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The Effect of Couple-Based Intervention on Marital Satisfaction, psychological Conditions of Mothers and Spouse, and Postpartum Spouse Support

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ABSTRACT

Background: Maternal mental health issues impact not only individuals but also infants, spouses, families, and communities. Therefore, efforts in the prevention and treatment of postpartum maternal mental health problems are essential to support maternal and family well-being. One form of applicable intervention is a couple-based intervention. This study analyzed the effects of couple-based intervention on marital satisfaction, the psychological well-being of mothers and their spouses, and spouse support.
Methods: This quasi-experimental design used a control group and pretest-posttest framework. The researchers used a sample of 38 primiparous postpartum mothers and their spouses. The researchers conducted the research in the working area of the Dau Community Health Center in Malang Regency. Some of the applied questionnaires were the ENRICH Marital Satisfaction Scale, the General Health Questionnaire, the Self-Reporting Questionnaire of Minor Psychiatric Disorders, and the Spouse Interaction After Baby Scale. These were all used along with the couple-based intervention. The researchers analyzed the data using paired sample t-tests and independent sample t-tests.
Results: The results showed that the couple-based intervention provided a significant difference in the experimental group's marital satisfaction, maternal and partner mental health, and partner support based on the paired t-test (p value <0.05 sig=0.00). On the other hand, the control group, which only received information leaflets, did not show any significant changes (p value> 0.05 sig=0.00). Based on the results of the independent sample t-test, the p value <0.05 sig=0.00 was obtained. This shows a significant difference in the components of marital satisfaction, psychological conditions, and spouse support between the treatment group, after providing the couple-based intervention, and the control group, after receiving standard education through leaflets.
Conclusion: The study concluded that couple-based interventions improve marital satisfaction, maternal and spouse psychological well-being, and spouse support. We recommend couple-based interventions as an approach to enhancing Improves the psychological well-being of mothers and spouse.

INTRODUCTION

Postpartum maternal mental health within couples can be assessed through several components, including marital satisfaction, the psychological condition of both the mother and her spouse, and spouse support. Marital satisfaction is closely related to maternal mental health, as previous research has shown that low marital satisfaction contributes to the risk of postpartum mental health issues in mothers (Bogdan et al., 2022; Lawrence et al., 2008; Qi et al., 2022). Psychological well-being of both mothers and their spouses plays a significant and interrelated role. Postpartum depression in mothers and their spouses affects their well-being and interactions with the baby and family. Early detection of postpartum maternal mental health issues is therefore essential (Hildingsson & Rubertsson, 2022; Pratt et al., 2017). Spouse support is critical in helping mothers navigate the challenges and emotional impacts they face (Anjarwati & Suryaningsih, 2021; Dadi et al., 2020). Couple-based interventions are important in couple communication, coping with psychological distress and relationship functioning. These interventions have limited impact on physical distress and social environmental adjustment and most interventions focus on improving communication and improving maternal postpartum mental health (Wittenborn & Holtrop, 2022).

The significance of this issue is further emphasized by prevalence data from both global and local contexts. According to WHO, worldwide around 10% of pregnant women and 13% of women who have just given birth experience mental disorders, especially depression. In developing countries it is even higher, namely 15.6% during pregnancy and 19.8% after giving birth. (Wahyuni Sundari et al., 2023). In Indonesia, 7% of mothers aged 19 years or older experience postpartum depression, 5.1% of mothers who have just given birth for the first time experience postpartum depression, 28.7% experience postpartum anxiety, and 30-70% experience postpartum blues (Riset Kesehatan Dasar (Riskesdas), 2018). In East Java, 11–30% of postpartum mothers experienced anxiety, and a 2021 study in Malang City found that 22.8% of mothers suffered from postpartum depression (Desiana & Tarsikah, 2021; Kemenkes RI, 2018).

Maternal mental health issues arise from various factors. On an individual level, they are caused by hormonal changes, stress, poverty, conflict, role transitions, and a history of mental illness or trauma. For spouses, contributing factors include a lack of spouse support, changes in relationship dynamics and communication, economic status, domestic violence, and spouse involvement (Costa et al., 2021; Lucas SE & Beetham T, 2019). The presence of a baby also contributes, as it can lead to bonding challenges between mother and baby and difficulties in infant care. Within the family, inadequate postpartum support and changes in family dynamics following the baby's birth are significant contributors. At the societal level, stigma and discrimination against mothers with mental health issues can lead to social isolation (Saligheh et al., 2014; Thorsteinsson et al., 2018).

Prevention and treatment of postpartum maternal mental health problems are essential for supporting maternal and family well-being (Dadi et al., 2020). These efforts involve various approaches and interventions, including education, social support, counseling or therapy, medical care, and recovery support. One effective intervention is couple-based intervention (Dadi et al., 2020; Sack et al., 2022). Couple-based interventions enhance therapeutic communication between spouses, develop coping skills (e.g., relaxation techniques for stress management), and provide education to both the mother and her spouse (Closa-Monasterolo et al., 2017; Wittenborn & Holtrop, 2022). For instance, educating couples can improve postpartum mothers' and their husbands' knowledge (Thiel et al., 2020; Wittenborn & Holtrop, 2022). Research indicates that health education positively influences postpartum mothers' mental health (Fatmawati et al., 2022; Kusumawati & Zulaekah, 2021). Couple-based interventions can include education and effective communication to foster positive coping strategies for postpartum couples.

Preliminary Study: A preliminary study conducted at the Dau Community Health Center revealed that, in the last four months of 2022, there were 320 primiparous postpartum mothers. Interviews with healthcare providers and some postpartum mothers indicated emotional changes

postpartum, such as fatigue, frequent conflicts with their spouses due to a lack of shared responsibilities in infant care, feelings of neglect from their husbands, and the perception of managing infant care alone. Many mothers reported e*xperiencing emotional distress*, lacking knowledge of independent infant care, and being unaware of postpartum exercises. These findings highlight the need for support from spouses and families. Currently, postpartum care services at the health center do not involve spouses in postpartum care, particularly regarding maternal mental health. Furthermore, no specific interventions have been implemented to address postpartum maternal mental health issues in this area, underscoring the need for innovative couple-based interventions.

This study aims to assess the effect of a couple-based intervention on marital satisfaction, the psychological conditions of mothers and their spouses, and postpartum spouse support, addressing a critical gap in postpartum maternal mental health care.

METHODS

This study uses a Quasi Experimental design with a control group Pretest-Posttest design. The pretest and posttests were given to both groups using the same evaluation tools. The experimental group got a couple-based intervention, while the control group got an informational leaflet.

The study population consisted of primiparous postpartum mothers and their spouses residing in the working area of the Dau Community Health Center, Malang Regency. A non-probability sampling technique, specifically purposive sampling, was used a sampling method carried out by selecting research subjects who are considered to have important characteristics that are relevant to the research objectives. Inclusion criteria included postpartum mothers and their spouses within 4 days to 4 months postpartum, willingness to participate from the beginning to the end of the study, and literacy in reading and writing. Exclusion criteria applied to participants who did not complete the study or chose to withdraw. The sample size was determined using Lemeslow's formula with a confidence level of 90%,resulting in 17 respondents per group. To account for potential dropouts, a 10% correction was applied (Dahlan, 2018), increasing the sample size to 19 pairs of primiparous postpartum mothers and their spouses per group. In total, the study included 38 pairs of respondents. Data collection occurred from October 2022 to January 2023, following ethical approval from the Faculty of Nursing, Universitas Airlangga (No. 2560-KEPK).

The study used a number of different tools. The ENRICH Marital Satisfaction (EMS) Questionnaire, which has 15 items rated on a five-point Likert scale, was used to measure marital satisfaction. The Self-Reporting Questionnaire of Minor Psychiatric Disorders, which has 20 items, was used to look for cases of postpartum depression within three months of giving birth. Finally, the Spouse Interaction After Baby Scale (PIBS), which has 7 items, was used to measure specific behaviors and interactions between spouses.

Univariate analysis is used to see the characteristics, Bivariate analysis conducted in this study to see several tests including to determine changes in maternal mental health (marital satisfaction, psychological conditions of mothers and spouse, and postpartum spouse support) before and after being given a couple-based intervention using the Paired Sample t-test and Independent t-test to see the difference in maternal health status after giving a couple-based intervention and before it was carried out, Multivariate Analysis of Variance (Manova) test to see the effect of couple-based intervention on maternal mental health. To be able to conduct the Manova test, data normality and data homogeneity tests were first carried out.

RESULTS

The baseline characteristics of respondents were analyzed to describe the distribution of demographic and obstetric variables in the treatment and control groups before the intervention was administered. These characteristics included the age of mothers and spouses, occupation, educational level, delivery status, and living arrangement. Presenting these data is important to provide an overview of the comparability of respondents between groups and to contextualize the subsequent analysis of the effects of the couple-based intervention on marital satisfaction, psychological conditions of mothers and spouses, and postpartum spouse support. The distribution of respondent characteristics is presented in Table 1.

Table 1. The Respondent Characteristic Distributions

Respondent Characteristics	Categories	Treatment Group		Control Group	
		n	%	n	%
Age					
Mothers	≤ 20 Years	4	21.0	8	42.0
	21-30 Years	15	79.0	11	58.0
Spouses	≤ 20 Years	2	11.0	2	11.0
	21-30 Years	17	89.0	16	84.0
	31-40 Years	0	0.0	1	5.0
Occupations					
Mothers	House wife	19	100	19	100
Spouses	Farmers	16	84.2	15	78.9
	Entrepreneurs	2	10.5	2	10.5
	Employees	1	5.3	2	10.5
Education					
Mothers	Primary School	4	21.1	3	15.8
	Junior High School	8	42.1	4	21.1
	Senior High School	5	26.3	10	52.6
	Bachelor	2	10.5	2	10.5
Spouses	Primary School	4	21.1	6	31.6
	Junior High School	4	21.1	6	31.6
	Senior High School	10	52.6	6	31.6
	Bachelor	1	5.3	1	5.3
Marital Statuses	Normal	15	78.9	12	63.2
	Sectio Caesarea	4	21.1	7	36.8
Settlement statuses	Living alone	1	5.3	0	0.0
	Living with parents	18	94.7	19	100.0

Table 1 illustrates the characteristics of respondents in both the intervention and control groups. In the intervention group, the majority of postpartum mothers were aged 21–30 years, accounting for 15 respondents (79%), while most spouses were also in the same age range, with 17 respondents (89%). All postpartum mothers in this group were housewives (100%), and the largest proportion had completed junior high school, totalling 8 respondents (42.1%). Most of the husbands worked as farmers, comprising 16 respondents (84.2%), with the majority having completed high school (SMA/SMK), amounting to 10 respondents (52.6%). Regarding delivery status, most respondents had experienced normal deliveries, with 15 responding (78.9%). In terms of living arrangements, the majority of respondents resided with their parents, totalling 18 respondents (94.7%).

In the control group, 11 postpartum mothers (58%) were aged 21–30 years, and the majority of spouses, 16 respondents (84%), were also in this age range. Similar to the intervention group, all postpartum mothers in the control group were housewives (100%), with most having completed high

school (SMA/SMK), totaling 10 respondents (52.6%). Among the husbands, the majority were farmers, with 15 respondents (78.9%), and the educational levels of elementary school, junior high school, and high school were evenly distributed, each accounting for 6 respondents (31.6%). Most respondents in this group also experienced normal deliveries; 12 respondents (63.2%). All respondents in the control group resided with their parents (100%).

Table 2. The statistical test results of marital satisfaction, mother-spouse psychological condition, and spouse support of the experimental group

Variables	n	Pretest		Posttest		*P Value*
		Mean	SD	Mean	SD	
Marital satisfaction	38	1.92	0.27	2.921	0.27	0.001
Mother-spouse psychological condition	38	1.605	0.49	1.947	0.22	0.001
Spouse support	38	1.710	0.45	2.000	0.00	0.001

The results in table 2 indicate that statistical tests on marital satisfaction, psychological conditions, and spouse support before and after the implementation of couple-based interventions yielded a p-value < 0.05 in the experimental group. This signifies a significant difference between the conditions before and after the couple-based intervention was administered.

Furthermore, the mean values prior to the intervention were lower than the means following it. Therefore, the couple-based intervention effectively enhances marital satisfaction, psychological conditions, and spouse support.

Table 3. The statistic test results of marital satisfaction, mother-spouse psychological condition, and spouse support of the control group

Variables	n	Pretest		Posttest		*P Value*
		Mean	SD	Mean	SD	
Marital satisfaction	38	1.736	0.44	1.863	0.43	0.062
Mother-spouse psychological condition	38	1.842	0.36	1.800	0.00	0.128
Spouse support	38	1.763	0.43	1.790	0.00	0.091

Table 3 shows that the statistical tests on spouse support, psychological health, and marital satisfaction in the control group before and after the leaflet implementation showed a p-value greater than 0.05. This suggests that the distribution of the leaflet did not result in any significant changes.

The psychological condition aspect for mothers and their spouses had lower mean values after the leaflet implementation. Other aspects, on the other hand, had higher mean values than they did before the leaflet implementation.

Table 4. The statistic test results of marital satisfaction, mother-spouse psychological condition, and spouse support of both groups

Variables	Groups	n	Mean	SD	Mean Difference	*P Value*
Marital satisfaction	Experimental	38	1.83	±0.37	1.013	0.001
	Control	38	2.84	±0.36		
Mother-spouse psychological condition	Experimental	38	1.87	±0.34	0.132	0.001
	Control	38	2.00	±0.00		
Spouse support	Experimental	38	1.74	±0.44	0.263	0.001
	Control	38	2.00	±0.00		

The comparison between the experimental group and the control group in terms of marital satisfaction, psychological conditions, and spouse support, shown table 8, shows a p-value of less than 0.05 (Table 4). This indicates a significant difference in the components of marital satisfaction, psychological conditions, and spouse support between the treatment group, following the

administration of the couple-based intervention, and the control group, after receiving standard education via leaflets.

Table 5. MANOVA Multivariate Analysis

Effect		***P Value***
Intercept	Pillai's Trace	0.001
	Wilks' Lambda	0.001
	Hotelling's Trace	0.001
	Roy's Largest Root	0.001
Experimental group	Pillai's Trace	0.001
	Wilks' Lambda	0.001
	Hotelling's Trace	0.001
	Roy's Largest Root	0.001

Table 5 shows that all four significance values (Sig.) for Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root are less than 0.05 in the multivariate MANOVA analysis. These findings show the couple-based intervention influences marital satisfaction, psychological conditions, and spouse support.

DISCUSSION

The results revealed significant changes in marital satisfaction before and after the implementation of the couple-based intervention ($p<0,05$ sig 0,000). Initial data on marital satisfaction in the intervention group showed that mothers and their spouses were happier with their relationships effective for the prevention and treatment of psychological stress and significantly reduces anxiety. This suggests that the couple-based intervention improved the levels of marital satisfaction in postpartum mothers and their spouses. Marital satisfaction is a key indicator of a successful marriage and encompasses thoughts, emotions, and behaviors related to one's relationship with their spouse (Dobrowolska et al., 2020). Couples with higher marital satisfaction experience fewer negative life events, excellent communication, mutual support or coping mechanisms, fewer psychological distress symptoms, and overall better health (Falconier et al., 2015; Whisman & Baucom, 2012). Communication, conflict resolution, leisure time management, role equality, and emotional expression can all contribute to maintaining marital satisfaction (Yoo, 2022).

Statistical analysis of the psychological conditions of mothers and their spouses before and after the couple-based intervention also demonstrated changes. This suggests that the intervention influenced the psychological well-being of postpartum mothers and their spouses. Counselling and psychotherapy interventions for postpartum women are effective in preventing and treating psychological distress and significantly reducing anxiety (Bright et al., 2020). Other psychotherapy-based interventions for postpartum mothers, administered by both professionals and laypersons, significantly reduce the risk of postpartum depression and alleviate depressive symptoms (Dennis et al., 2017).

Additionally, statistical analysis revealed changes in spouse support after the couple-based intervention, indicating its influence on support for postpartum mothers and their spouses. During the postpartum period, mothers require various forms of support to accelerate recovery, such as nutritional needs, rest, postpartum care, and baby care (Qiftiyah, 2018). Spouses and families play a crucial role in maintaining mental health after childbirth. Mothers who receive family support during labor and delivery experience fewer complications and less postpartum depression (Qi et al., 2022). Family members, including husbands, parents, and close relatives, can provide essential assistance. The involvement of the entire family, especially the husband, is critical for postpartum mothers (Sulistyaningsih et al., 2019).

The researcher implemented the couple-based intervention to enhance therapeutic communication between spouses, develop specific coping skills, and provide education and psychoeducation to couples (Gisladottir & Svavarsdottir, 2016). Every respondent's home hosted three sessions of the intervention. In the first week, participants received education on physical and psychological changes in postpartum mothers. They received training on addressing mental health issues in marriage and enhancing marital satisfaction in the second week. Finally, in the third week, participants were educated and provided with psychoeducation on maintaining postpartum mental health. Each session lasted 30–60 minutes. Simhi et al. (2019) also showed that the best way to deal with postpartum mental health problems is to have face-to-face meetings and home visits to come up with better ways to handle the symptoms and make the couple happier. Structured health education enhances confidence and strengthens the role of parents in child care (Milgrom et al., 2019).

CONCLUSION

Research has demonstrated that a couple-based intervention significantly enhances maternal mental health. This improvement was evident in various domains, including marital satisfaction, the psychological well-being of both the mother and spouse, and the level of spouse support, both pre- and post-intervention.

The findings can serve as a valuable resource for the development of couple-based therapeutic approaches within the field of maternity nursing. Specifically, these findings underscore the pivotal role of partners in fostering and maintaining optimal maternal mental health. Development of couple-based therapeutic programs in the field of maternity nursing, Training for health workers on the importance of the role of couples. based on this study, evidence was obtained that couple-based intervention can be an intervention of choice that can improve maternal mental health in couples.

We recommend that health service officers conduct routine mental health assessments on postpartum mothers so that they can identify risk factors by looking at signs and symptoms of postpartum mental health problems so that mothers can receive fast and appropriate treatment.

While this research contributes to the existing body of knowledge, current research also has limitations such as limited data collection to specific geographical areas. Consequently, Future research should include urban populations to better understand the differential impacts of interventions across diverse settings

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