



The Role of Husband Among the Mental Health of Pregnant Woman: Scoping Review

Dwi Indah Wulandari¹, Endang Koni Suryaningsih^{1*}

¹Universitas 'Aisyiyah Yogyakarta

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ABSTRACT

The state of stress, anxiety, or other symptoms of depression is a form of perinatal distress. The state of the relationship with a partner is one of the triggers for emotional stress on the mother. The emotional instability of the mother has an impact on the mother and can affect the development of the baby in the postpartum period. This study aims to explore the existing scientific evidence related to the mental health of pregnant women, scoping review. This research is a scoping review using the Arksey & O' Malley Framework and the PRISMA-ScR Checklist. Search literature in this study using 3 databases, namely Pubmed, Proquet, and Science Direct. The keywords used are the role or influence, husband, and mental health of pregnant women. The study used the 2018 version of the Mix Method Appraisal Tools (MMAT 2018). There are 1,444 potentially relevant articles and there are 7 eligible articles selected. The inclusion criteria of the article are articles published from 2016 to 2021, articles in English, articles that focus on the husband's role in the mental health of pregnant women, there are conclusions about the husband's relationship in the mental health of pregnant women. This research comes from 5 different countries, 7 eligible articles using a quantitative design, were conducted at the Primary Health Center. The mapping of the themes obtained is relationship satisfaction and partner support. During pregnancy, the mother needs internal support from her partner. Community-based health services are effective in preventing mental illness during pregnancy.

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*) corresponding author

Endang Koni Suryaningsih

Midwifery Program, Faculty of Health Sciences, Universitas 'Aisyiyah Yogyakarta
Suryoputran PB III/43 RT/RW 35/10
Panembahan Kecamatan Kraton Yogyakarta
Kodepos: 55131

Email: koni@unisayogya.ac.id

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ABSTRAK

Keadaan stress, cemas atau gejala depresi lainnya merupakan bentuk dari distress perinatal. Keadaan hubungan dengan pasangan menjadi salah satu pemicu timbulnya tekanan emosional pada ibu. Emosional ibu yang tidak stabil memiliki dampak terhadap ibu dan bisa mempengaruhi perkembangan bayi pada periode postpartum. Penelitian ini bertujuan untuk menggali bukti ilmiah yang ada terkait kesehatan mental ibu hamil, scoping review. Penelitian ini merupakan scoping review dengan menggunakan Framework Arksey & O' Malley dan PRISMA-ScR Checklist. Pencarian literature pada penelitian ini menggunakan 3 database yaitu Pubmed, Proquet dan Science Direct. Kata kunci yang digunakan adalah peran atau pengaruh, suami, kesehatan mental ibu hamil. Penelitian menggunakan Mix Method Appraisal Tools versi 2018 (MMAT 2018). Terdapat 1.444 artikel yang berpotensi relevan dan terdapat 7 artikel eligible yang dipilih. Kriteria inklusi dari artikel adalah artikel yang terbit mulai 2016-2021, artikel berbahasa inggris, artikel yang berfokus pada peran suami dalam kesehatan mental ibu hamil, terdapat kesimpulan untuk hubungan suami dalam kesehatan mental ibu hamil. Penelitian ini berasal dari 5 negara berbeda, 7 artikel yang eligibl emenggunakan desain kuantitatif, dilakukan di Pusat Kesehatan Primer. Pemetaan tema yang

didapatkan adalah kepuasan hubungan dan dukungan pasangan. Pada masa kehamilan ibu memerlukan dukungan internal yang berasal dari pasangan. Pelayanan kesehatan yang berbasis masyarakat efektif guna mencegah penyakit mental selama kehamilan.

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INTRODUCTION

Becoming a mother is an important event in life. Most women consider pregnancy as an extraordinary thing. It is possible that anxiety increases during pregnancy and can occur anytime up to the first year of birth (Jonsdottir et al., 2017). The transition process that begins during pregnancy and results in changes in relationships with partners, friends, family, and the environment is often experienced by mothers. As part of the normal transition, pregnant women may also experience mild stress, such as anxiety about pregnancy or doubts about their ability to be a mother (Rallis et al., 2014).

Perinatal distress can be defined as stress, anxiety, or depressive symptoms. Perinatal stress is common in pregnant women in connection with other pregnancy problems. The mental health impact of pregnant women is very broad and has long-term effects not only on mothers but also on their children in emotional development (Anderson, 2021). Around 6% of women in the UK who died during pregnancy between 2015 and 2017 had a diagnosis of mental health problems of domestic origin and drug abuse (Hohmann-Marriott, 2019).

The mental health of pregnant women comes from various things such as; demographics, previous pregnancy history, and psychosocial studies on the risk of prenatal distress indicating the presence of mental health problems during pregnancy. Demographic data such as young maternal age, low education, economics, and obstetric history affect the incidence of prenatal distress (Pabon et al., 2020). Although the above risks have been extensively studied, investigating the relationship between anxiety during pregnancy, relationship intimacy, marital satisfaction, and prenatal mental distress is an area that has not been done.

The stability of a couple's relationship can also be affected by its quality. Women who are exposed to domestic violence and infidelity in a relationship show more emotional stress (Ilska & Przybyła-Basista, 2020). The World Health Organization (WHO) estimated that by 2020 depressive disorders would be the main cause of global disease in women (Rwakarema et al., 2015). In addition, the rate of depression in women of reproductive age (15-49 years) was estimated to be twice that of men in the same age range. An Icelandic study reported that 9.7% of women experienced stress at 16 weeks of gestation (Rwakarema et al., 2015). Perinatal distress affects up to 20% of women who are pregnant. Although perinatal distress is common, many conditions are still under-detected and under-treated (Bauer & Parsonage, 2014).

Scoping reviews are necessary for a suitable review to identify the available evidence on how the research was conducted and to identify theoretical gaps. Therefore, this approach is useful for practice, education, research, and policymakers. The purpose of this scoping review study is to explore the available evidence on the mental health of pregnant women affected by the role of the husband. The included study provides evidence with quantitative

measures on the evaluation of the husband's role and influence on the mental health of pregnant women. Research question: What is the evidence base regarding the husband's role in the mental health of pregnant women?

METHOD

The literature review in this article is a type of scoping review. Analysis of research articles using scoping reviews aims to map evidence-based and identify gaps or differences between scientific studies. However, in the scoping review, it is not necessary to carry out an article quality assessment (critical appraisal) (Munn et al., 2018). This study focuses on the husband's role in the mental health of pregnant women. It is guided by an evidence-based method for scoping review by adopting the Arksey and O'Malley in 2005 (Arksey & O'Malley, 2005) which consists of 5 stages: identifying research questions, identifying relevant articles, article selection, data charting, data combination, summarizing, and presenting results. PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analyses) extension for checklists was PRISMA-ScR.

Identifying Research Questions

The PEO (Population, Exposure, and Outcome) framework was used in this scoping review to help search articles, determine inclusion and exclusion criteria, and identify suitable articles.

Tabel 1.
PEO Framework

Framework	Keywords
Population	Pregnant women
Exposure	Husband Role
Outcomes	Mental Health of Pregnant Women

Identifying relevant articles

The article search was discussed among the authors regarding the steps of information sources, search strategies, and selection of scientific evidence. In recent years, the number of studies on the topic of mental health of pregnant women has continued to increase. The authors decided to limit the criteria of the articles used to 5 years, articles of international reputation, primary articles and articles published in English, articles discussing the role of husbands in the mental health of pregnant women, and conclusions regarding husband's relationship in the mental health of pregnant women. Articles in the form of opinions, SOPs, study designs using a systematic review or scoping review, and articles with no conclusions for partner relationships in the mental health of pregnant women are used as exclusion criteria to minimize the risk for irrelevant studies.

Search articles using several search strategies, namely using keywords (keywords), using medical subject headings (MeSH), using truncation, using Boolean operators (OR, AND, and NOT) and paying attention to the use of keywords in

British English and American English. This scoping review uses 3 databases, namely Pubmed, Proquest, and Science Direct. The use of keywords in conducting article searches is a basic component to minimize bias in database searches (Underwood et al., 2017). The keywords used in the search for articles in this study are as follows:

Table 2.
Keywords

<i>Population</i>	<i>Exposure</i>	<i>Outcomes</i>
Maternal OR Pregnant* woman OR Antenatal AND	Partner Participations OR Husband Role OR Spouses Participations antepartum AND	Perinatal Distress OR Perinatal Mental Health OR Prenatal Anxiety OR Prenatal Mental Health

Article Selection

The selection of research articles was carried out through an examination of duplication of articles, screening titles, and abstracts and then reading the complete research article to assess its suitability of the research article to conduct a scoping review (Arksey & O’Malley, 2005). The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow charts and The PRISMA-ScR Checklist are used to provide an overview of the scientific article search protocol, write review reports, and provide information on the research steps that have been carried out and also to assess quality to improve the quality of scientific article writing (Arksey & O’ Malley, 2005; Powell et al., 2020).

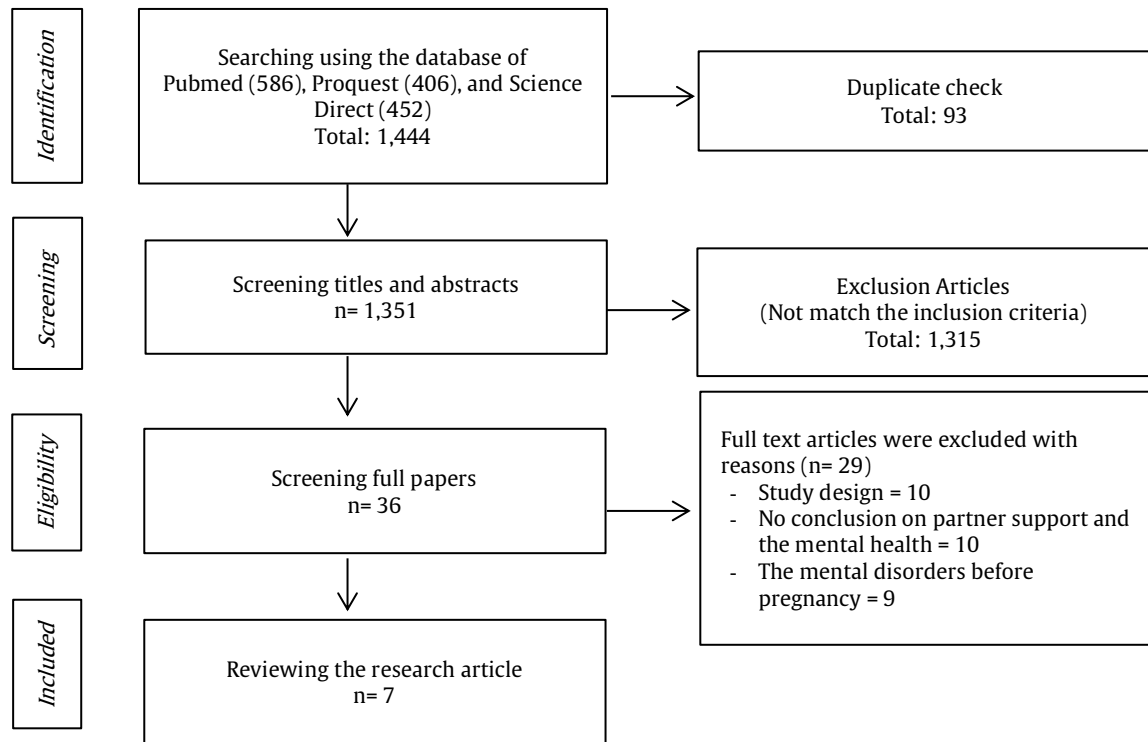


Figure 1. PRISMA Flow Chart

Based on the search results using keywords in the database and search engine, 1,444 articles were found. All articles were included in Mendeley and 93 articles were omitted through article duplication checks. Furthermore, the researchers screened the titles and abstracts of 1,351 research articles manually, and 1,315 were excluded because they did not meet the inclusion and exclusion criteria. A total of 36 articles were screened for articles overall. 29 of the 36 articles were excluded because the study design used a scoping review and systematic review, the population experienced mental disorders before pregnancy, and there were no conclusions on partner support and mental health.

Article extraction and article quality assessment were carried out on 7 eligible articles.

Charting data

The data synthesis of research articles was carried out using charting data adopted from the Joanna Briggs Institute including data on the authors of the article, article title, year, country, research objectives, research type, data collection methods, participants/sample size, and research results (Aromataris E, 2020). Data charting was done through discussion with the second author.

Table 3
Charting Data

No	Author(s)/ Year/ Title	Country	Research Objectives	Research Type, Participants/ Sample Size, Data Collection Method	Results
A1	(Jonsdottir et al., 2017)/ <i>Partner relationship, social support, and perinatal distress among pregnant Icelandic women</i>	Iceland	To find out whether perinatal stress is related to relationship dissatisfaction with a partner	This study is a prospective cohort. The sample in the Perinatal Distress Group (PDG) study was 360 pregnant women and the Non-Distress Group (NDG) 202 pregnant women. Participants were those who had an antenatal check-up at a primary health care center in Iceland and had a gestational age of about 12 weeks. The data were collected using a questionnaire with the Dyadic Adjustment Scale (DAS) which contained 32 questions related to the quality and satisfaction of partners. Inclusion criteria in this study were at least 16 years old and received parental consent to participate if under 18 years old and could read and write Icelandic. Exclusion criteria: history of schizophrenia, acute psychotic symptoms, or impaired cognitive function	<ul style="list-style-type: none"> The results were obtained from 91.3% (n=513). Those who got a score of <107 were 96 people. An error rate of 10% was applied to 49 (9.8%) because the questionnaire was missing one item out of 32 question items. The PDG group experienced significantly greater dissatisfaction with their partner relationship than the NDG group (p<0.001).
A2	(Jonsdottir et al., 2020)/ <i>Pregnancy complications, sick leave, and service needs of women who experience perinatal distress, weak social support and dissatisfaction in their partner relationship.</i>	Iceland	To explore the possible relationship of pregnancy complications with relationship satisfaction/dissatisfaction with a partner and family or friends	This study is a prospective cohort. There were 318 women (63.9%) in the PDG group and 185 women (36.1%) in the NDG group. Initial screening used 10 items from the Depression Anxiety Stress Scale (DASS) and the Epidural Postpartum Depression Scale (EPDS) which consisted of 10 items. To assess relationship satisfaction with partners, the Dyadic Adjustment Scale (DAS) which contains 32 questions related to the quality and satisfaction of partners was used. Then the data were collected from pregnancy book records through hospital archives and electronic health records	<ul style="list-style-type: none"> Pregnant women with perinatal disorders were 2.17 times more likely to experience pregnancy complications. 22.3% of pregnant women were dissatisfied with their relationship with their partner. Relationship dissatisfaction with a partner and with the division of household and childcare tasks was highly correlated with complications and perinatal distress.
A3	(Bernard et al., 2018)/ <i>Antenatal depressive symptoms in Jamaica associated with limited perceived partner and other social support: A cross-sectional study.</i>	Jamaica	To determine the prevalence and factors associated with the causes of depressive symptoms in pregnant women in Jamaica	This study used a cross-sectional study. 3157 pregnant women became respondents. Samples were taken from secondary data from the JA-Kids birth cohort in the period July 1 to September 30, 2011. Participants who agreed to the procedure and consented were interviewed based on the Edinburgh Postnatal Depression Scale (EPDS) questionnaire consisting of 10 items.	<ul style="list-style-type: none"> Based on the EPDS score one in five respondents experienced a high probability of perinatal depression. Exposure to perinatal depression was most common in partner relationships. Poor pair support was with 95% OR ranged from 1.61 (1.07 to 2.43) p=0.024 to 3.14 (1.69-584); p<0.01. 31% of pregnant women felt their partner was having an affair 1.86 of the value (1.36-2.54) p<0.001. 11% of pregnant women had exposure to violence with a value of 2.36 from (1.66-3.38) p;0.001
A4	(Rwakarema et al., 2015) <i>Antenatal depression is associated with pregnancy-related anxiety, partner relations, and wealth in women in Northern</i>	Tanzania	To find out what risk factors associated with antenatal depression	This study used a cross-sectional study. 400 pregnant women participated in this study drawn from 3 health clinics in Tanzania. 397 of the 400 pregnant women were involved in the analysis. The Edinburgh Postnatal Depression Scale (EPDS) consisting of 10 items was used to assess symptoms of depression during pregnancy. The researchers used a questionnaire consisting of 10 items to assess the factors related to the interpersonal level	<ul style="list-style-type: none"> Overall, 33.8% (n = 134) of pregnant women experienced antenatal depression. After adjusting for other covariates, pregnant women with poor partner relationships and low/moderate socioeconomic status had the highest OR for antenatal depression (82.34, 95% CI 4.47, 1516.60). Women with poor relationships with partners and high social

	Tanzania: a cross-sectional study		of the mother and husband. The questionnaire had been validated.	status had an OR of 13.48 (95% CI 1.71, 106.31) for antenatal depression.	
A5	(Costa et al., 2020) Predictors of emotional distress in pregnant women: the mediating role of relationship intimacy	Portugal	To determine the effect of relationship intimacy and marital satisfaction on anxiety during pregnancy as a symptom of prenatal depression	This research used a cross-sectional study. During the second and third trimesters, 200 pregnant women were recruited during consultations in preparation for delivery in Northern Portugal. The Personal Assessment of Intimacy in Relationship Scale (PAIR) which consists of 36 items was used to measure relationship intimacy. The Cambridge Worry Scale (CWS) to assess anxiety during pregnancy consists of 16 items that includes a subscale of either relationship with the husband. Depression Anxiety Stress Scale (DASS) was used to measure emotional state.	<ul style="list-style-type: none"> Intimacy with partners participated in depressive symptoms during pregnancy ($\beta=0.20, p<0.05$). Relationship intimacy with a partner was significantly related to depressive symptoms ($\beta=0.32, p<0.01$). Important findings said that low intimacy relationship was the variable with the most weight in being a predictor of depressive symptoms. Marital satisfaction helped significantly to explain the emotional stress the mother feelings.
A6	(Ilska & Przybyła-Basista, 2020)/The role of partner support, ego-resiliency, prenatal attitudes towards maternity and pregnancy in psychological well-being of women in high-risk and low-risk pregnancy	Poland	To determine the impact of pregnant women's ego resilience, attitudes, and partner support on prospective mothers and to see the effect of partner support on mothers	This study used a cross-sectional study. Sampling was carried out on pregnant women aged 18 years old and older. Samples were obtained from 3 general clinics and hospital wards in Ruda City, Sakusebuashka. Purposive samples were used to select groups in getting 135 people with the classification of 66 low-risk pregnant women and 69 high risks. The Psychological Well-Being Scales (PWB) questionnaire consisting of 42 questions was used to assess the psychology of the mother. Received Partner Support or Berlin Social Support Scale (BSSS) consists of 15 items was used as a measurement scale for partner support	<ul style="list-style-type: none"> Relationship between partner support and life goals: Pregnant women were at high risk for reporting poor partner support ($\beta=0.428, p=0.001$). For low-risk pregnancies, no significant results were found. Positive relationships with others; For low/moderate risk pregnancies, significant outcomes were found with poor partner support ($\beta=-.113; p=.046$)
A7	(Biratu & Haile, 2015)/Prevalence of antenatal depression and associated factors among pregnant women in Addis Ababa, Ethiopia: a cross-sectional study.	Ethiopia	To determine the prevalence of antenatal depression and identify factors associated with antenatal depression in Addis Ababa, Ethiopia	This study used a cross-sectional study. The samples used were 393 pregnant women who came to do ANC examinations spread across 6 health centers, namely Addis Ketema, Bole, Gulele, Kotebe, Mesualekia, and Yeka. The Edinburgh Postnatal Depression Scale (EPDS) was used to detect symptoms of depression. The questionnaire was consisted of 10 items scored from 0 to 3. Pregnant women with a score of more than 13 were categorized as depressed. Their husbands' support was measured by asking the pregnant mother's feelings about the support of her partner.	<ul style="list-style-type: none"> Pregnant women with antenatal depression were 24.94% (95% CI: 20.85-29.30 %). Women who received less support from their husbands had an 89% higher probability of developing antenatal depression when compared to women who received support from their husbands [AOR = 1.89 (95% CI: 1.06-3.36)] This may be because mothers who received partner support during pregnancy were treated well to deal with difficulties during pregnancy.

Article Quality Assessment with the Critical Appraisal Tool

Critical appraisal is a careful and systematic assessment of the results of scientific research to assess the quality of articles (Al-Jundi & Sakka, 2017). In this scoping review, the assessment of article quality was carried out using the Mix Method Appraisal 2018 (MMAT 2018) tools for non-randomized control trial research. 7 research articles were assessed for article quality using the following criteria:
2: the questions are answered well and explained in detail
1: the questions are answered but not explained in detail
0: the questions are not answered and/are not explained in the article

After evaluating the articles, then they were grouped into 4 criteria/grades based on the quality of the articles, namely:

- A: final value 16-20
- B: final value 11-15
- C: final value 6-10
- D: final value 0-5

Based on the results of the article quality assessment in table 4, it was found that there were 7 articles of quality A (A1, A2, A4, A6, A7). Articles A5 and A7 have better marks because they matched the objectives, methods, and research results.

Table 4
Article Quality Assessment Data

Study	A1	A2	A3	A4	A5	A6	A7
Abstract and title	2	2	2	2	2	2	2
Introduction and aims	2	1	1	1	2	1	2
Method and data	2	2	2	2	2	2	2
Sampling	2	1	1	1	2	1	2
Data Analysis	2	2	2	2	2	2	2
Ethics and bias	2	2	2	2	2	2	2
Result	2	2	2	2	2	2	2
Transferability or generalizability	1	2	2	2	2	2	2
Implications and usefulness	2	2	2	2	2	2	2
Research value	2	2	2	2	2	2	2
Total	19	18	18	18	20	18	20
Overall	A	A	A	A	A	A	A

RESULT AND DISCUSSION

Characteristics of articles by country can be seen in Figure 2 below:

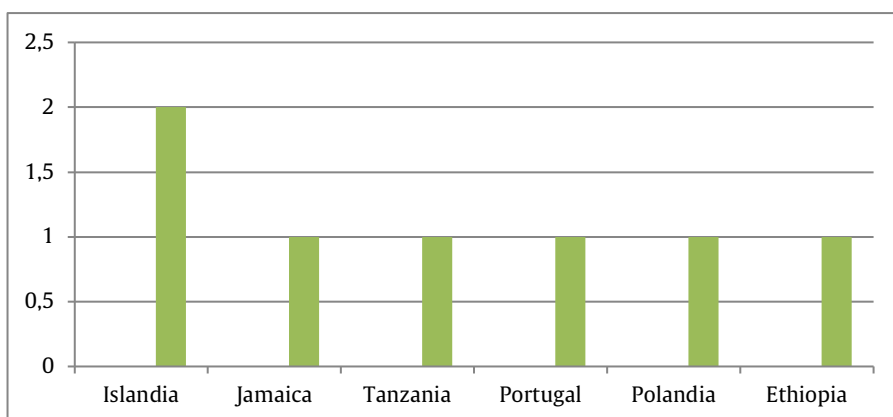


Figure 2. Characteristics of articles by country

The research articles used in this scoping review come from several countries, such as Islandia, Jamaica, Tanzania, Portugal, Polandia, and Ethiopia.

Characteristics of articles based on the research design used can be seen in Figure 3. A total of 7 research articles

were selected using a quantitative research design with data collection methods through interviews (2 articles), questionnaires (3 articles), and through both questionnaires and focus group discussions (2 articles). The research place used in data collection is the Primary Health Care Center.

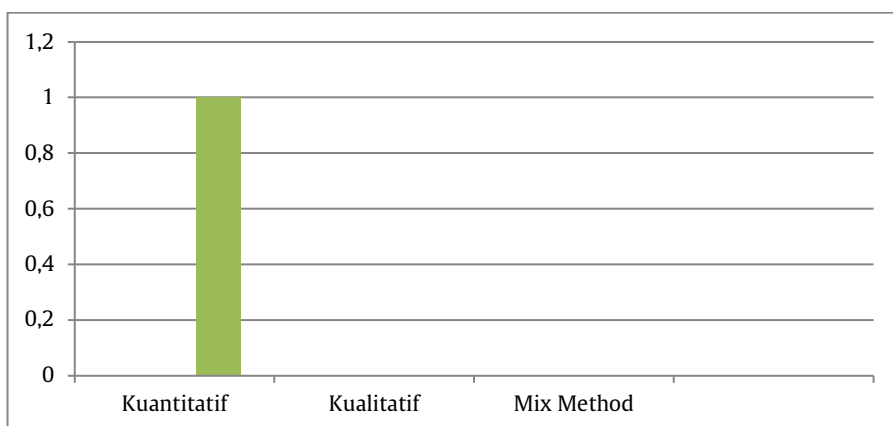


Figure 3. Characteristics of articles based on research design

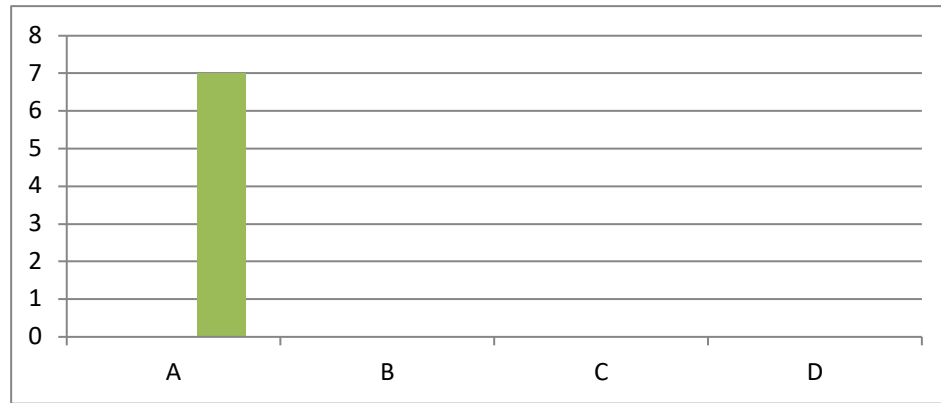


Figure 4. Characteristics of articles based on article quality

Characteristics of articles based on article quality can be seen in Figure 4. Based on the critical appraisal conducted on 7 articles in this study, there were 7 articles with A quality. The articles had good value because they were appropriate and provided clear information about the objectives, methods, and results of the research.

Theme Analysis

After the data were analyzed through data extraction and assessment of the quality of the research article, themes of the selected research articles were identified, namely:

Table 4. Analysis and Mapping of Research Article Themes

No	Theme	Sub Theme	Research Articles
1	Relationship Satisfaction with partner	Relationship dissatisfaction	A1, A2
		Relationship intimacy	A5
		Marriage satisfaction	A5
2	Partner Support	Partner support	A3, A4, A6, A7
		Lack of partner support	A7

DISCUSSION

Relationship Satisfaction with the partner

The Edinburgh Depression Scale (EDS) showed that from 41.3% to 42.9% of the perinatal distress group screened for perinatal distress. This perinatal distress was caused by experiencing dissatisfaction with the relationship with their husband. The perinatal distress group experienced significantly greater dissatisfaction in their husband's relationship than the non-distress group ($p < 0.001$)^{A1}. Dissatisfaction with the relationship with a partner with the division of household and childcare tasks was strongly correlated with complications and perinatal distress. In the second article, it was found that 22.3% of pregnant women were dissatisfied with their relationship with partner^{A2}.

Another finding was that low relationship intimacy was the variable with the strongest weight in antenatal depressive symptoms. The indirect effect of low relationship intimacy was the emergence of anxiety which is a symptom of depression^{A5}. Spouse-related stress and marital intimacy have predictors of antenatal depressive symptoms. At a psychological level, relationship intimacy can be a protective factor against emotional distress during pregnancy (Lee et al., 2021). The strength of the wife's relationship with her husband is closely related to the mother's happiness during pregnancy (Vittengl et al., 2019).

Marital satisfaction helped significantly to explain the emotional stress the mother feels^{A5}. An important finding in the article was that women who are dissatisfied in their

relationship with their partners had a 4.59 times higher rate of depression^{A1}. Previous research conducted in Norway said that relationship dissatisfaction with a partner was the strongest predictor of maternal emotional distress compared to job dissatisfaction and somatic illness (Røsand et al., 2011). However, in a study conducted in Iran, there was no statistically significant relationship between marital satisfaction and mental health (Kalhor & Olyaie, 2016).

Partner Support

Based on the EPDS score, one in five respondents experienced a high probability of perinatal depression. Exposure to perinatal depression was most commonly found in supportive relationships with partners. Poor pair support with 95% OR ranging from 1.61 (1.07 to 2.43) $p = 0.024$ to 3.14 (1.69-584); $p < 0.01$ ^{A3}. Pregnant women at high risk also reported that they had poor partner support ($\beta = 0.428$, $p = 0.001$) and were more likely to experience prenatal well-being^{A6}. 33.8% ($n = 134$) of pregnant women experiencing antenatal depression related to poor partner support and low/medium socioeconomic status had the highest OR for antenatal depression (82.34, 95% CI 4.47, 1516.60)^{A4}.

The absence of support from the husband was also related to a higher likelihood of developing antenatal depression. Pregnant women who received less support from their husbands had 89% higher probability of experiencing antenatal depression when compared to pregnant women who received support from their husbands [AOR = 1.89 (95% CI: 1.06-3.36)]^{A7}.

Experiencing a lack of husband's support was found to be a statistically significant factor associated with depression during pregnancy. This is because mothers who receive partner support during the prenatal period are treated well so that mothers get a sense of responsibility from their husbands⁴⁷. Based on research conducted (Stuart-Parrigon & Stuart, 2014), It was found that the husband's support was related to improve the mental health and minimize the level of depression symptoms in pregnant women. Good partner support plays a positive role in the mental health of pregnant women. Pregnant women who have good support are more likely to improve their mental, psychological, and emotional health compared to support from friends (Dunkel Schetter, 2011).

The quality and quantity of partner support during pregnancy can contribute not only to improving maternal health but also to the baby during the postpartum period (Stapleton et al., 2012). One potential indirect mechanism is that the husband's support lowers maternal emotional stress, thereby enabling mothers to apply effective parenting that contributes to low infant stress (Gourounti et al., 2014)

LIMITATION OF THE STUDY

The limitation of this study is that only articles in English were included due to the limitations of the authors' language. In addition, data collection was carried out indirectly due to analyzing articles from other studies.

CONCLUSIONS AND SUGGESTIONS

Based on 7 articles reviewed, it was found that the mental health of pregnant women is strongly influenced by the role of the husband. Low husband support has a significant relationship with antenatal depression symptoms. Strong husband support can protect pregnant women from antenatal depression. In addition, the economic situation and the intimacy of the relationship with the husband also affect the pregnant women's mental, so it is necessary to explore more about the maternal support during pregnancy. Relevant stakeholders and policy makers should consider helping develop community-based support programs for pregnant women to integrate effectively with maternal health services to prevent mental illness during pregnancy.

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ETHICAL CONSIDERATIONS

This review is not an ethical review.

Funding Statement.

The authors did not receive funding and/grants from other organizations in carrying out this review. They did not receive funding in the preparation of the manuscript and during this review.

Conflict of Interest Statement

There is no conflict of interest in this review.

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