands, and Canada, PPD is nevertheless a common occurrence[4]. In the world, depression in new mothers occurs between 10 and 15 percent of the time[3]. The frequency of PPD varies from 26 to 85% in Southeast Asia. Fifty to 60 percent of first-time mothers have PPD, and about 50 percent of mothers who come from families where emotional illnesses have a history also experience this. There are one to two cases of PPD per 1000 babies[5]. The precise prevalence rate of PPD in women in Indonesia is unknown because there is no official institution for tracking cases, hence there is no specific report[6]. But it is estimated that between 50 and 70 percent of Indonesian postpartum mothers have PPD[5]. In order to avoid being identified as having depression, mothers often conceal their symptoms out of a sense of shame and concern that they will be judged as being unable to care for the child[5].

Symptoms of PPD can be assessed using the Edinburgh post-natal depression Scale (EPDS), which is a tool that is available internationally[3]. This EPDS tool is a questionnaire with 10 simple questions that can be used to quickly and easily assess how one has been feeling emotionally over the past week. Each is graded on a 0–3 scale, with a maximum of 30 points. With a cut-off value of 10, the EPDS has a sensitivity of 96% and a specificity of 82%[7]. The EPDS can be used as a tool for thorough screening prior to making the diagnosis of PPD without defining the etiology of depression due to its high sensitivity and specificity and ease of use[8].

Interpersonal relationships with family members play important roles in postpartum depression and sleep quality through social support in women. Improving the relationship between new mothers and their husbands or mothers-in-law and then enhancing social support might reduce postpartum depression and sleep disturbance[9]. Several studies reveal that husband, as the closest partner, plays an important role in helping women during times of stress so that depression can be prevented[10]. The role of the husband is the most crucial source of support for a mother, postpartum mothers who do not receive assistance from their husbands will feel alone and unhappy. If the postpartum period drags on, the mother will experience stress, which can result in poor attitudes and unfavorable behavior like not wanting to eat, not checking her health frequently, and negatively affecting her health[11]. The better the role of the husband is the better the level of adaptation of postpartum mothers[12].

METHODS

This study is quantitative and employs observational and analytical techniques to measure variables as numerical values and make conclusions from the phenomena under investigation. This study used a cross-sectional design, which assesses an independent variable and a dependent variable at the same time and only administered the questionnaire to study participants once[13]. Probability sampling was the method of sampling employed by the researchers in this study. This method offers each member of the population an equal and accessible opportunity to be chosen as a research sample[14].

The target population in this study was postpartum mothers from 2 weeks to 2 years at Islamic Hospital Yogyakarta PDHI. The number of births in a year at the Yogyakarta PDHI Islamic Hospital is 404 deliveries with a monthly average of 34 deliveries. Inclusion criteria are as follows:

1. Postpartum mothers who are willing to become respondents by signing informed consent
2. Postpartum mothers without complications such as bleeding and infection
3. Postpartum mothers two weeks to two years after giving birth
4. Mothers who live with their husbands and/or families

The exclusion criteria are as follows:

1. Postpartum mothers who are not cooperative when collecting data
2. Postpartum mothers who were not at the location during the research
3. Postpartum mothers who cannot hear and speak

The results of the sample size calculation using the Lemeshow formula were then corrected to avoid bias based on predictions of samples dropping out of the study, so the results obtained were that the sample size for this study was 29 people. The subjects are 29 mothers who gave birth in Yogyakarta PDHI Islamic Hospital in June 2022. The variables to be studied are the husband's support and support family as the independent variable and PPD as the variable bound. The research instrument used was the EPDS questionnaire (Edinburgh Postnatal Depression Scale), husband's support questionnaire, and questionnaire family support.

RESULTS

Most of the respondents (93.2%), or as many as 27, are between the ages of 21 and 35; 55.2% of respondents or as many as 16, were either housewives or mothers who did not work outside the home; 69% of the respondents or as many as 20 gave birth vaginally or naturally; 58.6% of the respondents or as many as 17 are primiparas.

Table 1. Respondent Distribution Data

Category	*Frequency (f)*	*Percentage (%)*
Mother's age (year)		
≤ 21	1	3.4
21-35	27	93.2
> 35	1	3.4
Occupation		
Working mother	13	44.8
Housewife	16	55.2
Gives birth		
Vaginal	20	69
Section Caesarian	9	31
Parity		
Primipara	17	58.6
Multipara	12	41.4
Total	**29**	**100**

Table 2 shows that 14 respondents, or 51.7%, fulfilled the EPDS (Edinburgh Postnatal Depression Scale) criteria for PPD.

Table 2. Data on the Distribution of Postpartum Depression Events

Postpartum Depression	*Frequency (f)*	*Percentage (%)*
Yes	14	48.3
No	15	51.7
Total	29	100

Table 3 shows that 23 respondents, or 79.3%, had their husbands' support. In contrast, 20.3% of respondents said their husbands did not provide support

Table 3. Data on Distribution of Respondents Based on Husband's Support

Husband's Support	*Frequency (f)*	*Percentage (%)*
Yes	23	79.3
No	6	20.7
Total	29	100

Table 4 shows 25 respondents, or 86.2% of the total, reported receiving support from family. In the meantime, 4 respondents, or 13.8%, of the total, did not have family support.

Table 4. Data on Respondent Distribution Based on Family Support

Family Support	**Frequency (f)**	**Percentage (%)**
Yes	25	86.2
No	4	13.8
Total	29	100

According to table 5, there were 20.7% of respondents (6 people) who experienced PPD without their husbands' assistance. Whereas, 51.7%, (15 respondents) who received support from their husbands did not have PPD. The Fisher's Exact Test yielded a p-value of 0.006; hence, the statistical test is considered legitimate because its p-value is < 0.05. This demonstrates that H1 is accepted while H0 is rejected. This is a strong correlation between PPD incidence and support from the husband.

Table 5. Relationship between husband's support and the incidence of postpartum depression

Husband Support	***Postpartum depression***				***Total***		***P value***
	Yes		***No***				
	f	***%***	***f***	***%***	***f***	***%***	
Yes	8	27.6	15	51.7	23	79.3	
No	6	20.7	0	0.0	6	20.7	0.006
Total	14	48.3	15	51.7	29	100	

According to table 6, 51.7% or 15 respondents who did not have PPD said they received assistance from their relatives. In the meantime, 4 or 13.8% of respondents who reported having PPD said their relatives did not provide them with help. Following statistical analyses with Fisher's Exact Test, the p-value was less than α (0.05). The resultant p-value was 0.042. This demonstrates why the test is deemed valid. H0 is therefore rejected, but H1 is approved. Thus, it may be concluded that the prevalence of PPD and family support are significantly correlated.

Table 6. Relationship between family Support and postpartum depression case

Family Support	***Postpartum depression***				***Total***		***P value***
	Yes		***No***				
	f	***%***	***f***	***%***	***f***	***%***	
Yes	10	34.5	15	51.7	25	86.2	
No	4	13.8	0	0.0	4	13.8	0.042
Total	14	48.3	15	51.7	29	100	

DISCUSSION

In this study, 51.7% of respondents fulfilled the EPDS criteria for PPD. This demonstrates that PPD was experienced by over half of the respondents. According to the high level In Asia, PPD affects between 26 and 85% of new mothers[3]. Additionally, research[15] reveals that 55.5% of respondents—or more than half—experienced PPD. According to research[16], 41% of women did not experience PPD, while the remaining 59% of women dealt with mild, moderate, or severe cases. In contrast to research[17], the findings revealed that, according to EPDS, only 20.5% of women suffered PPD.

This study also found that 23 respondents, or 79.3%, felt their husbands' support while in

contrast, 20.3% of respondents said their husbands did not provide support. This is similar to research[20] which found that 84% of postpartum mothers reported their husbands' support and research[18] which found 60% of respondents reported that their husbands provided them with helpful types of support in the form of inspiration, interest, and affection.

Support from family was reported by 25 mothers or 86.2% of the respondents, while 4 mothers, or 13.8% of respondents reported no family support. In line with study[21] that reported that 53.1% of postpartum primiparas do not receive support from family members.

There were 20,7% of respondents or 6 mothers who experienced PPD without their husbands' assistance. 51.7%, or 15 respondents who received support from their husbands did not have PPD with a p-value of 0.006; showing there is a strong correlation between PPD incidence and support from the husband. This is consistent with research[5], which claims that a number of variables can affect PPD. The support of the husband is one of these elements, the spouse is the one who initially supports and motivates the wife[19]. Following the establishment of the role, one must go through a time of readjustment. New mothers require their spouses' whole support. According to study[21], PPD can occur on a mother does not receive her husband's strong emotions, communication, and attention, which are forms of support. According to research[14], a mother who does not receive support from those closest to her, such as her spouse, is at risk of developing PPD. In addition, there is discord in his family, or there has been a history of psychological problems before or during pregnancy.

This study also found that 51.7% or 15 respondents who did not have PPD said they received assistance from their relatives. In the meantime, 4 or 13.8% of respondents who reported having PPD said their relatives did not provide them with help. Following statistical analyses with Fisher's Exact Test, the p-value was less than α (0.05). The resultant p-value was 0.042. Thus, it may be concluded that the prevalence of PPD and family support are significantly correlated. This is similar to findings in research[6], which shows that there is a substantial correlation between the existence of family support and PPD. This is consistent with research[14], which indicates that family support and the likelihood of PPD in mothers—primipara and multipara—are related. This is due to the fact that if the mother receives support from her closest relatives during life transitions like pregnancy, childbirth, and childrearing, the mother will experience psychological peace. After giving birth, the mother's mental health is also influenced by her family's harmony and the mental state of her prior mother. Aside from that, research[7] reports a p-value of 0.025 correlation between the occurrence of depressive illness in postpartum moms and family support. According to research[6], there is an indirect relationship between PPD and family support through pregnancy status and self-efficacy.

In this study, respondents received support from the family, namely from parents and

younger siblings. Some respondents said that the presence of family was very helpful in terms of providing information regarding how to care for babies, giving gifts, helping to look after babies or listening to mothers talk about their daily lives caring for babies. However, none of the respondents received information books regarding how to care for babies. Meanwhile, respondents who did not receive support from their family were because they were far away so they rarely met their family or did not live with their family.

CONCLUSION

This study shows that more than half of the respondents experienced PPD and there is a relationship between husband and family support and the incidence of PPD in mothers after giving birth at the Yogyakarta PDHI Islamic Hospital.

The community ought to be able to attend to mothers as well as babies after giving birth by offering assistance in the form of information on how to care for babies, assisting in lightening the load of caring for babies, or just listening to mothers' tales. In order to prevent PPD, a mother's mental health after giving birth is significantly influenced by her spouse and family.

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