

The Role of Husband's Support in Preventing Postpartum Depression: A Scoping Review

Ade Nurul Ashifa^{1*}, Herry Herman², Dany Hilmanto³, Endang Sutedja⁴, Juntika Nurihsan⁵, Ruswana Anwar⁶

^{1*} Magister of Midwifery, Faculty of Medicine, Universitas Padjadjaran

² Departement of Orthopaedics and Traumatology, Faculty of Medicine, Universitas Padjadjaran

³ Departement of Pediatrics, Faculty of Medicine, Universitas Padjadjaran

⁴ Department of Dermatology and Venereology, Universitas Padjadjaran

ARTICLE INFO

Article history:

Submitted 22 May 2025

Accepted 12 September 2025

Published 21 September 2025

Keyword:

Husband's Role
Husband's Support
Maternal Mental health
Postpartum Depression
Scoping Review

*) corresponding author

Ade Nurul Ashifa

Magister of Midwifery, Faculty of
Medicine, Universitas Padjadjaran
Email: adenurulashifa@gmail.com

DOI: 10.47679/makein.2025257

ABSTRACT

Postpartum depression is a serious issue affecting mothers after childbirth and can harm both maternal mental health and child development. Hormonal declines postpartum increase vulnerability, often compounded by high stress and limited social support—especially from husbands. This study reviews nine articles from the past five years to examine how husband support maintains postpartum maternal mental health. Database searches with strict inclusion criteria and mixed-method analyses were conducted. Findings show that strong husband support—physical, emotional, and informational—reduces postpartum depression risk by more than twofold. Spousal relationship quality, maternal age, and socioeconomic conditions also influence outcomes, while insufficient husband support can affect fathers' mental health. This study underscores the need for educating and engaging husbands during the postpartum period. These findings inform inclusive maternal mental health policies and programs, including: adoption and enforcement of routine EPDS screening as standard care (aligned with WHO recommendations and Indonesia's Permenkes No. 21/2021 on maternal mental health services); strengthening family-centered services that actively involve husbands (partner-inclusive antenatal/postnatal classes, structured father education, couple counseling); culturally sensitive supports across socioeconomic contexts; and clear referral pathways from primary care to specialized services to ensure timely, equitable treatment for all mothers and families.

This open access article is under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



INTRODUCTION

The postpartum period is a critical period that begins immediately after delivery and lasts for six weeks. During this period, the mother experiences significant physical and psychological changes, including adjustments in three psychological phases: taking in, taking hold, and letting go (Rubin, 1984). Decreased levels of estrogen and progesterone hormones after giving birth make the mother susceptible to psychological disorders, one of which is Postpartum Depression (PPD) (O'Hara & Wisner, 2014). PPD is often triggered by high stress, lack of social support, and dissatisfaction with the role of the partner.

Focusing on buffering theory, social support—including husband support from pregnancy through the postpartum period—acts as a buffer that attenuates the negative impact

of stress on mothers. Within this framework, four forms of husband support work to reduce perceived stress, enhance a sense of control and safety, and stabilize emotions, thereby lowering the risk of postpartum psychological disorders (Cohen & Wills, 1985). Emotional support from the husband and social interaction during the postpartum period have been shown to reduce the risk of PPD by increasing the release of positive hormones such as serotonin and dopamine (Dennis & Dowswell, 2013). PPD not only affects the mother's mental health, but also affects the child's physical health, cognitive development, and behavior (Stein et al., 2014). The occurrence of postpartum depression experienced by mothers directly affects their own physical and mental health. This depression can also impact children's cognitive, linguistic, and behavioral development during the first years of life. (Do et al., 2018). External factors

such as economic status, employment, and childbirth culture can also trigger PPD (Fisher et al., 2012).

Although regulations such as Permenkes No. 21 of 2021 have regulated maternal mental health services, their implementation in the field is still not optimal. Postpartum data from various countries indicate that 30–50% of postpartum mothers clinically experience postpartum depression, yet only 14–16% report it and receive medical treatment (Hassert et al., 2018). According to SKI data from 2023, mental health problems in Indonesia are dominated by women, with 296,711 mothers experiencing postpartum mental health disorders in the form of baby blues (Kemenkes, BKPK, 2023). Lampung Province ranks among the top ten in Indonesia for the prevalence of mental health problems, with 20,646 people affected, and baby blues cases also rank in the top ten with 2,473 cases. Previous studies at primary health centers in Bandar Lampung City showed that early detection of postpartum mental health has not yet become a standard in postpartum maternal health services. These service and policy gaps encourage researchers to examine the relationship between husbands’ roles and the psychological well-being of postpartum mothers. Without postpartum depression (PPD) screening, husbands may not realize how important their role is in supporting maternal mental health, leading to suboptimal husband involvement during the postpartum period. Therefore, the role of husbands in providing support to their wives is very important to prevent DPS and improve the welfare of mothers and babies.

This study aims to identify and analyze the relationship between the husband’s role and the psychological status of postpartum mothers. This study will explain the association of various husband roles measured by various instruments on the mental health conditions of postpartum mothers. Furthermore, this study will analyze how these relationships can be the basis for increasing the husband’s role in meeting the needs of postpartum mothers that affect the psychological condition of the mother. Through this scoping review, the authors systematically mapped the extensive literature to identify knowledge gaps, assess the scope and variation in the existing literature, and inform possible future research or more systematic reviews (Peters et al., 2015). This study is expected to provide recommendations to health workers in providing psychological education during pregnancy for the prevention of DPS in primary health care in Indonesia, so as to reduce the prevalence and improve long-term health outcomes for mothers and babies.

METHOD

This study is a scoping review that aims to analyze the relationship between the role of husbands and the

psychological status of postpartum mothers, especially the incidence of postpartum depression (PPD). Article searches were conducted comprehensively through digital databases such as Scopus, PubMed, ScienceDirect, and Google Scholar, using a combination of relevant keywords and Boolean operators, for example: (“husband’s role” OR “husband’s support” OR “paternal support” OR “spousal support”) AND (“postpartum depression” OR “postnatal depression” OR “postpartum mental health”) AND (mother* OR maternal) AND (Asia OR Indonesia OR global). Synonyms and truncations were tailored to each database’s syntax. The time frame was restricted to the last 5 years (2019–2024). Grey literature was screened via Google Scholar (first 200 hits/query) and WHO/government sites; citation chasing was performed. Records from all sources were exported (RIS/CSV), merged in a reference manager, and de-duplicated using automatic matching on DOI/PMID/title/year/author followed by manual checks for near-duplicates; counts removed at each step were logged before screening.

Inclusion criteria included peer-reviewed articles published in the specified time frame; study designs using qualitative, quantitative, or mixed methods; and an explicit measure or discussion of husband/spousal support and its relationship to postpartum maternal mental health (e.g., using EPDS/BDI or validated measures of support). The article selection process was carried out in stages, starting with screening based on title and abstract, followed by full-text review to ensure compliance with the inclusion criteria. Articles that were not relevant, not available in full text, or did not use standardized instruments were excluded. In addition, a manual search (backward and forward citation tracking) of the bibliography of relevant articles was conducted to identify additional studies.

Independent reviewer assessment and conflict resolution. Two reviewers independently screened titles/abstracts and full texts against prespecified criteria, using a piloted screening form. Inter-rater agreement was monitored (with discrepancies logged). Disagreements at any stage were resolved through discussion; if consensus was not reached, a third reviewer adjudicated. Data extraction was also performed independently by two reviewers on a standardized template, with cross-checking and consensus procedures for any inconsistencies.

The literature selection and documentation process follows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, using the PRISMA flowchart to monitor the stages of identification, screening, eligibility, and inclusion of articles (Widiasih et al., 2020). The PICO (Population, Intervention, Comparison, Outcome) framework is used as a tool in designing focused and structured research questions, thus facilitating the literature search process and selecting research designs (Stillwell et al., 2010; Waldrop & Dunlap, 2024).

Table 1. PEOs (Population, Exposure, Outcomes and Study Design) Framework

P (population)	E (exposure)	O (Outcome)	S (Study Design)
Postpartum mother (postpartum)	Husband’s support	Psychological status of postpartum mothers, especially the incidence of postpartum depression (PPD)	Literature review (qualitative, quantitative, and mixed method studies)

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
1. Articles published in the last 5 years (2019-2024)	1. Articles are books, theses, dissertations, letters, review articles (not original research)
2. Article written in English	2. Articles that do not discuss midwifery education or are not relevant to the topic of husband support and postpartum depression
3. Articles are original research with quantitative, qualitative, or mis-method design.	3. Articles not available in full access (abstract only).
4. Articles can be accessed in full (full text)	4. Articles published before 2019.
5. The article discusses how the relationship of husband support	

Table 3. PICO (Population, Intervention, Comparison, Outcome)

No	P (Population)	I (Intervention)	C (Comparison)	O (Outcome)
1	Postpartum women at Santo Antonius Hospital, Pontianak.	Good husband support (measured by the Husband Support questionnaire).	Lack of husband support.	The incidence of postpartum blues (measured by the Edinburgh Postnatal Depression Scale/EPDS).
2	Postpartum mothers aged ≥ 18 years, living with their husbands, and receiving care at 27 independent midwife clinics in 7 regions of West Java Province, Indonesia.	Comprehensive husband involvement during pregnancy, childbirth, and the postpartum period, including instrumental, emotional, informational support, and involvement in maternity care.	Low husband involvement and/or poor quality of husband-wife relationship.	Postpartum depression symptoms (measured by the Edinburgh Postnatal Depression Scale/EPDS), maternal health behavior, and quality of marital relationship (Quality of Marriage Index/QMI).
3	Postpartum mothers (6 weeks–1 year after giving birth) at two Community Health Centers in Surabaya.	Husband's support (high, medium, low) and maternal age characteristics.	Differences in depression levels based on age group and level of husband's support.	Postpartum depression levels (no risk, moderate risk, high risk) were measured using the EPDS.
4	Postpartum women of early adulthood (21–40 years), members of the integrated health post at the Ibu Nurhasanah Maternity Clinic, Ungaran, Semarang, with babies aged 14 days–1 year.	Husband's level of support (emotional, appreciation, instrumental, informative)	Differences in depression levels based on husband's support level.	The level of postpartum depression was measured using the Beck Depression Inventory (BDI).
5	Postpartum mothers (2 weeks–2 years after giving birth) at PDHI Islamic Hospital Yogyakarta.	Husband support and family support.	Mothers who receive vs. do not receive husband/family support	Postpartum depression (PPD) incidence based on EPDS.
6	Mothers in Japan who gave birth in the last 3 years and were suspected of having postpartum depression (based on EPDS and clinical observation)	The process of seeking childcare support from the husband.	There is no comparison group (qualitative study, grounded theory).	Process, obstacles, and factors of acceptance of husband's support in child care for mothers with depressed mood.
7	Women aged 18–55 years in Norway who were planning a pregnancy, were currently pregnant, or had given birth in the last 5 years, had a history of mental disorders, and had been offered antidepressant therapy.	Partner support for antidepressant use (measured by the statement: "My partner agrees that antidepressants are an appropriate treatment for my condition").	Women who do not receive partner support for antidepressant use.	Self-reported levels of depressive symptoms (including subtypes of anhedonia, anxiety, non-specific depressive symptoms, and depressed mood).
8	UK fathers whose partners experience postnatal mental health problems (depression, anxiety, OCD, psychosis or a combination).	The support fathers receive from health services, whether in the form of information, emotional support, or access to mental health services, while their partners are experiencing postpartum mental health problems.	There was no formal comparison group; this study explored fathers' experiences of received and expected support.	Fathers' experiences of support received, unmet support needs, and the impact of partner mental health problems on fathers' own well-being.
9	Expectant couples in Korea, with the wife's gestational age >15 weeks	Spouse-related stress	Different levels of stress and intimacy in marriage.	Prenatal depression in wives and husbands, and the mediating role of marital intimacy.

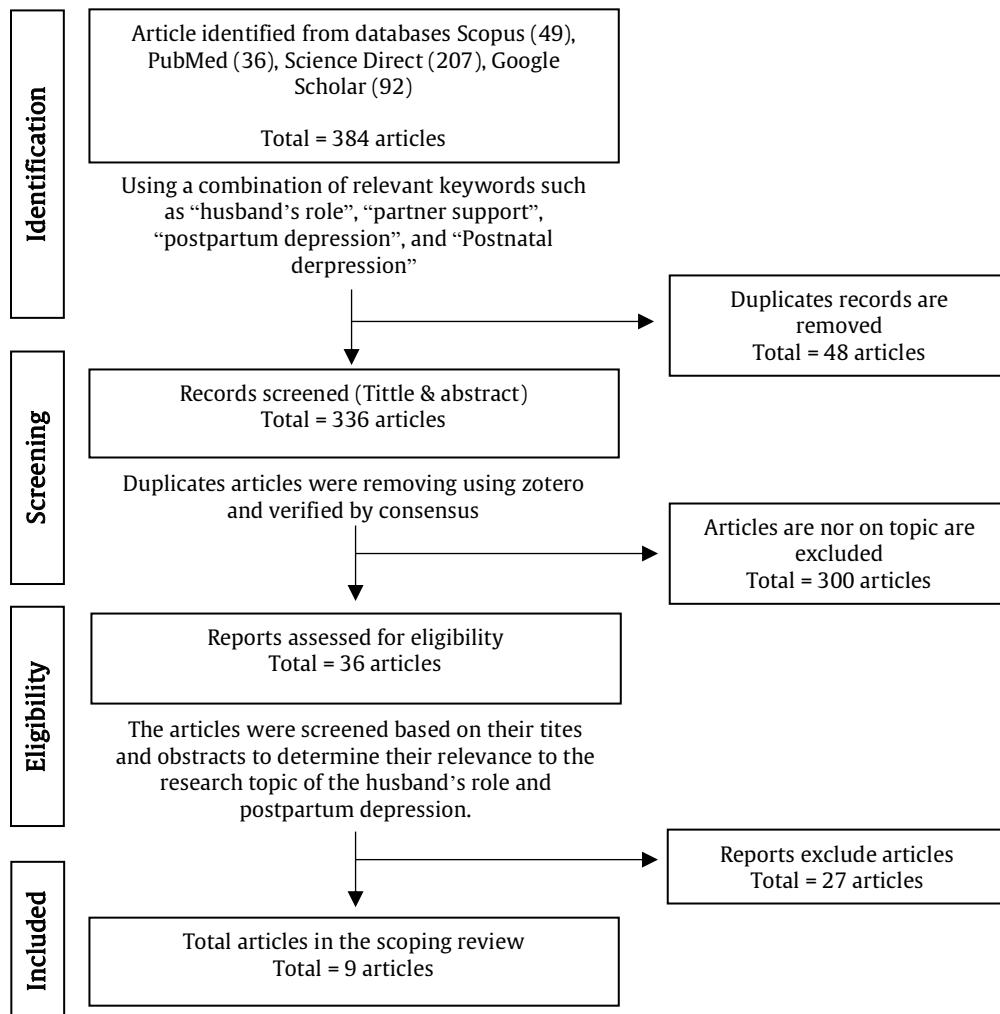


Figure 1. PRISMA Flow Diagram

RESULTS OF STUDY

A literature search across electronic databases yielded 384 potentially relevant articles. Following screening and eligibility assessment, 9 articles were included for review. The article identification process is presented in the Appendix section at the end of this manuscript. The literature search and keyword analysis resulted in 9 articles suitable for review. The article reviews included findings from developed and developing countries. These countries are Indonesia, Japan, Norway, England, and South Korea. The following are the countries mentioned in the table 5.

Table 5. Distribution of countries in articles

Country	Frequency
England	1
Indonesia	5
Japan	1
Norway	1
South Korea	1

Table 6. Synthesis result of article

Theme	Sub-Theme
The role of husband's support for mental health	The influence of husband's support on postpartum blues and postpartum depression [1][2][6] Effective forms of husband support [2][6] Factors influencing maternal mental health [2][3][5][6]
Impact and need for support for husbands	The impact of lack of husband support [7][8] Husband's mental health [8] Information and education needs for husbands [8]
The influence of marital relations and health services	The influence of stress and marital intimacy [8][9] The role and limitations of health services [8]

Thematic Synthesis

The Results section now follows Table 6 and cites all nine studies. Under the first theme "The role of husband's support in

maternal mental health," we show that emotional, instrumental, informational support and involvement in maternity care are linked to lower postpartum blues/depression; in Indonesia, low support raises blues risk by 2.3 times (Renata & Agus, 2021), while husband involvement is negatively associated with PPD symptoms and positively associated with mothers' healthy behaviors and the quality of the couple's relationship (Pebryatie et al., 2022). The subtheme "forms of effective support" emphasizes emotional validation, practical assistance, provision of information, and presence within services, which across studies reduce EPDS/BDI scores (Annisa & Natalia, 2023; Pebryatie et al., 2022). The subtheme "factors influencing maternal mental health" summarizes moderators such as relationship quality, maternal age, income, and number of children—for instance, mothers aged 26–30 with high support have the lowest risk (Handini & Puspitasari, 2021), and the absence of family support also increases PPD (Sugiyanti et al., 2023). The second theme, "Impacts and support needs for husbands," is summarized as indicating that lack of support/involvement is associated with stress, anxiety, sleep disturbances, and decreased self-esteem in fathers, along with needs for information, service access, and dedicated consultation spaces for fathers (Mayers et al., 2020). The third theme, "The influence of marital relations and health services," underscores that partner-related stress and marital intimacy are directly associated with depression in wives, with intimacy mediating the impact of stress; therefore, interventions need to involve husbands and strengthen relationship quality (Lee et al., 2021). Service limitations that remain mother-centric mean that husband involvement and structured support from the health system are not yet optimal (Mayers et al., 2020). The narrative description for each subtheme now includes key numerical references/effects from these studies.

Cross-country Comparison of Findings

We added a cross-country comparison based on the distribution of studies: Indonesia (5/9), Japan (1), Norway (1), England (1), and South Korea (1). Overall, all countries show a consistent pattern that partner support reduces perinatal depressive symptoms. The Indonesian context is dominated by quantitative findings emphasizing the strong role of husband/family support and sociodemographic factors; husband involvement is negatively correlated with PPD and positively correlated with healthy behaviors and marital quality, while lack of support increases PPD/blues (Annisa & Natalia, 2023; Handini & Puspitasari, 2021; Pebryatie et al., 2022; Renata & Agus, 2021; Sugiyanti et al., 2023). In Japan, qualitative work shows that acceptance or rejection of support depends on the husband's stance—recognition and cooperation facilitate support, whereas negative attitudes trigger rejection—highlighting the importance of the emotional/validation dimension (Katayama et al., 2022). In Norway, partner support for antidepressant therapy is associated with lower depressive symptoms across reproductive phases, indicating the partner's role in treatment decision-making (Nasrin et al., 2024).

In England, fathers' perspectives reveal a service gap: limited information and father-specific support adversely affect their own mental health (Mayers et al., 2020). In South Korea, dyadic analyses find that partner-related stress and marital intimacy influence prenatal depression in wives, with intimacy mediating the effect, underscoring the importance of couple-based interventions (Lee et al., 2021). Even so, the uneven country distribution—most studies from Indonesia and only one from other countries—limits the strength of cross-context comparisons and risks overemphasizing Indonesia-specific effects, while variation in design and instruments (cross-sectional vs. qualitative/SEM; EPDS vs. BDI; differing cutoffs/measurement timing) reduces direct comparability; consequently, generalization is strongest for settings similar to the dominant sample (Indonesian maternal-service

contexts/analogous LMICs), whereas transferability to high-capacity systems requires caution—although common mechanisms such as emotional/instrumental support and marital intimacy as a stress buffer are likely transferable across contexts, with effect sizes varying according to health-system strength, stigma, and caregiving role divisions.

Comparison of Findings Across Study Design

Cross-sectional quantitative studies in Indonesia consistently show significant associations between husband support (total or emotional/instrumental/informational dimensions) and reductions in postpartum blues/PPD, with some reporting strong effect sizes such as $OR \approx 2.33$ for blues risk under low support and large negative correlations between husband support and depression (Annisa & Natalia, 2023; Handini & Puspitasari, 2021; Renata & Agus, 2021; Sugiyanti et al., 2023). Quantitative studies using structural modeling add mechanistic pathways: husband involvement increases mothers' healthy behaviors and relationship quality, which in turn reduces PPD symptoms (Pebryatie et al., 2022). Qualitative research in Japan elaborates micro-mechanisms of support—how husbands' acknowledgment/validation determines wives' acceptance of support—which is not captured by quantitative measures (Katayama et al., 2022). Qualitative work in England highlights service gaps from fathers' perspectives and the consequences for fathers' mental health, offering systemic implications for service design (Mayers et al., 2020). Meanwhile, dyadic quantitative studies in South Korea show actor-partner effects and the mediation of marital intimacy on depression, strengthening the case for couple-based interventions (Lee et al., 2021). Overall, cross-design consistency is high for the benefits of emotional support/husband involvement, while evidence on effective service models largely comes from qualitative findings and path analyses, underscoring the need for rigorous intervention trials across contexts.

Comparative analysis

Across countries, social context appears to shape both the magnitude and the mechanisms by which partner support affects perinatal depression. In Indonesia, extended-family living and traditional gender roles make husbands' emotional, informational, and instrumental support a primary buffer in the face of uneven screening and referral capacity; accordingly, studies report larger effect sizes linking low support to higher PPD/PPB. In Japan, universal EPDS screening identifies risk but help-seeking norms and a tendency to endure distress delay requests for spousal help, so qualitative evidence highlights gaps between detection and mobilization of support that can mute quantitative effects. In South Korea, the cultural premium on marital harmony means relationship quality operates as the key pathway: higher marital intimacy buffers spouse-related stress, mediating its impact on depressive symptoms. In higher-resource systems such as Norway and England, routine screening, clearer care pathways, and lower stigma around treatment shift partner support from a substitute for care to a complement; partner agreement with antidepressant use and family-centered services are associated with lower EPDS scores, but adjusted coefficients are smaller once system supports are accounted for. Taken together, larger effects in Indonesia likely reflect support substituting for constrained services, while smaller adjusted effects in Norway/England reflect support complementing robust systems; mechanisms differ across Asia, with intimacy-driven pathways in Korea and help-seeking dynamics in Japan determining whether partner support translates into symptom reduction.

DISCUSSION

The synthesis of nine articles shows a consistent inverse association between meaningful husband/partner support and perinatal depressive symptoms, although the effect sizes and operational pathways vary by social context, health system capacity, and relational dynamics. In various Indonesian contexts, low husband support increases the likelihood of postpartum blues and depression, whereas higher husband involvement—physical, emotional, and informational—is protective by stabilizing maternal affect, facilitating psychological adaptation, and correlating with healthier behaviors and better relationship quality (Ariani et al., 2022; Astari & Yuwansyah, 2022; Boda et al., 2023). Interpreted through the buffering hypothesis, husband support mitigates stress directly through emotional validation, esteem support, and instrumental assistance, and indirectly by facilitating help-seeking, treatment uptake, and strengthening health behaviors. However, the effectiveness of this support is strongly determined by marital intimacy and communication quality as relational mechanisms that mediate and amplify its impact: intimate relationships and responsive, validating, and appreciative communication increase the availability, timeliness, and fit of support to needs, thereby enhancing the buffering effect. Evidence indicates a mediational chain in which better relationship quality promotes higher husband involvement, which in turn reduces depressive symptoms; intimacy also buffers the impact of partner-related stress on prenatal depression (Boda et al., 2023; Lee et al., 2021). Sociodemographic factors such as maternal age, family income, and parity further condition the strength of these pathways—younger mothers and those from lower socioeconomic backgrounds tend to require more structured partner support to reduce risk (Astari & Yuwansyah, 2022; Olii et al., 2023).

The role of health services emerges as a crucial yet often overlooked determinant, particularly regarding limited attention to fathers' mental health. Services frequently focus on mothers and underinclude fathers, thereby constraining the activation and effectiveness of partner support. When access to information, guidance, and involvement in care pathways is inadequate, fathers report stress, anxiety, sleep disturbances, and reduced self-esteem; indeed, the prevalence of paternal postnatal depression can be comparable to mothers, yet screening and tailored interventions for men remain limited (Daniels et al., 2020; Davenport & Swami, 2023; Hambidge et al., 2021; Shorey et al., 2018). This service gap not only reduces men's capacity to provide effective emotional and informational support—weakening the buffering effect for mothers—but also increases psychological morbidity in fathers and strains relationships; conversely, postpartum education programs involving husbands increase perceived social support, maternal self-efficacy, and reduce couple stress (Abbaspoor et al., 2023; Silva et al., 2022). Service context also moderates effect sizes: in high-capacity systems (e.g., England/Norway), partner support tends to complement established care pathways—effects may attenuate after accounting for service factors but remain meaningful when partners actively endorse care such as antidepressant use through shared decision-making and improved adherence; in more limited service environments (many Indonesian settings), partner support often substitutes for service gaps, producing larger effects. Cultural dimensions—related to masculinity norms, endurance, and emotional expression—also determine whether the “support resource” is activated, shaping help-seeking scripts and validation within couples, and explaining

differences between developing and developed countries in the form, access, and impact of support.

Husband support itself is multifaceted, and its variations matter clinically. Emotional/esteem support—empathy, reassurance, validation—is closest to stress appraisal and is consistently associated with symptom reduction. Informational support—recognizing early warning signs, navigating services, encouraging and endorsing treatment—is crucial for timely help-seeking and adherence. Instrumental support—sharing household/infant care tasks, organizing logistics—reduces practical burdens and decision fatigue. The relative impact of each type depends on need–support fit and timing: instrumental support is often paramount immediately postpartum, emotional support is relevant throughout the perinatal period, and informational support becomes pivotal when symptoms emerge or treatment decisions are needed. Beyond the couple, family and broader social networks also reduce PPD risk by providing emotional and practical assistance, underscoring the need for an ecological approach involving family, community, and health systems (Mariany et al., 2022; Nugrahaeni et al., 2022; Salat, Sri Yunita Suraida et al., 2021).

Although triangulation across methods strengthens confidence in the core mechanisms, a critical reading of limitations is necessary. The number of studies is still moderate and skewed toward Indonesia, limiting cross-context generalizability; there is heterogeneity in instruments (EPDS vs. BDI) and assessment timing (prenatal vs. postpartum), as well as variation in designs (cross-sectional, mediation/SEM, qualitative), which hampers causal inference and comparability; the proportion of longitudinal and intervention studies remains limited; and potential publication bias toward significant results cannot be ignored. Going forward, research should prioritize longitudinal dyadic designs to test mediation (relationship quality → support involvement → symptoms) and bidirectional effects; controlled/pragmatic trials of couple-focused and father-inclusive interventions with standardized outcomes (EPDS plus functional indicators); cross-cultural comparative studies to isolate the effects of norms and service capacity; and open practices such as preregistration and reporting of null results to curb publication bias.

Conceptually, this review integrates the buffering hypothesis with relational mechanisms (intimacy and communication quality) and a service-systems perspective (father inclusivity), while distinguishing support types (emotional, informational, instrumental) and their respective pathways to symptom reduction. Unlike prior reviews that often treat “support” as a unidimensional correlate, the proposed integrated model shows that (1) social support buffers stress, (2) marital intimacy and high-quality communication mediate/modulate support effectiveness, (3) system capacity and cultural norms condition access to and activation of support, and (4) fathers' mental health is both an outcome and a determinant of support capacity. Practical and policy implications include integrating couple-based communication/intimacy modules into antenatal and postnatal education; father-inclusive education emphasizing emotional/esteem and informational roles; perinatal screening that involves both parents with stepped-care pathways and shared decision-making; provider training to assess and address fathers' mental health; and contextual tailoring—leveraging community cadres/peer father groups in resource-limited areas and integrating proactive paternal screening and digital supports in high-capacity systems. A multi-level, culturally and system-sensitive approach is

expected to reduce perinatal depressive symptoms in mothers while safeguarding fathers' psychological well-being.

CONCLUSIONS AND RECOMMENDATION

Based on the results of the study, article synthesis, and discussion, it can be concluded that husband support has a significant influence on postpartum maternal mental health. Lack of support increases the risk of depression, while the quality of support, especially emotional support and appreciation, is more important than quantity. Health services often ignore the role of husbands, even though they need information and support to play an optimal role. The effectiveness of husband support is influenced by contextual factors such as age, education, economic status, culture, and social support.

Husband support is a pivotal determinant of perinatal mental health. Across the included studies, the most consistently effective forms are emotional/esteem support (empathy, validation, reassurance), instrumental support (practical help with infant care, household tasks, and logistics), and informational support (recognizing warning signs, navigating services, and endorsing treatment). These supports are most effective when aligned with mothers' needs, delivered within relationships characterized by intimacy and high-quality communication, and embedded in health services that actively include fathers. To translate these insights into practice, interventions should be specific and implementable: brief father training during antenatal and early postpartum periods on emotional skills (listening, validation), symptom recognition (EPDS literacy), and care navigation (referral pathways), delivered via classes or digital microlearning; routine father-inclusive screening at key touchpoints with stepped-care pathways and clear referral options; and couple-focused sessions (2–4 meetings) on communication, problem-solving, and co-parenting plans, including division of nighttime care and practical tasks.

Father support groups—peer-led or clinician-facilitated, in-person or online—can address stress management, role adjustment, and practical strategies, while service integration should invite partners to appointments, involve them (with consent) in treatment discussions such as antidepressant use, and provide father-oriented materials. In resource-limited settings, community health workers can deliver home visits that engage fathers, supported by SMS/WhatsApp reminders and low-cost checklists for supportive behaviors; in all settings, digital tools (apps/chatbots) can offer psychoeducation, symptom tracking, and timely nudges tied to perinatal milestones. Provider training—through brief CME for midwives, nurses, and primary care clinicians—should cover engaging fathers, screening both parents, and making warm handoffs to mental health services. Monitoring and evaluation should use standardized measures (e.g., EPDS for mothers and validated tools for fathers) at baseline and follow-up, tracking process metrics (attendance, engagement) and outcomes (symptoms, adherence, relationship satisfaction, and infant-care participation). By re-emphasizing emotional, instrumental, and informational support and operationalizing them through father-inclusive, actionable interventions, health systems and communities can more reliably reduce perinatal depressive symptoms and strengthen family well-being.

DECLARATION

Ethics approval and consent to participate

Not applicable

Consent for publication:

Not applicable.

Availability of Data and Material (ADM):

Not applicable

Competing interests:

Not applicable.

Funding:

Not applicable

Artificial Intelligence-Assisted Technology:

Not applicable

Authors' contributions:

Ade Nurul Ashifa. ideas, developed the review protocol, conducted literature search, performed data analysis, and prepared the manuscript for publication.

Herry Herman. developed the review protocol and conducted literature search.

Dany Hilmanto. developed the review protocol and conducted literature search.

Endang Kustedja. conducted literature search

Juntika Nurihsan. developing a conceptual framework

Ruswana Anwar. prepared the manuscript for publication

ABOUT THE AUTHORS

Ade Nurul Ashifa - Born in Bandar Lampung on April 5, 1997. Currently an active student in the Master of Midwifery Program, Universitas Padjadjaran. She holds a Diploma III in Midwifery from Poltekkes Tanjungkarang, a Bachelor Midwifery Professional Education degree from Poltekkes Semarang. She has work experience as a Clinical Instructor in the Laboratory at the Midwifery Department, Poltekkes Tanjungkarang.

Herry Herman - Born in Padang on April 20, 1972. Currently serves as the Director of the Health Clinic and as a Lecturer in the Department of Orthopaedic Surgery at Universitas Padjadjaran. He holds an MD degree and Orthopaedics Specialist education from Universitas Padjadjaran, and PhD in Cancer Pathology and Prevention from Roswell Park Cancer Institute and Cornell University.

Dany Hilmanto - Born in Bandung on February 20, 1963. Currently serves as the Head of the Pediatric Health Study Program, Vice Dean I of the Faculty of Medicine, and Head of the Nephrology Division at the Pediatric Health Subspecialty Clinic, Faculty of Medicine, Universitas Padjadjaran. He completed his MD, Pediatric Specialist, and Doctoral studies in Medical Science through a sandwich program between Unpad and Leiden University Medical Center.

Endang Sutedja - Born in Sumedang on April 1, 1947. Currently serves as Head of the Skin Surgery Subdivision, Department of Dermatology and Venereology, Faculty of Medicine, Universitas Padjadjaran/Dr. Hasan Sadikin General Hospital, Bandung and Head of of the Indonesian Allergy and Immunology Society (PERALMUNI), Bandung. He completed his MD, dermatology and venereology Specialist, and Doctoral studies in Universitas Padjadjaran.

Juntika Nurihsan- Born in Majalengka, June 1, 1966. Currently serves as Director of the Graduate School, Universitas Pendidikan Indonesia Graduate School.

Ruswana Anwar- Born in Bandung, December 1, 1961. Currently serves as Sub-Commissioner for Clinical Trials within the Management Team of the now Research Ethics Committee of Universitas Padjadjaran; Vice Dean for Learning—now Student Affairs and Research—Faculty of Medicine, Universitas Padjadjaran.

REFERENCES

- Abbaspoor, Z., Sharifipour, F., Javadnoori, M., Moghadam, Z. B., Cheraghian, B., & Najafian, M. (2023). Evaluation of the effectiveness of a postnatal support education program for husbands in promotion of their primiparous wives' perceived social support: A randomized controlled trial. *BMC Women's Health*, 23(1), 139. <https://doi.org/10.1186/s12905-023-02270-x>
- Annisa, N. H., & Natalia, O. (2023). Dukungan Suami dan Depresi Postpartum: Husband Support and Postpartum Depression. *Indonesian Journal of Midwifery (IJM)*, 8(1), 62–70. <https://doi.org/10.35473/ijm.v6i1.2220> (1)
- Ariani, N. K. S., Darmayanti, P. A. R., & Santhi, W. T. (2022). Dukungan Suami Dengan Proses Adaptasi Psikologi Pada Ibu Nifas RSAD Denpasar Bali. *Care : Jurnal Ilmiah Ilmu Kesehatan*, 10(3), 450–459. <https://doi.org/10.33366/jc.v10i3.3050>
- Astari, R. Y., & Yuwansyah, Y. (2022). Psychosocial Study on the Incidence of Postpartum Blues. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 8(1). <https://doi.org/10.30604/jika.v8i1.1524>
- Boda, H., Nishijo, M., Nishino, Y., Sasagawa, T., Osaka, Y., Fujita, S., Sakamoto, J., Takakura, M., Takagi, H., Shibata, T., & Takata, E. (2023). Associations between Maternal Postpartum Depression and Psychosocial Factors Including Marital Relationship and Social Support. *Nippon Eiseigaku Zasshi (Japanese Journal of Hygiene)*, 78(0), n/a. <https://doi.org/10.1265/jjh.22002>
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357. <https://doi.org/10.1037/0033-2909.98.2.310>
- Daniels, E., Arden-Close, E., & Mayers, A. (2020). Be Quiet and Man Up: A Qualitative Questionnaire Study Into Fathers Who Witnessed Their Partner's Birth Trauma. *BMC Pregnancy and Childbirth*, 20(1), 236. <https://doi.org/10.1186/s12884-020-02902-2>
- Davenport, C. J., & Swami, V. (2023). Identifying and Supporting Men Who Experience Paternal Postnatal Depression. *Mental Health Practice*, 28(3), 34–41. <https://doi.org/10.7748/mhp.2023.e1641>
- Dennis, C.-L., & Dowswell, T. (2013). Psychosocial and Psychological Interventions for Preventing Postpartum Depression. *Cochrane Database of Systematic Reviews*, 2013(2). <https://doi.org/10.1002/14651858.CD001134.pub3>
- Do, T. K. L., Nguyen, T. T. H., & Pham, T. T. H. (2018). Postpartum Depression and Risk Factors among Vietnamese Women. *BioMed Research International*, 2018, 1–5. <https://doi.org/10.1155/2018/4028913>
- Fisher, J., Cabral De Mello, M., Patel, V., Rahman, A., Tran, T., Holton, S., & Holmes, W. (2012). Prevalence and Determinants of Common Perinatal Mental Disorders in Women in Low- and Lower-Middle-Income Countries: A Systematic Review. *Bulletin of the World Health Organization*, 90(2), 139–149H. <https://doi.org/10.2471/BLT.11.091850>
- Hambidge, S., Cowell, A., Arden-Close, E., & Mayers, A. (2021). "What kind of man gets depressed after having a baby?" Fathers' Experiences of Mental Health During The Perinatal Period. *BMC Pregnancy and Childbirth*, 21(1), 463. <https://doi.org/10.1186/s12884-021-03947-7>
- Handini, T. S., & Puspitasari, N. (2021). Differences in postpartum maternal depression levels based on characteristics of maternal age and husband support. *Indones J Public Health*, 16, 124–133. <https://doi.org/10.20473/ijph.v16i1.2021.124-133> (2)
- Hassert, S., Sharon, S. R., Payakkakom, A., & Kodyšová, E. (2018). Postpartum Depressive Symptoms: Risks for Czech and Thai Mothers. *The Journal of Perinatal Education*, 27(1), 38. <https://doi.org/10.1891/1058-1243.27.1.38>
- Katayama, M., Kitaoka, K., & Aijo, R. (2022). Mothers with depressed mood: Help-seeking from husbands and child-rearing behaviors. *BMC Women's Health*, 22(1), 25. <https://doi.org/10.1186/s12905-022-01604-5>
- Kemenkes, BKKP. (2023). *LAPORAN SKI 2023 DALAM ANGKA*. Google Docs. https://drive.google.com/file/d/1rjNDG_f8xG6-Y9wmhjUnXhj-vUFevVJC/view?usp=sharing&usp=embed_facebook
- Lee, M., Kim, Y.-S., & Lee, M.-K. (2021). The Mediating Effect of Marital Intimacy on the Relationship between Spouse-Related Stress and Prenatal Depression in Pregnant Couples: An Actor-Partner Interdependent Model Test. *International Journal of Environmental Research and Public Health*, 18(2), 487. <https://doi.org/10.3390/ijerph18020487>
- Mariany, M., Naim, R., & Afrianty, I. (2022). Hubungan Dukungan Sosial dengan Kejadian Postpartum Blues pada Ibu Nifas di Wilayah Kerja Puskesmas Pomalaa. *Jurnal Surya Medika*, 8(2), 319–324. <https://doi.org/10.33084/jism.v8i2.3916>
- Mayers, A., Hambidge, S., Bryant, S., & Arden-Close, E. (2020). Supporting Women Who Develop Poor Postnatal Mental Health: What Support Do Fathers Receive To Support Their Partner and Their Own Mental Health? *BMC Pregnancy and Childbirth*, 20(1), 359. <https://doi.org/10.1186/s12884-020-03043-2>
- Nasrin, T., Tauqeer, F., Bjørndal, L. D., Kittel-Schneider, S., & Lupattelli, A. (2024). Partner support for women's antidepressant treatment and its association with depressive symptoms in pregnant women, mothers, and women planning pregnancy. *Archives of Women's Mental Health*, 27(4), 557–566. <https://doi.org/10.1007/s00737-024-01435-3>
- Nugrahaeni, M. T., Untari, N. Y., & Veibiani, N. A. (2022). Meta Analysis: The Effect of Social Support in Preventing Postpartum Depression in Postpartum Mothers. *Journal of Epidemiology and Public Health*, 7(1), 80–91. <https://doi.org/10.26911/jepublichealth.2022.07.01.07>
- O' Hara, M. W., & Wisner, K. L. (2014). Perinatal Mental Illness: Definition, Description and Aetiology. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 28(1), 3–12. <https://doi.org/10.1016/j.bpobgyn.2013.09.002>
- Olii, N., Salman, S., Abdul, N. A., Astuti, S. C. D., Porouw, H. S., Mohamad, S., Claudia, J. G., & Astuti, E. R. (2023). Literature Review: Determinants of Postpartum Blues. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 8(S1). <https://doi.org/10.30604/jika.v8iS1.1688>

- Pebryatie, E., Paek, S. C., Sherer, P., & Meemon, N. (2022). Associations Between Spousal Relationship, Husband Involvement, and Postpartum Depression Among Postpartum Mothers in West Java, Indonesia. *Journal of Primary Care & Community Health, 13*, 21501319221088355. <https://doi.org/10.1177/21501319221088355>
- Peters, M. D. J., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for Conducting Systematic Scoping Reviews. *International Journal of Evidence-Based Healthcare, 13*(3), 141–146. <https://doi.org/10.1097/XEB.0000000000000050>
- Renata, B., & Agus, D. (2021). Association of Husband Support and Postpartum Blues in Postpartum Women. *Indonesian Journal of Obstetrics and Gynecology, 140*–143. <https://doi.org/10.32771/inajog.v9i3.1467>
- Rubin, R. (1984). *Maternal Identity and The Maternal Experience*. Springer.
- Salat, Sri Yunita Suraida, Satriaawati, Arisda Candra, & Permatasari, Dian. (2021). Hubungan Dukungan Keluarga dengan Kejadian Post Partum Blues: The Relationship Between Family Support With Events Of Post Partum Blues. *Jurnal Ilmiah Kebidanan (Scientific Journal of Midwifery), 7*(2), 116–123. <https://doi.org/10.33023/jikeb.v7i2.860> (3)
- Shorey, S., Chee, C. Y. I., Ng, E. D., Chan, Y. H., Tam, W. W. S., & Chong, Y. S. (2018). Prevalence and Incidence of Postpartum Depression Among Healthy Mothers: A Systematic Review and Meta-Analysis. *Journal of Psychiatric Research, 104*, 235–248. <https://doi.org/10.1016/j.jpsychires.2018.08.001>
- Silva, B. P. da, Matijasevich, A., Malta, M. B., Neves, P. A. R., Mazzaia, M. C., Gabrielloni, M. C., Castro, M. C., & Cardoso, M. A. (2022). Common mental disorders in pregnancy and postnatal depressive symptoms in the MINA-Brazil study: Occurrence and associated factors. *Revista De Saude Publica, 56*, 83. <https://doi.org/10.11606/s1518-8787.2022056004028>
- Stein, A., Pearson, R. M., Goodman, S. H., Rapa, E., Rahman, A., McCallum, M., Howard, L. M., & Pariante, C. M. (2014). Effects of Perinatal Mental Disorders on The Fetus and Child. *The Lancet, 384*(9956), 1800–1819. [https://doi.org/10.1016/S0140-6736\(14\)61277-0](https://doi.org/10.1016/S0140-6736(14)61277-0)
- Stillwell, S. B., Fineout-Overholt, E., Melnyk, B. M., & Williamson, K. M. (2010). Evidence-Based Practice, Step by Step: Asking the Clinical Question: A Key Step in Evidence-Based Practice. *AJN, American Journal of Nursing, 110*(3), 58–61. <https://doi.org/10.1097/01.NAJ.0000368959.11129.79>
- Sugiyanti, R., Nurfaizah, A., & Kadarmo, A. (2023). Husband and Family Support in Postpartum Depression Mothers at PDHI Yogyakarta Islamic Hospital. *Ahmad Dahlan Medical Journal, 4*(2), 255–262. <https://doi.org/10.12928/admj.v5i2> (4)
- Waldrop, J., & Dunlap, J. J. (2024). CE: Beyond PICO—A New Question Simplifies the Search for Evidence. *AJN, American Journal of Nursing, 124*(3), 34–37. <https://doi.org/10.1097/01.NAJ.0001007676.91191.dd>
- Widiasih, R., Susanti, R. D., Sari, C. W. M., & Hendrawati, S. (2020). Menyusun Protokol Penelitian dengan Pendekatan SETPRO: Scoping Review. *Journal of Nursing Care, 3*(3), Article 3. <https://doi.org/10.24198/jnc.v3i3.28831>

ADDITIONAL INFORMATION

Correspondence All inquiries and requests for additional materials should be directed to the Corresponding Author.

Publisher's Note Utan Kayu Publishing maintains a neutral stance regarding territorial claims depicted in published maps and does not endorse or reject the institutional affiliations stated by the authors.

Open Access This article is licensed under a Creative Commons Attribution-ShareAlike 4.0 International License (CC BY-SA 4.0), which permits others to share, adapt, and redistribute the material in any medium or format, even for commercial purposes, provided appropriate credit is given to the original author(s) and the source, a link to the license is provided, and any changes made are indicated. If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. To view a copy of this license, visit <https://creativecommons.org/licenses/by-sa/4.0/>.

© The Author(s) 2025

APPENDIX 1. Summary of Selected Articles

Num	Author/year	Country	Objective	Design and Sample	Support' s Type	PPD Instrument	Results
1	(Renata & Agus, 2021)	Indonesia	To determine the relationship between husband's support and the occurrence of postpartum blues in postpartum women.	Design: Quantitative Sample: Postpartum women	Husband support (general: emotional/instrumental/informational)	EPDS (Edinburgh Postnatal Depression Scale)	There is a significant relationship between husband's support and postpartum blues ($p=0.042$; $OR=2.331$). Mothers with less husband's support have a 2.3 times greater risk of experiencing postpartum blues. 44.8% of respondents experienced postpartum blues, 47.9% received less husband's support, and 52.1% received good support.
2	(Pebryatie et al., 2022)	Indonesia	To examine the extent to which husband-wife relationships, husband involvement, and maternal healthy behaviors influence postpartum depression in mothers in West Java, Indonesia.	Design: Quantitative Sample: Postpartum women	Emotional, instrumental, informational; maternity care ngagement; relationship quality (QMI)	EPDS (Edinburgh Postnatal Depression Scale)	The quality of the husband-wife relationship was positively associated with husband involvement ($\gamma=0.60$; $p<0.001$). Husband involvement was positively associated with maternal healthy behavior ($\gamma=0.15$; $p<0.001$) and negatively with postpartum depression symptoms ($\gamma=-0.21$; $p<0.001$). Husband involvement also had an indirect effect on postpartum depression through maternal healthy behavior. Higher family income and fewer children were associated with better husband-wife relationship quality and lower postpartum depression.
3	(Handini & Puspitasari, 2021)	Indonesia	Analyzing differences in postpartum maternal depression levels based on maternal age characteristics and husband's support.	Design: Quantitative Sample: Postpartum women	Focus on different level of depression	EPDS (Edinburgh Postnatal Depression Scale)	The majority of respondents were aged 26–30 years, received high husband support, and were not at risk of depression. There was a significant difference in the level of postpartum depression based on maternal age ($p=0.014$) and husband support ($p=0.000$). Mothers aged 26–30 years and received high husband support were the least at risk of depression. High husband support plays a protective role against postpartum depression. It is recommended that husbands continue to provide support and early detection.
4	(Annisa & Natalia, 2023)	Indonesia	To find out the relationship between husband support and postpartum depression in women. Hypothesis: there is a negative relationship between husband support and postpartum depression.	Design: Quantitative Sample: Postpartum women	Emotional, esteem, instrumental, informational	BDI (Beck Depression Inventory)	There is a significant negative relationship between husband support and postpartum depression ($r = -0.842$; $p < 0.01$). Most subjects (86%) have high husband support and do not experience depression (48%). Only 8% experience severe depression. Husband support contributes 71% to low postpartum depression. It is recommended that husbands continue to provide support after delivery to reduce the risk of depression in wives.
5	(Sugiyanti et al., 2023)	Indonesia	To determine the relationship between husband's support and family support with the incidence of postpartum depression in mothers at the PDHI Islamic Hospital in Yogyakarta.	Design: Quantitative Sample: Postpartum women	Husband support; family support	EPDS (Edinburgh Postnatal Depression Scale)	As many as 48.3% of mothers experienced PPD. As many as 20.7% did not receive support from their husbands, and 13.8% did not receive support from their families. There was a significant relationship between husband support ($p=0.006$) and family support ($p=0.042$) with the incidence of PPD. Mothers who did not receive support from their husbands/families were at higher risk of experiencing PPD. Husband and family support are very important to prevent PPD in mothers after giving birth.

Num	Author/year	Country	Objective	Design and Sample	Support' s Type	PPD Instrument	Results
6	(Katayama et al., 2022)	Japan	Clarifying the process mothers with depressed mood go through when seeking childcare support from their husbands and how they carry out caregiving tasks thereafter.	Design: Qualitative Sample: Mothers who have given birth in the last 3 years	Help-seeking to husband; emotional/instrumental	EPDS (Edinburgh Postnatal Depression Scale)	Mothers with depressed mood often feel they do not have time for themselves, so they are motivated to ask for support from their husbands. The process of receiving support from their husbands is greatly influenced by their husbands' attitudes and responses: if the husband is truly cooperative or shows an intention to help despite his lack of skills, the wife accepts the support. However, if the husband does not acknowledge his wife's efforts or is negative, the wife tends to reject support, even if he helps. Mothers also tend to re-evaluate their relationship with their husbands based on their husbands' attitudes toward parenting. This study highlights the importance of emotional support and recognition from husbands for mothers with postpartum depression.
7	(Nasrin et al., 2024)	Norway	The aim of this study was to assess the association between partner support for antidepressant treatment and depressive symptoms in women who were planning a pregnancy, were pregnant, or had become mothers, and to see whether this association differed depending on antidepressant use at the time of symptom reporting.	Design: Quantitative Sample: Women who are planning a pregnancy, are pregnant, or have given birth.	Partner support for AD treatment (ACQ item)	EPDS (Edinburgh Postnatal Depression Scale), PHQ-9 (Patient Health Quality)	Among women with prior antidepressant use, lack of partner support for antidepressant treatment was associated with more severe depressive symptoms during pregnancy and postpartum, including increased odds of moderate–very severe depression (pregnant aOR 3.26; 95% CI 0.96–11.14; mothers aOR 3.57; 95% CI 1.04–12.19) and PHQ-2 symptoms (pregnant aOR 2.68; 95% CI 1.09–6.60; mothers aOR 3.71; 95% CI 1.22–11.32). Specifically, partner non-support was associated with higher anhedonia in pregnancy (β 0.76; 95% CI 0.14–1.38) and in mothers (β 0.93; 95% CI 0.23–1.64), while among pregnancy planners without antidepressant use it was associated with higher anxiety (β 2.58; 95% CI 1.04–4.13).
8	(Mayers et al., 2020)	English	Exploring fathers' experiences of supporting partners experiencing postnatal mental health difficulties, the types of support they receive from health services, unmet support needs and the impact of this situation on fathers' own mental health.	Design: Qualitative Sample: Father/Husband	Partner/family; service/system support	Interview	Most fathers reported receiving inadequate support or information from health services regarding their partner' s postnatal mental health. Where available, support was usually in the form of leaflets or brief information, often not specific to fathers. Fathers wanted more information about postnatal mental health issues, warning signs and how to support their partner. They also wanted someone to talk to about their situation and direct access to mental health services for themselves and their partner. Most fathers reported that their own mental health had been negatively impacted, including feelings of stress, anxiety, low self-esteem, sleep disturbances and difficulties caring for their child. Many felt neglected by health services and that there was no specific support for fathers.
9	(Lee et al., 2021)	South Korea	This study aimed to: (1) assess levels of partner-related stress, marital intimacy, and prenatal depression in expectant couples; (2) evaluate the correlations between partner-	Design: Quantitative Sample: Husband and Wife	Marital intimacy/relationship quality (mediator)	EPDS (Edinburgh Postnatal Depression Scale)	In a study of 120 pregnant couples in Korea, partner-related stress increased individuals' own prenatal depression (actor effects) for both pregnant wives (β = 0.36; p = 0.010; SMC = 0.238) and husbands (β = 0.44; p = 0.020; SMC = 0.263), while higher marital intimacy in wives reduced wives' prenatal depression (β = -0.38; p = 0.030). Additionally, husbands'

Num	Author/year	Country	Objective	Design and Sample	Support' s Type	PPD Instrument	Results
			related stress, marital intimacy, and prenatal depression; (3) analyze the actor-partner interdependent effects of partner-related stress and marital intimacy on prenatal depression; and (4) assess the mediating effect of marital intimacy on the relationship between partner-related stress and prenatal depression.				partner-related stress reduced wives' marital intimacy (partner effect: $\beta = -0.28$; $p = 0.031$) and, through full mediation by wives' marital intimacy, was associated with increased wives' prenatal depression. The model showed good fit ($\chi^2/df = 1.30$, CFI = 0.95, TLI = 0.93, RMSEA = 0.05).