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ASSOCIATION OF HUSBAND SUPPORT AND POSTPARTUM BLUES IN POSTPARTUM WOMEN : SYSTEMATIC REVIEW

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ABSTRACT

Background: *Postpartum women have a number of difficulties in the early postpartum phase if they are not given social assistance. Programs for postpartum education are necessary to support postpartum women's mental health*

Aims : *This systematic review is to review the association of husband supports and the cases of postpartum blues in postpartum women.*

Methods: *By comparing itself to the standards set by the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) 2020, this study was able to show that it met all of the requirements. So, the experts were able to make sure that the study was as up-to-date as it was possible to be. For this search approach, publications that came out between 2014 and 2024 were taken into account. Several different online reference sources, like Pubmed, ScienceDirect and SagePub, were used to do this. It was decided not to take into account review pieces, works that had already been published, or works that were only half done.*

Result: *In the PubMed database, the results of our search brought up 350 articles, whereas the results of our search on SAGEPUB brought up 4759 articles, our search on SCIENCE DIRECT brought up 7069 articles. The results of the search conducted for the last year of 2014 yielded a total 16 articles for PubMed, 1354 articles for SAGEPUB and 2516 articles for SCIENCE DIRECT. In the end, we compiled a total of 6 papers, 2 of which came from PubMed, 1 of which came from SAGEPUB and 3 of which came from SCIENCE DIRECT. We included six research that met the criteria.*

Conclusion: *In summary, there is association of husband supports and the cases of postpartum blues in postpartum women. Husband involvement in prenatal care seems to be able to reduce the incidence of postpartum blues but may possibly increase the couples' intimacy. Therefore, it can be suggested that midwives consider husband involvement in prenatal care.*

Keyword: *Husband support, postpartu.*

INTRODUCTION

The experience of becoming a mother is widely seen as stressful since it necessitates significant adjustment to significant bodily and psychological changes, in addition to societal expectations on the duties and responsibilities of mothers. Therefore, if the stress is not adequately managed, the postpartum period is thought to be a risk period for mother postpartum depression (PPD). 10% to 15% of expectant and new mothers are said to suffer from depression. PPD has a negative impact on the mother's quality of life as well as the health of the child, the mother-infant bond, the kid's cognitive and social-emotional development, and family dynamics.[1,2]

Men's involvement in women's care is therefore crucial to achieving the third millennium's development goals, which include empowering women and advancing maternal health. Involving a husband in prenatal care might strengthen marriages and boost the usage of postpartum care services. Participation of the husband during the pregnancy might help lessen postpartum depression in mothers. A non-pathological disease known as postpartum blues affects women for ten to fifteen days following childbirth and is characterized by a range of psychological and psychosomatic symptoms. Though it is thought to be moderate and self-limiting, this disease raises the possibility of developing anxiety or postpartum depression. It's unclear what specifically causes postpartum blues. It is estimated that 50–80% of women worldwide experience postpartum blues, however this disease has not received much attention in terms of diagnosis. Early treatments are therefore crucial and required to stop and lessen the symptoms. Pregnant women's mental health may be improved by raising awareness of women's mental health among health professionals through initiatives like teaching spouses to engage in prenatal care. Raising children is a fundamental responsibility of women.[3]

The "SIAGA campaign" was started by the Indonesian Health Ministry in 1999 with the goal of educating spouses about the significance of providing adequate care and being prepared for emergencies for mothers throughout pregnancy, labor, and the postpartum period. In contrast to other middle- and low-income nations, a greater percentage of husbands in Indonesia are now traveling with their spouses to ANC appointments as a consequence of this program. The terms "Siap" (ready), "Antar" (take, convey), and "Jaga" (standby or guard) were combined to form SIAGA. "Siap" refers to the idea that a spouse who is expecting a child should always be willing to assist and plan ahead for any potential issues, such as making sure there is enough money for medical expenses and getting ready to donate blood. "Antar" refers to the act of always "taking" the wife to see a doctor or provide transportation so she may receive medical attention as needed. "Jaga" refers to providing the wife with constant protection and assistance during these times, ensuring that she gets enough sleep and food, and assisting her in recognizing any warning indications of impending danger. These ideas suggest ways in which men could provide their spouses with active and all-encompassing assistance during this crucial period of transition.[4]

Between pregnancy and the postpartum period, millions of couples encounter intimate relationship difficulties as a result of family adaptations and changes. Intimacy in partnerships is a fundamental emotional need for couples, since it fosters pleasure, self-worth, and marital fulfillment. The idea of intimacy is developing a close, intimate relationship with someone by getting to know them well and learning a great deal of personal information about them. One of the key components of a happy marriage and a good partnership is intimacy. A couple's capacity and willingness to resolve issues, get beyond roadblocks, and face uncertainties and concerns decreases with decreasing closeness. After giving birth, women's closeness declines, according to several studies. Intimacy can vary for a variety of reasons, such as shifting lifestyles, problems with body image, and exhaustion. Taking part in prenatal care can help husbands become more skilled, knowledgeable, and motivated, which will improve their capacity to support their wife. In general, males have very little influence during pregnancy, and men's positions in the family during pregnancy continue to provide many challenges for contemporary culture. Involving the husband is one tactic that might improve the health of the mother and child and lower the mother death rate.[5–8]

METHODS

PROTOCOL

The author of this study ensured that it complied with the standards by adhering to Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) 2020 guidelines. This is done to guarantee the accuracy of the results that are derived from the investigation.

CRITERIA FOR ELIGIBILITY

In order to complete this literature evaluation, we looked at published research that discusses the association of husband supports and the cases of postpartum blues in postpartum women. This is done to enhance the patient's therapy management and to offer an explanation. This paper's primary goal is to demonstrate the applicability of the issues that have been noted overall.

To be eligible to participate in the study, researchers had to meet the following requirements: 1) English must be used to write the paper. The manuscript must fulfill both of these conditions in order to be considered for publication. 2) A few of the examined studies were released after 2013 but prior to the time frame considered relevant by this systematic review.

Editorials, submissions without a DOI, already published review articles, and entries that are nearly exact replicas of journal papers that have already been published are a few examples of research that are prohibited.

SEARCH STRATEGY

We used "husband support", and "postpartum" as keywords.The search for studies to be included in the systematic review was carried out using the PubMed and SAGEPUB databases by inputting the words: ("husband s"[All Fields] OR "spouses"[MeSH Terms] OR "spouses"[All Fields] OR "husband"[All Fields] OR "husbands"[All Fields]) AND ("support"[All Fields] OR "support s"[All Fields] OR "supported"[All Fields] OR "supporter"[All Fields] OR "supporter s"[All Fields] OR "supporters"[All Fields] OR "supporting"[All Fields] OR "supportive"[All Fields] OR "supportiveness"[All Fields] OR "supports"[All Fields]) AND ("postpartum period"[MeSH Terms] OR ("postpartum"[All Fields] AND "period"[All Fields]) OR "postpartum period"[All Fields] OR ("post"[All Fields] AND "partum"[All Fields]) OR "post partum"[All Fields]) used in searching the literature.

DATA RETRIEVAL

After reading the abstract and the title of each study, the writers performed an examination to determine whether or not the study satisfied the inclusion criteria. The writers then decided which previous research they wanted to utilise as sources for their article and selected those studies. After looking at a number of different research, which all seemed to point to the same trend, this conclusion was drawn. All submissions need to be written in English and can't have been seen anywhere else.

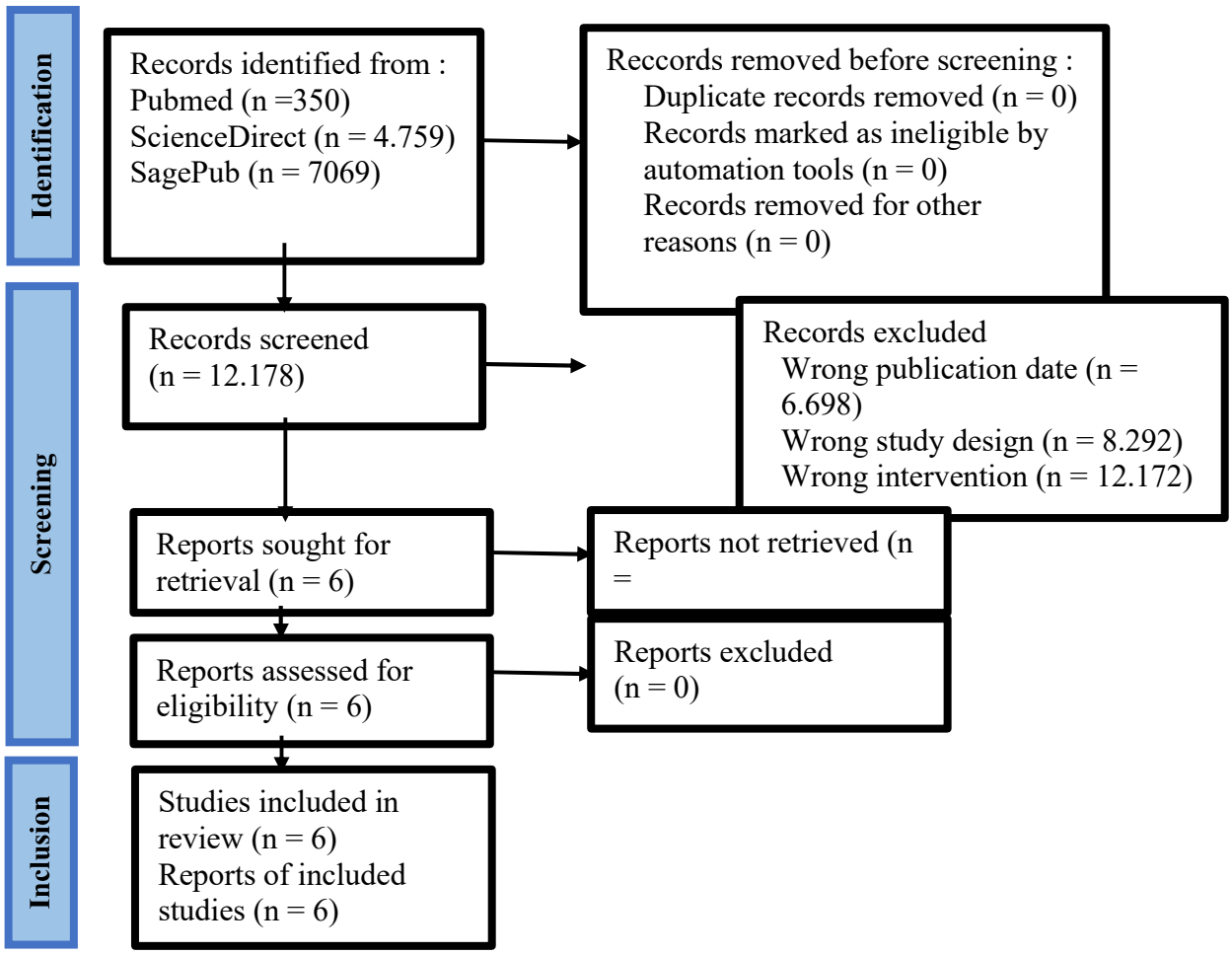

Figure 1. Prisma Flow Diagram

Only those papers that were able to satisfy all of the inclusion criteria were taken into consideration for the systematic review. This reduces the number of results to only those that are pertinent to the search. We do not take into consideration the conclusions of any study that does not satisfy our requirements. After this, the findings of the research will be analysed in great detail. The following pieces of information were uncovered as a result of the inquiry that was carried out for the purpose of this study: names, authors, publication dates, location, study activities, and parameters.

QUALITY ASSESSMENT AND DATA SYNTHESIS

Each author did their own study on the research that was included in the publication's title and abstract before making a decision about which publications to explore further. The next step will be to evaluate all of the articles that are suitable for inclusion in the review because they match the criteria set forth for that purpose in the review. After that, we'll determine which articles to include in the review depending on the findings that we've uncovered. This criteria is utilised in the process of selecting papers for further assessment. in order to simplify the process as much as feasible when selecting papers to evaluate. Which earlier investigations were carried out, and what elements of those studies made it appropriate to include them in the review, are being discussed here.

RESULT

In the PubMed database, the results of our search brought up 350 articles, whereas the results of our search on SAGEPUB brought up 4759 articles, our search on SCIENCE DIRECT brought up 7069 articles. The results of the search conducted for the last year of 2014 yielded a total 16 articles for PubMed, 1354 articles for SAGEPUB and 2516 articles for SCIENCE DIRECT. In the end, we compiled a total of 6 papers, 2 of which came from PubMed, 1 of which came from SAGEPUB and 3 of which came from SCIENCE DIRECT. We included six research that met the criteria.

Sanaati, et al[9] (2018) showed that there is the association of lifestyle education for the postpartum women and the husband to prevent the post partum anxiety and depression.

Abbaspoor, et al[10] (2023) showed that the spouses' postpartum supportive education program was successful in encouraging social support for single mothers. As a result, it can be started as regular postpartum treatment.

Anchan, et al[11] (2020) showed that from the pre-intervention to the post-intervention phase, there is evidence of a change in the participants' attitudes across all four scale categories. The findings have significant implications for mental health practitioners working in this field in both nonclinical and clinical contexts (psychiatry and medicine).

Table 1. The litelature include in this study

Author	Origin	Method	Sample	Result
Sanaati et al, 2018[9]	Iran	Randomized controlled study	189 patients	The lifestyle-based instruction was given to both the wives and their husbands in the first intervention group and only the women in the second. Women in the control group merely got standard medical attention. Before the intervention and six weeks after giving delivery, the participants filled out the Spielberger State-Trait Anxiety Inventory and the Edinburgh Postnatal Depression Scale. The lifestyle education dyad group showed substantial decreases in PPD, state anxiety, and trait anxiety scores when compared to the control group, while the lifestyle education women alone group likewise showed significant reductions in PPD, state anxiety, and trait anxiety scores. Additionally, compared to the lifestyle education-women alone group, there were notable decreases in PPD, state anxiety, and trait anxiety levels in the dyad group.
Abbaspoor et al, 2023[10]	Iran	Randomized controlled study	373 patients	Perceived social support, maternal self-efficacy, and perceived stress mean scores in the intervention group were significantly different from those in the control group both

				immediately following the intervention and one month later.
Anchan et al, 2020[11]	India	Randomized study	21 patients	For the intended audience, a three-session Brief Psychoeducation Program (BPP) was created, and a quasi-experimental study methodology was used to assess the program's efficacy. The outcome variable was assessed at three different levels: pre (baseline), post (immediately after the intervention), and follow-up post (one month after the intervention) using the Community Attitude towards Mentally Ill Scale (CAMI). Twenty-one individuals in all who met the study's requirements were enlisted. The data was analyzed using descriptive statistics and the Friedmans test. The participants' attitudes changed in each of the four scale domains from the pre-intervention to the post-intervention period, according to the results. The findings have significant implications for mental health practitioners working in this field in both nonclinical and clinical contexts (psychiatry and medicine).
Mekuria et al, 2023[12]	Ethiopia	Cross sectional study	556 patients	The following factors independently predicted PPD: unplanned pregnancy, low maternal social support, assisted delivery, no antenatal care (ANC) follow-up, no postnatal care (PNC) follow-up, low household income, and no antenatal depression. In contrast, these factors independently predicted PPD in urban settings.
Widyastuti et al, 2023[13]	Indonesia	Cross sectional study	210 patients	According to the data, 38.1% of the participants made use of PPFP. The projected results show that postpartum contraceptive use was impacted by a number of factors, including gender equality, home visits, postnatal visits, husband support, and education. The model was unaffected by other factors as parity, age, occupation,

				income, and number of children.
Pebryatie et al, 2022[4]	Indonesia	Cross sectional study	336 patients	The study supports the theory that a husband's engagement throughout pregnancy, labor, and the postpartum period might be influenced by the quality of the marital connection, ultimately leading to improved maternal health behavior and a reduction in postpartum depression symptoms in mothers.

Mekuria, et al[12] (2023) showed that the research area's prevalence of postpartum depression was found to be higher than the national or worldwide burden. Both urban and rural areas were predicted by unintended pregnancy, inadequate mother social support, and assisted delivery. Only in rural settings were low poverty, no antenatal care (ANC), and no postnatal care (PNC) follow-up linked to PPD; in urban settings, antenatal depression is a predictor of PPD.

Widyastuti, et al[13] (2023) showed that postpartum family planning necessitates gender equality and the assistance of the spouse. We advise making a concerted effort to improve postpartum moms via the use of postpartum family planning; one tactic to do this is to intensify the outreach to spouses of pregnant women with higher education levels on the significance of postpartum family planning.

Pebryatie, et al[4] (2022) showed that to improve moms' welfare, thorough husband engagement must be encouraged. This may be accomplished by community-based couple interventions and by include a supporting role for husbands in the mother and childcare handbook that is provided during ANC visits.

DISCUSSION

This systematic review involved a total of 1.685 data of postpartum women that been studied about the involvement of husband supports to prevent the postpartum blues.

Primiparous women have a number of difficulties in the early postpartum phase if they are not given social assistance. Programs for postpartum education are necessary to support primiparous women's mental health. The major goal of this study was to ascertain how a postnatal supportive education program for husbands affected the perceived social support of their primiparous spouses, whereas the secondary outcomes included stress and maternal self-efficacy.[14]

Study by Abbaspoor, et al that demonstrated the impact of a male partner's (husband's) postnatal supportive education program on stress, maternal self-efficacy, and perceived social support in primiparous women. Therefore, it is recommended that policymakers in the field of postpartum care take into account husbands' involvement in the process and create initiatives to raise knowledge of husbands' contributions to the promotion of mother and newborn health. Furthermore, a bigger sample size randomized controlled trial from the entire population is recommended to validate the findings of this investigation. The study that devided into groups, in the intervention group compared to the control group the mean scores of perceived social support (79.42 ± 7.17 vs. 37.26 ± 7.99, $P < 0.001$), maternal self-efficacy (186.22 ± 39.53 vs. 106.3 ± 32.88, $P < 0.001$) and perceived stress (16.36 ± 6.65 vs. 43.3 ± 7.39, $P < 0.001$) immediately after the intervention and the mean scores of perceived social support (84.4 ± 5.91 vs. 37.14 ± 6.63, $P < 0.001$), maternal self-efficacy (191.24 ± 38.92 vs. 112.34 ± 37.12, $P < 0.001$) and perceived stress (13.98 ± 4.84 vs. 39.06 ± 7.25, $P < 0.001$) one month after the intervention changed significantly.[10]

Study also performed by Sanaati, et al on 189 pregnatn women and did the follow ups for 6 weeks post partum. The lifestyle education-dyad group showed significant reductions in PPD (adjusted difference: -5.5), state anxiety (-13.6), and trait anxiety (-12.6), and the lifestyle education-women only group showed significant reductions in PPD (-3.2), state anxiety (-5.8), and trait anxiety (-4.9). Additionally, compared to the lifestyle education-women alone group, there were notable decreases in PPD (-2.2), state anxiety (-7.8), and trait anxiety (-7.7) ratings in the dyad group. The findings demonstrated the beneficial impact of lifestyle education on PPD and PPA, particularly when the parenting dyad receives the instruction.[9]

Despite the benefits of using perinatal psychiatric services as an additional form of therapy, husbands have not historically assisted in their spouses' treatment of perinatal psychiatric problems, particularly in India, according to the research currently in publication on the subject. Anchan, et al with their study showed more than half of the participants (66.7%) were in the age range of 31 to 40 years old; however, a significant portion of the women with PPD (WWPPD) (95.2%)

who were the participants' spouses were in the age range of 20 to 30 years old. In contrast, a sizable portion of participants (42.9%) had completed up to the seventh grade, and over half of the WWPPD (66.7%) were examined with education levels ranging from the tenth to the twelfth.[11]

Following delivery, postpartum depression (PPD) is a nonpsychotic depressed condition. Mekuria, et al did study in Ethiopia among 104 postpartum mother with result 95% confidence interval [23–30] were depressed; of these, 37 (19.8%) were discovered in an urban context (95% CI [14–26]) and 107 (30%) in a rural one (95% CI [25–35]). The following factors independently predicted PPD: unplanned pregnancy, low maternal social support, assisted delivery, no antenatal care (ANC) follow-up, no postnatal care (PNC) follow-up, low household income, and no antenatal depression. In contrast, these factors independently predicted PPD in urban settings. There was little information available in Ethiopia on the prevalence of PPD and the residential characteristics that are linked to it.[12]

It has been shown that postpartum family planning (PPFP), which increases the time between pregnancies by 0.9 percent per month, reduces the incidence of stunting. In Indonesia, 21.6% of people suffer from stunting in 2022; however, by 2024, that percentage is predicted to fall to 14%. Given that it has been shown that husband participation in maternal health care affects moms' well-being, Indonesia is actively encouraging it. The purpose of this study is to determine how postpartum depression in Indonesian moms is influenced by the husband's engagement, the mother's health habits, and the marital connection.[13,14]

Widyastuti, et al also did study of husband support for postpartum mother in Indonesia. According to the data, 38.1% of the participants made use of PPFP. The estimated results show that the use of postpartum contraception was impacted ($p < 0.05$) by factors such education, gender equality, spouse support, home visits, and postnatal visits. However, other factors including parity, age, income, and occupation had no effect on the model ($p>0.05$).[13]

Pebryatie, et al also did their research in Indonesia as well. The results of the study support the hypothesis that a husband's involvement during pregnancy, childbirth, and the postpartum period could be influenced by the quality of their marriage (γ =.60, P =.001), which could ultimately result in improved maternal health behavior (γ =.015, P =.001) and a reduction in postpartum depression symptoms in mothers (γ = −.21, P =.001).[4]

CONCLUSION

In summary, there is association of husband supports and the cases of postpartum blues in postpartum women. Husband involvement in prenatal care seems to be able to reduce the incidence of postpartum blues but may possibly increase the couples' intimacy. Therefore, it can be suggested that midwives consider husband involvement in prenatal care.

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