Jurnal Kedokteran dan Kesehatan: Publikasi Ilmiah Fakultas Kedokteran Universitas Sriwijaya
Volume 12, No 3. 2025/DOI: 10.32539/JKK.V12i3.698
p-ISSN 2406-7431; e-ISSN 2614-0411
Page:331-338

THE ROLE OF SPOUSAL SUPPORT, PERFECTIONISM, AND MARITAL SATISFACTION IN POSTPARTUM DEPRESSION

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ARTICLE INFO

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Kata kunci:
Depresi
Dukungan suami
Perfeksionis
Kepuasan Pernikahan

Keywords:
Depression
Husband support
Perfectionism
Marital satisfaction

Original submission:
May 5, 2025
Accepted:
July 13, 2025
Published:
September 20, 2025

ABSTRAK

Dukungan sosial suami, kepuasan pernikahan, dan perfeksionis dapat menjadi penyebab terjadinya depresi pada ibu. Penelitian ini menganalisis hubungan dukungan sosial suami, perfeksionis, dan kepuasan pernikahan dengan kejadian depresi pada bu setelah melahirkan. Desain penelitian menggunakan potong lintang dengan sampel 60 ibu paska melahirkan. Pengambilan sampel dilaksanakan dalam 2 bulan (April-Mei) menggunakan tehnik aksidental sampling. Analisis bivariat menggunakan uji chi-square dengan SPSS statistic V26. Hasil penelitian didapatkan ibu berusia 20-25 tahun (30%), riwayat melahirkan satu kali (41,7%), pekerjaan ibu rumah tangga (86,7%), lama menikah di atas 10 tahun (28,3%), dan jenis persalinan normal (49,4%). Hasil analisis bivariat dengan uji chi-square didapatkan dukungan sosial suami (0,002), kepuasan pernikahan (0,013), dan perfeksionis (0,000) berhubungan dengan kejadian depresi pada ibu (<0,05). Dapat disimpulkan bahwa terdapat hubungan dukungan sosial suami, perfeksionisme, kepuasan pernikahan dengan kejadian depresi paska melahirkan pada ibu.

ABSTRACT

The Role Of Spousal Support, Perfectionism, And Marital Satisfaction In Postpartum Depression. Spousal social support, marital satisfaction, and perfectionism can be causes of depression in mothers. This study analyzes the relationship between spousal social support, perfectionism, and marital satisfaction with the occurrence of depression in mothers after childbirth. The cross-sectional study design used 60 postpartum mothers as samples, collected over two months (April–May) using accidental sampling techniques. Bivariate analysis was conducted using the chi-square test with SPSS Statistics V26. The results showed that 30% of the mothers were aged 20–25 years, 41.7% had a history of one childbirth, 86.7% were housewives, and mothers married for over 10 years (28.3%), and normal delivery (49.4%). The results of the bivariate analysis using the chi-square test showed that spousal social support (0.002), marital satisfaction (0.013), and perfectionism (0.000) were associated with the occurrence of depression in mothers (<0.05). It can be concluded that there is a relationship between spousal social support, perfectionism, marital satisfaction, and the occurrence of postpartum depression in mothers.

INTRODUCTION

The postpartum period refers to the time following the birth of the placenta until the reproductive system returns to its pre-pregnancy state. [1] During this phase, mothers undergo not only physical recovery but also significant psychological changes[2]. The World Health Organization (WHO) reports that approximately 280 million people around the world experience depression, with women accounting for 50% of these cases. [3] According to data from Postpartum

Depression.org, about 1 in 10 mothers will experience postpartum depression following childbirth. Recent research from 2024 indicates that this number is even higher, with 1 in 7 mothers affected.[4] Additionally, WHO (2023) notes that 10% of both pregnant and postpartum women experience depression. Alarmingly, over 700,000 people with depression die by suicide each year. [3] The National Population and Family Planning Agency (BKKBN) reported in 2024 that 57% of mothers in Indonesia experience symptoms of postpartum depression. Furthermore, data indicate that healthcare providers do not detect nearly 50% of mothers exhibiting these symptoms. Postpartum depression can be caused by various factors, including a mother's struggle to adjust to new demands, which may lead to feelings of depression. [5] This difficulty in adapting is often linked to a lack of social support from the partner, making it harder for the mother to cope with the changes. [5] Additionally, Ortega (2010) identifies perfectionism as another contributing factor to postpartum depression. Perfectionism is a personality trait where mothers set unrealistically high standards for themselves.[6] As a result, perfectionistic mothers may perform strict self-evaluations to ensure they meet these standards. However, because babies are unpredictable and situations can often be unforeseen, this perfectionistic approach to motherhood can become both challenging and overwhelming. [6]

Postpartum depression can arise from an unhappy marriage, leaving mothers feeling dissatisfied. Previous research has explored the connections between spousal support and postpartum depression, as well as the impact of perfectionism on the condition. Other studies have indicated a link between marital satisfaction and postpartum depression. However, research focusing on postpartum depression about spousal social support, perfectionism, and marital satisfaction has not been extensively conducted in Indonesia, particularly in the city of Bogor. Additionally, postpartum depression screening is not commonly performed in healthcare services, which highlights the significance of this research. This study aims to identify the relationships among spousal social support, perfectionism, and marital satisfaction concerning postpartum depression in mothers.

METHODS

This observational, analytical study used a cross-sectional approach and was conducted at the Tanah Sareal and Bogor Tengah Community Health Centers in Bogor City from March to May 2025. The study sample included 60 postpartum mothers, specifically those who had undergone cesarean section surgery and visited the health centers between April and May 2025. Accidental sampling was employed to select participants. The inclusion criteria were mothers must reside in the service areas of the Tanah Sareal and Bogor Tengah Community Health Centers; they should not have a history of mental disorders; infants must be in healthy/normal condition; mothers must have a history of full-term pregnancies; they should be willing to participate as respondents; and they must be married to their partners. The exclusion criteria included mothers with severe depression, those referred due to a worsening condition of either the mother or the infant, and mothers who transferred to another healthcare facility. The maternal characteristics assessed included age, history of parity, occupation, duration of marriage, and type of delivery. Postpartum depression was assessed using the Indonesian version of the Edinburgh Postnatal Depression Scale (EPDS). This scale measures seven components of mood changes in mothers and offers four response options, ranging from 0 to 3.

Spousal social support was evaluated using a modified version of the Perceived Social Support-Family (PSS-Fa) Scale, which includes four support components and scores ranging from 1 to 4. Marital satisfaction was measured using a modified Perceived Relationship Quality Components (PRQC) Scale, with scores ranging from 1 to 5, and a modified version of the Hewitt and Flett Perfectionism Questionnaire, also scoring from 1 to 5. Validity tests were performed on the PSS-Fa, PRQC, and perfectionism questionnaires, with the latter showing that questions 10 and 12 were invalid (with r-counts less than 0.444). Consequently, the Perfectionism Questionnaire consists of 13 questions. The Research Ethics Committee of Universitas Indonesia Maju approved the research ethics protocol (No. 1337/Sket/Ka-Dept/RE/UIMA/IV/2025). Univariate analysis described the frequency distribution of respondent characteristics, postpartum depression, spousal social support, maternal perfectionism, and marital satisfaction. The bivariate analysis utilized the chi-square (X^2) test with a 95% confidence level ($\alpha = 5\%$).

RESULT

Table 1. Distribution of Sociodemographic Characteristics in Postpartum Mothers (n-60)

Variable	Total	**Percentage (%)**
Age		
<20 years old	1	1.7
20-25 years old	18	30
26-30 years old	14	23.3
31-35 years old	16	26.7
>36 years old	11	18.3
Length of Marriage		
< 1 year	9	15
1-2 years	10	16.7
3-5 years	15	25
6-10 years	9	15
>10 year	17	28.3
Birth History		
1	25	41.7
2	16	26.7
3	15	25.0
>4	4	6.7
Mother's work		
Housewife	52	86.7
Private sector	8	13.3
Type of Delivery		
Vaginal delivery	38	49.4
C-Section	22	28.6

The characteristics of the mothers in Table 1 show that thirty percent were between 20 and 25 years old; 26.7% were between 31 and 35 years old; 28.3% had been married for more than 10 years; and 41.7% had given birth to their first child. Most mothers were housewives (86.7%), and most had a history of normal deliveries (49.4%). Most of the mothers were housewives (86.7%), and most had a history of normal delivery (49.4%).

Table 2. Distribution of Spousal Support, Perfectionism, Marital Satisfaction, and Incidence of Depression in Postpartum Mothers (n-60)

Variable	Total	Percentage (%)
Husband's Social Support		
Not Supported	45	58,4
Supported	15	19,5
Perfectionism		
Low	15	25
Medium	23	38.3
High	22	36,7
Marital Satisfaction		
No Satisfied	41	68,3
Satisfied	19	31.7
Depression Postpartum		
Not depression	24	31.2
Depression	36	46.8

Table 2 indicates that 36 mothers (46.8%) experienced postpartum depression, suggesting that the cut-off point for postpartum depression symptoms in mothers is an EPDS score of 13 points or higher.

Table 3. The Correlation Between Spousal Support, Perfectionism, Marital Satisfaction, with Incidence of Depression in Postpartum Mothers (n-60)

Variable	Depression Postpartum				*P*
	Not depression		Depression		
	N	%	N	%	
Husband's Social Support					
Not Supported	13	28.9	32	71.1	0.002
Supported	11	73.3	4	26.7	
Perfectionism					
Low	13	86.7	2	13.3	0.000
Medium	10	43.5	13	56.5	
High	1	4.5	21	95.5	
Marital Satisfaction					
No Satisfied	12	29.3	29	70.7	0.013
Satisfied	12	63.2	7	36.8	

Table 4. Odds Ratio Spousal Support and Marital Satisfaction with Incidence of Depression in Postpartum Mothers (n-60)

Variable	Estimation	Asymptotic Significance	95% confidence interval (CI)	
			Lower	Upper
Husband's Social Support	2,667	0,016	1,129	6,299
Marital Satisfaction	1,920	0,025	1,032	3,572

As shown in Tables 3 and 4, the results of the chi-square analysis indicate that 32 mothers (71.1%) who did not receive support from their husbands experienced symptoms of depression, with a p-value of <0.05 (p = 0.002). Twenty-one mothers (95.5%) with high perfectionism experienced depressive symptoms with a p-value <0.05 (p=0.000). Twenty-nine mothers (70.7%) who were dissatisfied with their marriage also experienced depressive symptoms with a p-value

<0.05 (p=0.013). The analysis revealed that mothers who did not receive social support from their husbands were 2.667 times more likely to experience postpartum depression, and those who were dissatisfied with their marriages were 1.920 times more likely to experience it.

DISCUSSION

This study found that most mothers were between 20 -25 years (30%) and 31- 35 years (26.7%) when they had their first child. The findings also revealed that most mothers had a history of their first childbirth (41.7%). These results align with research that found that most mothers were between 20 and 35 years old and had experienced multiple pregnancies (67%). [7] Age is associated with postpartum depression due to mothers' physical and psychological readiness to cope with pregnancy and childbirth. The mothers in this study were not adolescents; however, their age was associated with most of them having only one pregnancy. A lack of experience with pregnancy and childbirth can make mothers feel unprepared, triggering depression. [8] The study found that 86.7% of the mothers were housewives and had been married for over 10 years.

These results are consistent with the findings that 32.2% of respondents had been married for over 13 years.[9] Afrina and Rukiah (2023) also found that most mothers were housewives (71,7%).[10] The study also found that normal delivery was the most common type of childbirth (49.4%). [11] While longer marriage duration can deepen the closeness and quality of the relationship between the mother and her husband, it is also associated with the number of childbirths the mother must endure, parity, and the mother's workload, particularly regarding household chores and child-rearing. [4] A history of normal vaginal delivery and cesarean section surgery causes pain during and after childbirth. The impact of pain is not only physical but also psychological for the mother. [12] This can disrupt the quality of the mother's relationship with her husband and trigger postpartum depression. [13]

Table 3 shows that 32 mothers (71.1%) whose husbands did not support experienced symptoms of depression, with a p-value of <0.05 (p = 0.002). These results align with Wardanah and Feriani's research, which found a relationship between spousal support and depression levels (p = 0.001). [14] However, these results differ from those of Sulistyaningsih and Wijayanti (2020), who found that 54% of supported mothers experienced postpartum depression. Lowdermilk et al. (2013) state that, during the postpartum period, mothers require exceptional support from their families, particularly their spouses. The forms of support that husbands can provide include assisting with physical needs, caring for the baby, alleviating anxiety, and spending time with the mother and baby. [15] This study found that mothers who experienced postpartum depression reported that their husbands rarely helped care for the baby or assist with breastfeeding. Husbands also rarely help with household chores. Ruan and Wu (2024) explain that mothers with postpartum depression will take the initiative to communicate with their husbands about the problems they are facing. Mothers do this so their husbands will provide support and understanding during the postpartum period.[16] This is evident from the research findings that husbands rarely listen to the problems mothers are experiencing and often fail to seek solutions to these problems. These findings align with the research indicating that the odds ratio puts mothers at risk of developing postpartum depression if they do not receive social support from their husbands.

The results of the study showed that 21 out of 60 mothers (95.5%) with high levels of perfectionism experienced symptoms of depression, with a p-value of less than 0.05 (p = 0.000). Gelabert et al.'s (2011) study revealed a significant correlation between perfectionism and

postpartum depression (p = 0.001).[17] Callaghan et al. (2024) found that perfectionism is associated with depression, anxiety, and obsessive-compulsive disorder (OCD).[18] Perfectionism has two sides: adaptive (positive) and maladaptive (negative). Perfectionism is associated with the prefrontal cortex, which regulates planning, decision-making, and self-control. When perfectionism is high, there are abnormalities in the activity of this area. Mothers tend to become emotionally unstable, doubtful, fearful of the consequences of their decisions, and unfocused on current activities.[19] During the postpartum period, mothers strive to be perfect for their baby.[6] Thus, they work hard to achieve perfection and avoid failure.[20] Mothers continuously compare their ongoing self-evaluation with the high standards they aim to achieve to ensure success. When the baby's condition does not align with the mother's expectations, it creates challenges and pressure for her.[6] Research findings show that most mothers desire perfection when caring for or breastfeeding their babies. Mothers feel anxious and worried when these activities are not completed. Furthermore, they feel like they have failed and blame themselves when tasks related to caring for the baby are not done correctly. This often makes mothers feel afraid and panicked for no apparent reason. This triggers postpartum depression.

The results of the study showed that 29 mothers (70.7%) who were dissatisfied with their marriages experienced symptoms of depression, with a p-value of 0.013. The analysis revealed that mothers who did not receive social support from their husbands were 2.667 times more likely to experience postpartum depression. Additionally, mothers who were dissatisfied with their marriages were 1.920 times more likely to experience postpartum depression. These findings align with research by Nurbaeti and Farida (2021) that found an association between marital satisfaction and postpartum depression in South Tangerang City. Nurbaeti and Farida (2021) also noted that only seven mothers who were dissatisfied with their marriages experienced postpartum depression.[11] Marital satisfaction is associated with depressive symptoms because it leads married couples to exhibit healthier behaviors than unmarried couples.[21] There is a relationship between marital satisfaction and postpartum depression.[22] Marital satisfaction stimulates the posterior pituitary gland, leading to the production of oxytocin and dopamine. Oxytocin alters a mother’s perception, enhancing the bond between mother and baby.[23] It influences the orbitofrontal cortex, enhancing feelings of appreciation and positive self-evaluation in mothers. The orbitofrontal cortex also influences maternal emotions.[23] These findings align with research indicating that mothers who are dissatisfied with their marriages experience depressive symptoms, including self-blame, disappointment, and fear of failure. These mothers also tend to feel sad and less happy.

A decrease in dopamine levels can occur due to a lack of attention and appreciation from a husband. Dopamine stimulation helps mothers feel love and passion with their husbands, leading to greater emotional stability and increased empathy. Consequently, a reduction in dopamine may leave mothers dissatisfied with their marriages, resulting in a lack of passion when they are with their husbands and a decline in their desires. Some mothers report that their sexual relations are not as frequent or intimate as they once were. They're not attentive to their husbands, so they may feel better when their husbands are not around. Research indicates that dissatisfied mothers are 1,920 times more likely to experience postpartum depression.

CONCLUSIONS

The results of this study indicate that postpartum depression makes mothers more likely to feel sad and anxious about caring for their babies and makes the bonding between mother and baby tenuous. Husbands who provide social support can reduce the incidence of postpartum depression in mothers because this social support can increase the mother's ability to adapt to physical and psychological changes in the postpartum period. Perfectionism in mothers during the parenting period can be a stressor, which makes mothers constantly improve their performance. These fears and worries lead to postpartum depression. Conversely, an unsatisfactory marriage will decrease a mother's passion and intimacy with her husband.

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