RELATED FACTORS MENTAL HEALTH OF HOUSEWIVES; AN INSIGHT FOR PREVENTION

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Abstract

Background: Mental health disorders are a significant concern, with 44% of respondents citing it as a cause for concern. Mothers of toddlers tend to have lower psychological well-being, which affects parenting patterns. This scoping review aims to identify factors influencing mental health in housewives to inform care and prevention strategies. **Methodology:** A scoping review of international articles from PubMed and ScienceDirect, limited to 2020-2024, yielded 14 journals that examine factors affecting mental health in housewives. **Results:** 14 factors affect mental health in housewives, namely Emotional Well-being, Physical Health, Family History of Mental Illness, Resting Patterns, Economic Problems, Relationship with Husband/Family, Child Behavior, Social Interaction, Marital Status, Parity, Maternal Education/Knowledge, Maternal Occupation, Self-Concept, Unpleasant Experiences. **Conclusion:** The research underscores the importance of addressing these factors to develop effective mental health care for housewives in Southeast Asia, which is underutilized.

Keywords: Housewives, Mental Health, Stress Factors of Housewives, Depression Mother, First-Time Mother.

INTRODUCTION

Mental health is a global concern, highlighted by an Ipsos survey in 31 countries, including Indonesia, where 44% of 23,274 respondents identified it as the key health issue needing attention in 2023 (Ipsos, 2023). Suicide is a significant consequence, with over 700,000 annual deaths worldwide (WHO, 2023), including 971 in Indonesia, mostly occurring in residential areas (Pusiknas Polri, 2023).

Women are at a higher risk of suicide and develop depression or anxiety when experiencing multiple stressful events. Research shows that mothers of toddlers have lower psychological well-being, impacting parenting habits and potentially perpetuating mental health issues across generations (Chang, 2021; Mensah et al., 2024; Permanasari, 2023). Focusing on housewives, the need for understanding factors affecting their mental health is crucial, especially post-COVID-19. This review seeks to identify these factors and common mental health issues.

METHODS

A PubMed and ScienceDirect search used keywords related to housewives and maternal mental health. Inclusion criteria focused on English-language journals, full-text publications from 2020 to 2024, quantitative research, and international journals. Based on JBI methodology, the strategy involved three stages: an initial search on a single database, a comprehensive search across databases, and a reference list search. Of the 806 articles identified, 14 met all criteria and were included in the study. Exclusion followed PRISMA guidelines.
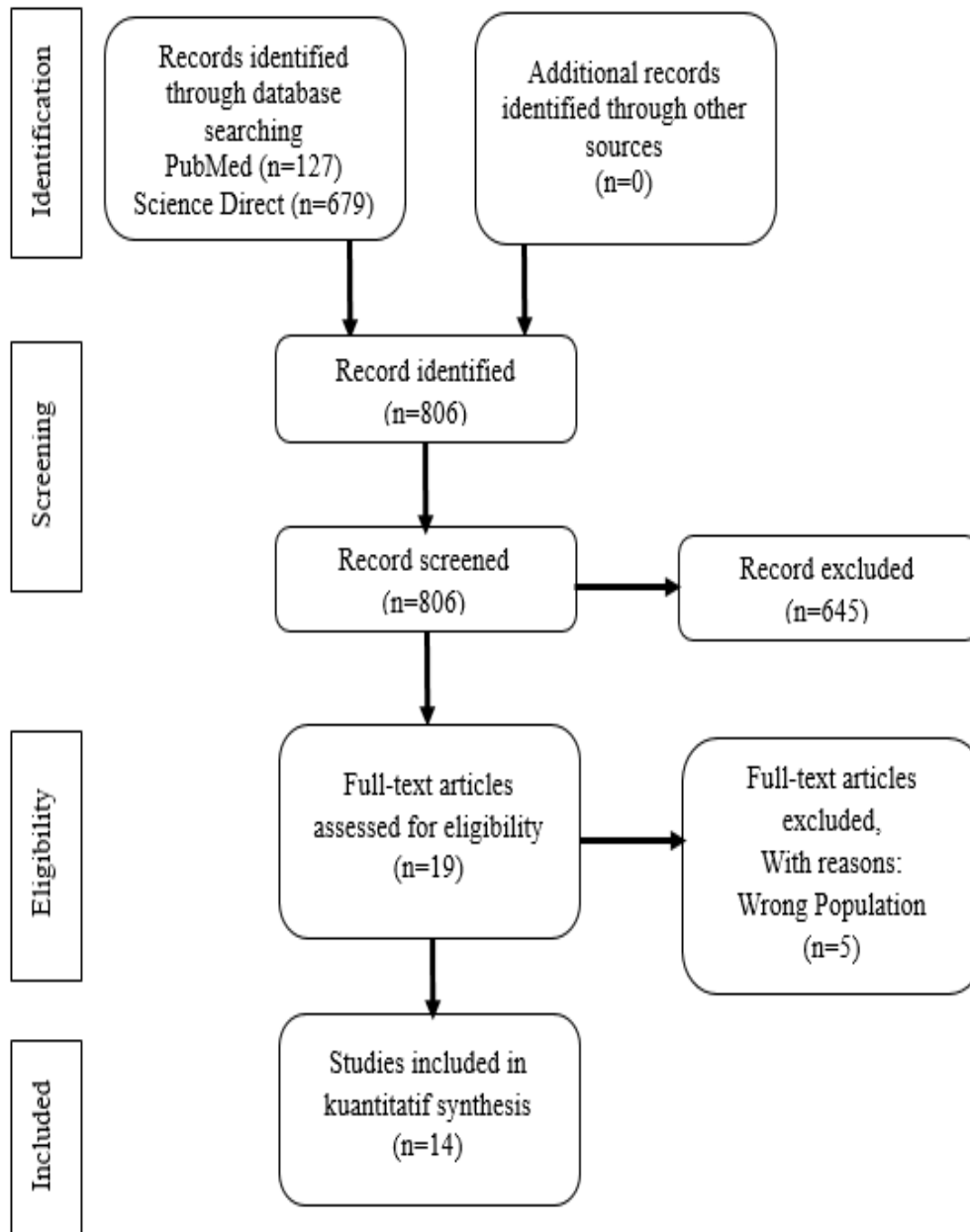
Figure 1: PRISMA Flow Diagram

RESULTS

This literature review was conducted from January to March 2024. The authors analyzed 806 journals, filtering out 19, excluding incomplete journals and the wrong population/sample. The final 14 eligible journals were used in the review, as shown in Table 1.

Table 1: Article Analysis of Housewives' Mental Health

No	Author/Year	Title	Country	Objective	Sample	Method	Result	Source
1	Andrei et al., 2023 Journal of Midwifery 124.	Health anxiety, death anxiety and corona phobia: Predictors of postpartum depression symptomatology during the COVID-19 pandemic	Rome, Italy.	Assess postpartum depression and related anxieties' predictors.	1,024 women (mothers over 18 years old and had babies between 4 weeks to 12 months old).	A web-based survey using EPDS for postpartum depression.	Predictors of depression: Breastfeeding, depression history, income, children, health, death, coronavirus anxieties.	https://doi.org/10.1016/j.midw.2023.103747
2	Peng et al., 2021. Journal of Affective Disorders 282: 1096–1100	Prevalence and risk factors of postpartum depression in China: A hospital-based cross-sectional study	China	Determine the prevalence and factors of postpartum depression in China.	4,813 Postpartum mothers	Cross Sectional. The Edinburgh postpartum depression scale (EPDS) Chinese version was used to screen for PPD. A score of ≥10 was used as the threshold for postpartum depression.	Factors causing Post-Partum Depression: Family history, in-laws, anxiety, pregnancy depression, stress.	https://doi.org/10.1016/j.jad.2021.01.012
3	Ahmed et al., 2021. Journal of Affective Disorders 290: 211–218	Prevalence and predictors of postpartum depression in Upper Egypt: A multicenter primary health care study	Egypt	Determining PPD prevalence and evaluating risk factors in Assiut's infant vaccination centers.	257 mothers seeking treatment at three health centers infant immunization centers. Systematic Random Sampling.	Cohort Study (Jan 2019-Jan 2020): Evaluated sociodemographics, FAS, EPDS, and risks.	The seven predictors of PPD symptoms in mothers are: Socioeconomic Scale, Number of children, History of stressful conditions, Family support, Unintended pregnancy and Gender Discrimination	https://doi.org/10.1016/j.jad.2021.04.046

4	Wu et al., 2022. Journal of Affective Disorders 307: 264–270	Additional evidence on prevalence and predictors of postpartum depression in China: A study of 300,000 puerperal women covered by a community-based routine screening program	China	Assess the prevalence and factors associated with Post Partum Depression (PPD) at the community level.	300,000 postpartum women delivered at Zhenzen Hospital between August 2015 and April 2017.	The cross-sectional study utilized EPDS with ten cut-offs; Chi-square and regression analyzed PPD predictors.	Prenatal anxiety and depression significantly increase PPD risk. Stressful life events, mental illness history, poor economic status, and certain infant factors also elevate risk, while higher gestational age and prenatal education lower it.	https://doi.org/10.1016/j.jad.2022.04.011
5	Barandon et al., 2023. Journal of Affective Disorders 321: 16–27	Women's quality of life and mental health in the first year after birth: Associated factors and effects of antenatal preventive measures among mothers in the ELFE cohort	France	To explore the relationship between postpartum quality of life in women and factors like social support, demographics, health, and antenatal measures.	The study sample was limited to 11,514 mothers with a single child.	The study analyzed data from new mothers in the ELFE cohort, assessing quality of life with SF12 subscales.	Factors for low maternal quality of life and mental problems one year postpartum include high maternal age, psychological difficulties, partner quarrels, sleep < 6 hours, and being a housewife or student.	https://doi.org/10.1016/j.jad.2022.10.012
6	Al-Aithan et al., 2021. Journal of Taibah University Medical Sciences 16(6), 826-834	Anxiety among multiparous women in the Al-Qatif sector of KSA: A mixed-method study	Al-Katif, Saudi Arabia	To assess the association of generalized anxiety disorder (GAD) in multiparity.	A study was conducted with 513 participants from 16 PHC centers in KSA.	A mixed-method study using GAD-7 for quantitative data and FGDs for qualitative insights on multiparity impacts.	Nearly 75% considered themselves anxious. Key variables associated with anxiety included marital status, education level, marital conflict, stressful life events,	https://doi.org/10.1016/j.jtumed.2021.05.011

							family help, and health problems.	
7	Ando et al., 2021. Archives of Psychiatric Nursing 35: 341–346.	Association between postpartum depression and social support satisfaction levels at four months after childbirth.	Takayama, Japan	To examine the relationship between postpartum depression (PPD) and satisfaction with social support after childbirth.	427 mothers had 4-month child checks.	Cross-sectional in the form of an anonymous survey via electronic mail. The questionnaire used the Edinburgh Postnatal Depression Scale (EPDS).	Maternal PPD significantly correlates with satisfaction in formal instrumental support, informal instrumental support, and informal psychological support.	https://doi.org/10.1016/j.apnu.2021.03.010
8	Çankaya & Ataş, 2022. Archives of Psychiatric Nursing 41 : 74–80	Factors affecting postpartum depression in Turkish women	Turkey	To assess the influence of cognitive emotion regulation, emotional intelligence status and related factors on postpartum depression (PPD) in postpartum women.	268 mothers with infants aged 1-12 months.	In a descriptive study, data was collected via sociodemographic forms, EPDS, CERQ, and TEIQue-SF.	This study found a 26.5% prevalence of PPD among mothers 1-12 months postpartum, exceptionally high in those with emotional abuse, low emotion regulation, and missed antenatal check-ups.	https://doi.org/10.1016/j.apnu.2022.07.024
9	Zengin Akkus & Bahtiyar-Saygan, 2022. Sleep Medicine 90: 109-116	Do preterm babies sleep differently than their peers? Sleep characteristics and their associations with maternal depression and parenting stress	Turki	Examine sleep patterns and impacts on maternal stress in infants.	84 mothers of infants between 6 and 17 months of age.	Children's sleep, maternal depressive symptoms, and parenting stress were evaluated with respective questionnaires/scales.	Maternal mental health is linked to self-perception and infants' sleep issues, with poorer sleep quality associated with higher stress and younger infants.	https://doi.org/10.1016/j.sleep.2022.01.012
10	Van den Branden et al.,	On cloud nine? Maternal emotional	Belgia	To increase knowledge	385 mothers living in the	Data were collected online	63.9% of participants	

	2023. Sexual & Reproductive Healthcare 36	well-being six weeks up to one year postpartum – A cross-sectional study		and understanding of maternal emotional well-being and the factors that influence it.	Flemish region of Belgium who had given birth in the past year.	using various health and psychological assessment questionnaires.	reported reduced emotional well-being (REW). Mothers with REW had more psychological problems. Emotional well-being correlated negatively with satisfaction and understanding and positively with bonding, managing, problem-solving, and avoidance (explained variance: 55.5%).	https://doi.org/10.1016/j.srhc.2023.100856
11	Abenova et al., 2022. Clinical Epidemiology and Global Health 16	Prevalence of postpartum depression and its associated factors within a year after birth in Semey, Kazakhstan: A cross-sectional study	Semey, Kazakhstan	To determine the prevalence of postpartum depression within one year after childbirth among mothers in Semey (Kazakhstan) and identify factors associated with it.	251 women within one year of giving birth were conducted at five health centers in Semey.	The Edinburgh Postnatal Depression Scale assessed PPD, with significant associations analyzed via chi-square and logistic regression.	Postnatal depressive disorder (PPD) within one year of childbirth affects 59.4%. Key factors include living conditions, mother-in-law relationship, support services interest, and husband's employment.	https://doi.org/10.1016/j.cegh.2022.101103
12	Sultana et al., 2021. Heliyon 7	Prevalence and factors associated with depression among the mothers of school-going children in	Bangladesh	To determine the prevalence and factors associated with	Systematic random sampling: 324 mothers of	Cross Sectional. The level of depressive symptoms was measured with	Children's behavioral and lifestyle factors, such as feeling unhappy, nervous,	https://doi.org/10.1016/j.heliyon.2021.e07493

		Dhaka city, Bangladesh: A multi stage sampling-based study		depression among mothers of school-going children in Dhaka city, Bangladesh.	grades 5-8 students.	the validated Zung Self-Rating Depression Scale (SDS).	lying, fearfulness, excessive TV watching, and internet use, were significantly associated with maternal depression, according to adjusted analyses.	
13	Mulugeta et al., 2023. Heliyon 9	Postpartum depression and associated factors in Afar Region, northeast Ethiopia	Ethiopia	To determine the prevalence and factors associated with PPD among postnatal women in the Afar Region, North East Ethiopia.	Postpartum women (302) were randomly selected at an Afar Region clinic via systematic random sampling.	A cross-sectional study in Awsi Rasu Zone, Afar State, June-July 2021, used EPDS to examine PPD factors.	PPD prevalence was 37.4%—lower odds in secondary-educated women and higher with family mental illness, breastfeeding difficulty, and partner violence.	https://doi.org/10.1016/j.heliyon.2023.e19914
14	Tesfaye et al., 2023. Heliyon 9	Postpartum depression and associated factor among mothers attending public health centers of Yeka sub city, addis ababa, Ethiopia	Ethiopia	Postpartum depression magnitude and factors in Yeka, Addis Ababa.	454 postpartum mothers through multi-stage sampling.	A cross-sectional study from December 2021 to January 2022 used the EPDS to assess postpartum depression, with data analyzed via SPSS using logistic regression.	Postpartum depression prevalence was 23.8%. Risk factors: single motherhood, pregnancy complications, bottle-feeding, low psycho-social support.	https://doi.org/10.1016/j.heliyon.2023.e20952

Instrument and Sample Characteristics

The studies assessed housewives' mental health using standardized questionnaires like the Edinburgh Postpartum Depression Scale (EPDS), SF12, GAD-7, SDS, CERQ, and TEIQue-SF. Fourteen studies from 11 countries, including Italy, China, and Egypt, involved mothers aged 18 and above with infants and children up to eighth grade.

Determine Factors Related to Housewives' Mental Health

Based on a review of current journals, several factors were found to be associated with the mental health of housewives. These factors are grouped in Table 2 to provide a comprehensive overview of the evidence to minimize bias in the literature search.

Table 2: Mental Health Factors Synthesis of Housewives

Factors Synthesis	Source
Stress/Emotional Wellbeing Issues	Health anxiety, death anxiety, and coronavirus anxiety.(Andrei et al., 2023)
	Stress/daily routine. (Peng et al., 2021)
	It is characterized by low cognitive emotion regulation and emotional intelligence. (Çankaya & Ataş, 2022)
	Decreased emotional well-being (Van den Branden et al., 2023)
Relationship with Husband and Family	Living with In-laws. (Peng et al., 2021)
	Family Support. (Ahmed et al., 2021)
	Living with parents. (Wu et al., 2022)
	Arguments with insults to the spouse. (Barandon et al., 2023)
	Marital conflict, help from family members. (Al-Aithan et al., 2021).
	Child care assistance, breastfeeding guidance, child skin care. (Ando et al., 2021)
	Relationship with mother-in-law. (Abenova et al., 2022)
Economic Issues	Family Income. (Andrei et al., 2023)
	Socio-Economic Scale. (Ahmed et al., 2021)
	Poor Economic Status. (Wu et al., 2022)
	Type of accommodation, satisfaction with living conditions, and husband's employment status. (Abenova et al., 2022)
Maternal and Child Health Issues	Breastfeeding. (Andrei et al., 2023)
	Maternal and child health issues. (Al-Aithan et al., 2021)
	Post-term pregnancy, low Apgar score, infant defects, bottle, and formula feeding. (Wu et al., 2022)
	High maternal age. (Barandon et al., 2023)
	Mothers who do not receive regular antenatal check-ups and have psychological problems during pregnancy and puerperium. (Çankaya & Ataş, 2022)
	Infant sleep problems. (Zengin Akkus & Bahtiyar-Saygan, 2022)
	Having difficulty breastfeeding the baby. (Mulugeta et al., 2023)
	Bottle feeding immediately after birth. (Tesfaye et al., 2023)
Family History of Depression/Mental Illness	History of Depression. (Andrei et al., 2023)
	Mental illness in the family, Anxiety since pregnancy, Depression during pregnancy. (Peng et al., 2021)
	History of stressful conditions. (Ahmed et al., 2021)
	Family history of mental illness, Prenatal anxiety, and depression. (Wu et al., 2022)
	Psychological difficulties during pregnancy. (Barandon et al., 2023)
	Family history of mental illness. (Mulugeta et al., 2023)
	Postnatal features such as experiencing PNDS. (Barandon et al., 2023)
	Having complications during pregnancy. (Tesfaye et al., 2023)
Social interaction	

	Informal instrumental support (Introduction to pediatricians and parents' circles, etc.), Informal psychological support (Talking about a problem, Providing positive encouragement/feedback). (Ando et al., 2021)
	Interest in support services for a woman's psychological condition after childbirth. (Abenova et al., 2022)
Resting Pattern	Poor maternal sleep quality. (Zengin Akkus & Bahtiyar-Saygan, 2022)
	Postpartum period and sleep time <6 hours per night. (Barandon et al., 2023)
Parity	Number of children. (Ahmed et al., 2021; Andrei et al., 2023)
Maternal Knowledge and Education	Prenatal education/Class of pregnant mother. (Wu et al., 2022)
	Education level. (Al-Aithan et al., 2021)
	Mothers with no formal education. (Mulugeta et al., 2023)
Parenting Pattern	Child's behavior and lifestyle. (Sultana et al., 2021)
Mother's Occupation	Being a housewife or student at one year postpartum. (Barandon et al., 2023)
Self-concept	Mum's perception of herself. (Zengin Akkus & Bahtiyar-Saygan, 2022)
	Being a single mother, Perceived low psycho-social support. (Mulugeta et al., 2023)
Unpleasant experience	Experiencing partner violence. (Mulugeta et al., 2023)
	Mothers who experienced emotional abuse. (Çankaya & Ataş, 2022)
	Stressful life events. (Al-Aithan et al., 2021; Wu et al., 2022)
	Gender discrimination, unwanted pregnancy. (Ahmed et al., 2021)
Marital Status	Marital status. (Al-Aithan et al., 2021)

DISCUSSION

Figure 2: Factors Affecting Housewives' Mental Health

Source: Authors'(MM) own work

In the last four years, the trend of mental health among housewives has varied, not only centered on biological, sociocultural, and self-acceptance issues (see Figure 2). Mental health factors are complex; the three main factors evolve with the times. There are changes in financial, social interaction, and socio-culture after the pandemic that have an impact on the mental health of housewives.

A literature review identifies 14 factors impacting housewives' mental health. The primary factor is Stress/Emotional Well-being, where stress significantly influences mental health (Sebastião & Neto, 2024). Maternal health problems and rest patterns are critical, linking physical health and rest to mental issues (Huynh et al., 2023). A family history of mental health problems increases anxiety and depression levels (Brummelhuis et al., 2024).

As seen in the UAE, economic problems contribute significantly, with financial strain correlating to higher mental illness rates (Setyorini et al., 2024; Yang & Kim, 2024). Social interaction within neighborhoods also affects mental well-being (Subiza-Pérez et al., 2021). Relationships with partners and families are crucial; those facing intimate partner violence have severe depressive symptoms (Fogarty & Chalmers, 2021). Child behavior problems amplify parental anxiety (Prokosch et al., 2022). Marital status affects mental health, with higher suicide risks among the unmarried and divorced (Chen et al., 2024). Parity shows nulliparous women reporting fewer depressive symptoms than multiparous mothers (Rodríguez-Muñoz et al., 2024). Education level correlates with better mental health(Li & Sunder, 2024). Housewives experience higher mental stress than working women (Panwar & Srivastava, 2019). Self-concept and adverse experiences strongly correlate with mental health; poor self-perception and adverse experiences increase risks of physical and psychological issues and severe anxiety symptoms (Kaplan, 2023; Zhang et al., 2024).

CONCLUSION AND RECOMMENDATION

This study underscores the need for holistic mental health strategies, highlighting mothers' emotional well-being, rest patterns, relationships with husbands and family, and unpleasant experiences as key biological and socio-cultural factors affecting housewives' mental health. It offers practical insights for intervention.

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