Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Postpartum Partner Support in Mbarara City: Exploring Levels, Mothers' Needs, and Spousal Contributions

Evan Atwebembeire

evanatwebembeire@gmail.com

Mbarara University of Science and Technology

Mary Namukisa

Mbarara University of Science and Technology

Shamim Nabidda

Aga Khan University

Davis Akampumuza

Faith For Family Health Initiative (3FHi)

Jerome Kabakyenga

Mbarara University of Science and Technology

Research Article

Keywords: Postpartum partner support, mothers' needs, spousal contributions

Posted Date: March 5th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-8574866/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Abstract

Introduction:

The postpartum period is a transitional and potentially stressful time. Spousal support has been reported to enhance a mother's ability to adapt and deal with new stressors after childbirth; however, in Uganda, little is known about the extent and type of support men provide.

Objective

To determine the levels of postpartum partner support, explore mothers' needs, and spousal support provision during postpartum period.

Methods

This cross-sectional study used quantitative and qualitative data collection approaches. Postpartum Partner Support Scale (PPSS) was used to determine spousal support among consecutively enrolled mothers, and descriptive statistics were used to summarize the findings. Purposively selected mothers and spouses were interviewed using semi-structured interview guides, and the data were analysed thematically.

Results

The findings revealed an average spousal support rate of 42.96 (SD = 13.61) on a PPSS score ranging from 20 to 74 among 152 mothers assessed. Interviews with ten mothers revealed instrumental support needs (hands-on physical help, finances, and physical presence), emotional support needs (love and care), and informational support needs (advice and decision-making). Interviews with eight spouses revealed that while some men provided financial and occasional practical help, emotional and informational support were often lacking.

Conclusion

The study reveals that postpartum mothers receive significantly less spousal support than they need across instrumental, emotional, and informational domains. There is need for male-inclusive postpartum education and community sensitization efforts that encourage shared caregiving roles and equip partners to provide meaningful support during the postpartum period.

Introduction

The postpartum period is a very important phase for maternal and neonatal health (1). It's a period of significant changes to the mothers' bodies and functioning (2). The mothers adjust to the call of being mothers (3). The postpartum period can be stressful to the mother and the people taking care of her and her baby (4). Evidence indicates that up to three-quarters of mothers experience postpartum stress (5, 6). The mothers become emotionally labile (7), and this can deter the mother from fulfilling her role as a mother effectively (4, 8). Mothers begin to doubt themselves and misjudge their own abilities (9).

Postpartum stress can progress to postpartum depression if not adequately addressed (10, 11). Postpartum depression is linked to serious adverse effects for mothers and infants, including maternal suicide, poor mother-infant interaction, early cessation of breastfeeding, and delays in child development (12, 13). There is a need for increased dedicated social support to the mothers during this stressful period (14, 15). Perceived as adequate, social support helps reduce parental stress and is negatively associated with postpartum anxiety, depression, and childbirth-related post-traumatic stress disorder symptoms (16, 17). Social support increases mothers' self-confidence and effectiveness, making them feel more competent and stable in their new responsibilities (18).

Social support can be obtained from family members, friends, coworkers, neighbors, and relatives, with spouses being the primary source of support for mothers (9, 19). Support from spouses helps mothers cope with new challenges after childbirth and contributes to a stronger mother-child bond (9). It helps maintain the mothers' physical and mental well-being and protects them from postpartum depression (17). Social support is commonly categorized in three major domains: instrumental support, which refers to practical, tangible assistance provided by others; emotional support, which involves having someone to trust and rely on; and informational support, which consists of receiving useful information through social interactions (20).

Despite the acknowledged importance of spousal involvement, there's limited evidence in Uganda regarding the adequacy of postpartum partner support and the extent to which it meets mothers' expectations and needs. This study seeks to address this gap by examining the postpartum partner support in Mbarara City, exploring levels, mothers' needs, and spousal contributions.

Materials and methods

Study design and setting

This cross-sectional study used both quantitative and qualitative data collection approaches to evaluate postpartum partner support at the Immunization Clinic of Mbarara City Health Center IV (MCHC IV) during the sixth week postpartum visit. MCHC IV is located in central Mbarara City, Mbarara District, Southwestern Uganda, along the Mbarara-Kabale highway. MCHC IV is a public facility serving residents of Mbarara City and receiving referrals from lower-level health centers within the city. It offers various services, including immunization, family planning, antenatal and postnatal care, prevention of mother-to-child transmission (PMTCT), an HIV/AIDS clinic, general outpatient care, laboratory services, and minor

surgical procedures such as male circumcision. The immunization clinic is an outpatient clinic. At the time of study, the clinic was run by one enrolled midwife and three Village Health Team (VHT)/community health worker personnel and had an average daily attendance of 33 postpartum mothers.

Study population and sample size determination

This study focused on postpartum mothers and their spouses who brought their infants for the routine sixth-week (42-day) immunization visit in accordance with Ministry of Health Guidelines (21). To participate in the study, mothers needed to have been living with their spouses and have given birth to a healthy infant. Participants were not eligible if they presented a history of mental or physical illness or if their pregnancy or delivery was complicated by conditions such as pre-eclampsia or pre-term labor. Using the Krejcie and Morgan (1970) sample size determination framework (22), the quantitative sub-study included 152 participants. In the qualitative sub-study, in-depth interviews were conducted with 10 mothers and 8 male partners (spouses). The interviews continued until no new insights emerged, indicating that data saturation had been reached (23).

Data collection and sampling

Data was collected by two trained registered nurses between May and June 2025. Quantitative data was collected on mothers using an interviewer-administered Postpartum Partner Support Scale (PPSS) questionnaire (24). The PPSS was developed by Dennis et al. 2017 (24) and has demonstrated credibility and reliability for assessing postpartum partner support in various settings (24–26). It comprises 20 items, with each item rated on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). The questionnaire also captured sociodemographic and obstetric characteristics of participants, like age, education level, marital status, occupation, mode of recent birth, and parity. Participants were enrolled consecutively as they arrived at the facility for immunisation services. Qualitative data was collected through in-depth interviews with purposively selected mothers and male partners (spouses) using a semi-structured interview guide with open-ended questions. Interviews were voice-recorded to ensure accuracy.

Measurement of variables

Maternal age was reported by mothers at the time of data collection and categorized into four groups: under 20 years for adolescents, 20 to 24 years for young mothers, 25 to 34 years for those in middle reproductive age, and 35 to 49 years for those in older reproductive age. Education level was recorded as “none” for those who did not attend formal schooling, “primary” for those who attended primary education, “secondary” for those who attended high school, and "tertiary" for those with higher education. Marital status was classified as “legally married” or “not legally married”. Occupation refers to how individuals earn a living, which can range from being unemployed to working as a professional or

laborer (27). Parity was captured by asking the participant if they were a first-time mother and recorded as “yes” or “no”.

Postpartum partner support was measured using the Postpartum Partner Support Scale, comprising 20 items, with each item rated on a four-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree) (24). The total score is the summation of the item scores and ranges from 20 to 80, with a higher total score indicating greater postpartum support from the spouse.

Data analysis

Quantitative data was analysed using Stata version 17. Continuous data was presented as means with standard deviation (SD), medians with interquartile range (IQR), and categorical data as frequencies and percentages. The PPSS support score was calculated by summing up the scores of 20 items rated on a four-point Likert scale. The results were presented in frequency distribution tables. Qualitative data was analysed thematically using NVivo version 12.2. The recorded data was transcribed verbatim. Codes and sub-themes were generated from the data and categorized under the broader themes of social support (instrumental/physical, emotional, and informational support) (20).

Ethical considerations

The study protocol was approved by the Research Ethics Committee (ID: MUST-2025-277) of Mbarara University of Science and Technology. Administrative clearance was obtained from MCHC IV through Mbarara City Council. Written informed consent was obtained from all participants before enrollment and audio recordings. Privacy and confidentiality were maintained at all stages of data collection, storage, and analysis. Participation in the study was entirely voluntary.

Results

Socio-demographic and obstetric characteristics of participants

A total of 152 postpartum mothers participated in the study. Median age was 26 years (IQR: 23,30). Nearly half of the respondents (45.4%) were aged 25 to 34 years old. More than half (52.0%) identified as Banyankore. At least all participants had a formal education, with most having attained secondary school education (45.4%). Most participants were not legally married (80.9%). The major source of livelihood was business (36.2%). The majority had given birth vaginally (61.2%) and were not first-time mothers (56.6%) [Table 1].

Table 1 Sociodemographic and obstetric characteristics of participants.

Variable	Frequency(n)	Percentage (%)
Age (years)		
Below 20	10	6.6
20 - 24	49	32.2
25 - 34	69	45.4
35 – 49	24	15.8
Tribe		
Baganda	21	13.8
Bakiga	37	24.3
Banyankore	79	52.0
Others	15	9.9
Education level		
None	00	00.0
Primary	47	30.9
Secondary	69	45.4
Tertiary	36	23.7
Marital status		
Legally married	29	19.1
Not legally married	123	80.9
Occupation		
Business	55	36.2
Subsistence farmer	28	18.4
Manual labourer	12	7.9
Professional	22	14.5
Unemployed	35	23.0
Mode of recent birth		
Caesarean section	59	38.8
Vaginal delivery	93	61.2
First-time mother		
Yes	66	43.4

No	86	56.6

Sociodemographic characteristics of participants who participated in in-depth interviews

Interviews were conducted among ten mothers. Among those, five identified as Banyankore, six had attained secondary school education, eight were not legally married, five were business women, seven had given birth virginally, and five were first-time mothers. Interviews were conducted among 8 spouses of postpartum mothers. Among those, six were Banyankore, four had attained secondary school education, six were not legally married, two were businessmen, five were husbands to mothers who delivered vaginally, and five were first-time fathers.

Postpartum partner support scores and levels

A total of 152 mothers were assessed for spousal support using a postpartum Partner Support Scale. The total scores ranged from 20 to 74, with a mean score of 42.96 (SD: 13.61). These findings indicate a broad variation in perceived spousal support during the postpartum period.

In ***Fig. 1,*** the analysis of postpartum partner support scores shows a right-skewed distribution. This demonstrates that the majority of the respondents reported lower levels of perceived spousal support. The scores are clustered toward the lower end of the scale. This suggests that support from partners during the postpartum period was generally low.

Figure 1. A histogram showing the distribution of postpartum partner support scores

Mothers' needs for postpartum support from their partners

Table 2. Themes and sub-themes.

Categories	Themes	Sub-themes
Mothers' needs	Instrumental/ practical support	Hands-on physical help
		Financial support
		Physical presence
	Emotional support	Love and care
	Informational support	Advice
		Decision making
Spouses' support provision	Instrumental/ practical support	Hands-on physical help
		Financial support
		Physical presence
	Emotional support	Love and care
	Informational support	Reminders
		Advice

Data was analysed deductively under three major themes: instrumental and physical support, emotional support, and informational support. Six sub-themes emerged: hands-on physical help, financial support, physical presence, love and care, advice, and decision making [Table 2].

Instrumental/physical support.

Mothers reported being physically weak after giving birth. They mostly depended on others' help with household and care duties. They expressed a strong need for hands-on help with everyday tasks (household chores) like bathing them, fetching water, cooking meals, washing clothes, and cleaning the house. Mothers who delivered by caesarean section reported a need for specific help with surgical site inspection, cleaning and dressing, heavy lifting, and other activities that required bending. Bending and heavy lifting would stimulate pain.

"After giving birth, you feel so weak, but even after that, you have to cook, wash clothes, and clean the house. If you have someone to do that for you, it wouldn't stress you." (M5)

“Now, when you deliver by knife (caesarean section), you feel pain in the lower abdomen, you can’t even bend properly, yet you need to bathe and clean the incision site. You need someone to bathe you and clean the incision site.” (M6)

They also reported a strong need for financial support to buy basic home supplies. Most mothers reported depending on their spouses or family members for financial support.

“Giving birth comes with a lot of demands; You crave some food, you need to drink a lot, you need soap and detergent, medicine, diapers for the baby, and other home things. You need strong financial help.” (M1)

“Some of us don’t work, you have to get everything you need from your husband because he’s the only one working.” (M8)

Mothers strongly emphasized the need for their spouses’ physical presence. Those who lacked this form of support felt isolated and stressed.

“You need someone to be around with you, in case you need something or to send them somewhere. When you have someone with you all the time, it’s calming.” (M4)

“Banange,” if you’re alone all the time, stress can kill you. Do this, do that, be here, be there, the baby is crying. You may need something and can’t find it, eeeh.” (M9)

Several mothers reported a lack of direct involvement of their spouses in physical household tasks. They reported their spouses were mainly supporting them financially.

Emotional support

Mothers reported a need for care and love after giving birth. They wanted someone to talk to and express their feelings. Mere having someone ask how they were feeling, listen to them, or show concern made a big difference.

“You are home with the baby, and your husband is at work. When you receive a phone call from him asking how you're *doing and the baby, you feel loved.” (M1)*

“When you give birth and someone consistently asks you how you feel, there’s a way it makes you feel cared for. It makes you forget the challenges.” (M7)

When their partners were present and helped without being asked or offered words of encouragement, they felt more confident and capable.

“*If my husband is around, even if he doesn’t do anything, it motivates me to do anything while I speak to him.” (M3)*

Most mothers also described moments of sadness and anxiety. In such moments, the emotional presence of a loved one offered them comfort and strength. Mothers reported moments of loneliness and emotional neglect.

Informational support

Mothers reported a need for advice. They feared doing wrong, especially in times of emergency. First-time mothers expressed confusion about conflicting ideas from relatives and friends.

“For me, this is my first time giving birth; everything is new, and at certain points, I need guidance on how to care for the baby.” (M2)

“Sometimes you want to do something, but you wonder whether to do it or not. Once you talk about it with your husband, you decide on what to do.” (M6)

They needed spouse involvement in decision-making, as this was very important for the family as a unit.

“There are times when the baby gets sick or keeps crying, and you try everything you know until you’re out of options. When you call your husband, he suggests that you go to the hospital, and then the situation gets better. You also feel relief.” (M4)

Most mothers reported receiving informational support mainly from family members, friends, relatives, and sometimes health workers when they could access them.

Spousal contributions

Data was analysed deductively under three major themes: instrumental and physical support, emotional support, and informational support. Six sub-themes emerged: hands-on physical help, financial support, physical presence, love and care, reminders, and advice [Table 2].

Instrumental/physical support

Spousal support focused on material and physical support in areas known to be traditionally masculine. Many reported supporting their spouses financially, making sure that the household had basic needs and baby supplies.

“I fetch water for my wife and help her with heavy things.” (F1)

“Since the day my wife gave birth, I make sure there’s enough food and other things they need to use at home.” (F2)

Some reported escorting their partners to the health facility if the spouse asked them to, and others reported not spending time with family due to work demands.

“When my wife tells me that she is sick or the baby, I put them on the motorcycle and ride them to the hospital.” *(F8)*

They also reported not being involved in household chores such as cooking, washing, and cleaning. These tasks were seen as exclusively women’s responsibility.

“I make sure I buy everything they need, but the work at home, to be honest, I don’t do it.” (F3)

Emotional support

Spouses reported a limited and inconsistent emotional support. Few mentioned being emotionally present and actively involved in comforting, listening, and reassuring their partners. Some showed concern through actions like coming home earlier than usual or reminding their partners to rest. This was infrequent.

“I try to return home early to make sure I spend time with them. When I come late, they are sleeping.” (F1)

“I can’t say I do it all, but I know I make sure my wife and baby are fine.” (F4)

Male partners reported a general lack of emotional presence, reporting not being aware of the emotional challenges their partners go through.

“I spend most of the time at work. When I’m not at work, I go to the village or the farm. If I see everything going normally or my wife is not asking for anything, I know all is well.” (F6)

Informational support

Support in the form of advice and information sharing was limited. Many times, decision-making regarding the mother’s and the baby’s health was entirely the mother’s responsibility. On rare occasions, men made efforts to remind their partners not to lift heavy objects or to encourage them to breastfeed or eat a nutritious diet.

“In the middle of the night, I hear the baby wake up. I wake her up, too, so that she can breastfeed the baby.” (F1)

“I work with my wife, sometimes I see her taking long breaks, minus breastfeeding, then I remind her to go and breastfeed.” (F2)

Mothers were often left to rely on family members, friends, female relatives, peers, or health workers for advice.

“For things related to advice, I’m sure she can talk to her mother, aunts, friends, because I may not know. “ (F2)

“After delivery, my wife goes back to her home. They take care of her until she has fully recovered, and she returns” (F7)

Discussion

The study examined the support spouses provide for postpartum mothers and explored the nature of mothers’ needs during the postpartum period. The study’s quantitative findings revealed an average spousal support rate of 42.96 (SD = 13.61) on a PPSS score. There’s a broad variation in perceived partner support, with total scores ranging widely from 20 to 74 out of a possible 80. The right-skewed distribution suggests that most mothers clustered at the lower end of the support spectrum. It also suggests an overall trend rather than isolated cases of inadequate support. This underscores the widespread inadequacy of partner support among postpartum mothers, which poses a significant burden for postpartum mothers to navigate physical recovery, emotional adjustment, and newborn care with minimal involvement of their spouses. Low partner support in the postpartum period has been associated with increased maternal stress, delayed physical recovery, poor and or cessation of breastfeeding, and a heightened risk of postpartum depression (12, 13, 28).

The qualitative findings revealed that mothers need substantial instrumental support, particularly those recovering from caesarean births. The needs included assistance with domestic chores such as cooking, washing clothes, fetching water, and cleaning. While some spouses actively participated, the majority assumed a predominantly financial role, leaving the physical care responsibilities to mothers. Postpartum recovery is greatly influenced by access to physical support (29, 30). Perceiving household chores and infant care as exclusively women’s tasks reinforce social norms that discourage men from participating in postpartum care (31, 32). This division of labor by gender places a heavy burden on mothers, leading to increased fatigue and reduced quality of maternal recovery (33). Mothers who perceived adequate spousal practical support reported smooth physical recovery, reduced pain, and improved capacity to care for their newborns (24). Instrumental support is not supplemental but essential for maternal well-being (19).

Emotional support was equally important. Mothers wanted to feel loved, listened to, and comforted; however, this support was perceived as inadequate. Emotional presence, encouragement, and companionship were perceived as essential for reducing stress and supporting mothers’ psychological adjustment after childbirth. Emotional support from partners enhances women’s confidence, promotes maternal-infant bonding, and reduces the likelihood of postpartum depression (34, 35). This study supports the discourse that emotional support is not merely complementary; rather, fundamental to maternal mental health and postpartum experience (35).

Mothers expressed the need for their partners to be involved in providing advice and participating in decision-making. Mothers reported that they solely depended on their family members, friends, relatives, peers, and health workers for information regarding postpartum care. With inadequate informational support, first-time mothers expressed uncertainties arising from conflicting ideas and unfamiliar

routines. Informational support empowers mothers, improves caregiving practices, and enhances parental decision-making (19, 36). Mothers need accurate information on infant care and postpartum changes (37). The qualitative findings align with the quantitative findings, indicating that the low support is not only measurable and widespread but also evident in mothers' narratives.

Strengths and limitations

The quantitative and qualitative approach and inclusion of both mothers and their spouses facilitated triangulation of findings. The PPSS tool used has demonstrated excellent validity and reliability in various settings for measuring postpartum partner support, enhancing the credibility of this study's findings.

This study acknowledged some limitations, such as social desirability bias, where respondents may report favorable views rather than their true opinions. The study was conducted in an urban setting in Western Uganda, which limits the generalizability of the findings to different settings and cultural contexts.

Conclusion and recommendation

The study reveals that postpartum mothers receive significantly less spousal support than they need across instrumental, emotional, and informational domains. Cultural norms that position household chores and infant care as women's responsibilities limit men's engagement, leaving mothers to navigate the postpartum period with inadequate assistance. Additionally, spouses' limited awareness regarding mothers' needs impacts the level of support received. These findings underscore the crucial role of partner involvement in promoting maternal and infant well-being and facilitating recovery after childbirth. There is a need for male-inclusive postpartum support education and community sensitisation efforts that encourage shared caregiving roles and equip partners to provide meaningful support during the postpartum period.

Abbreviations

AIDS
Acquired Immunodeficiency Syndrome
HIV
Human Immunodeficiency Syndrome
MCHC
Mbarara City Health Centre
MUST
Mbarara University of Science and Technology
PMTCT
Prevention Of Mother-To-Child Transmission
PPSS

Postpartum Partner Support Scale
VHT
Village Health Team

Declarations

Ethical approval

The study protocol was approved by the Research Ethics Committee (ID: MUST-2025-277) of Mbarara University of Science and Technology. Administrative clearance was obtained from MCHC IV through Mbarara City Council. Written informed consent was obtained from all participants before enrolment and audio recordings. Privacy and confidentiality were maintained at all stages of data collection, storage, and analysis. Participation in the study was entirely voluntary.

Conflict of interest

The authors declare no conflicting interests.

Consent for publication

Not Applicable

Funding

The authors did not receive any funding

Author Contribution

EA was involved in the conception and design of the study, its implementation, data analysis, interpretation of the findings, and drafting of the manuscript. MN participated in the conception of the study and review of the manuscript. SN & DA participated in the collection and analysis of data, and review of the manuscript. JK was involved in the conception and design of the study and review of the manuscript. All the authors of this manuscript have read and approved it.

Acknowledgement

The Department of Community Health, Mbarara University of Science and Technology, Mbarara City Health Centre IV Health Workers, Data Collectors, and Community Members who participated.

Data Availability

All the data are available from the corresponding author

References

1. WHO. WHO recommendations on maternal and newborn care for a positive postnatal experience. World Health Organization; 2022.
2. Chauhan G, Tadi P. Physiology, postpartum changes. 2020.
3. WHO. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. 2018.
4. Javadifar N, Majlesi F, Nikbakht A, Nedjat S, Montazeri A. Journey to motherhood in the first year after child birth. J family reproductive health. 2016;10(3):146.
5. Mulder R. The heart of the matter: Social and cultural factors impacting mental health. Australian New Z J Psychiatry. 2017;51(2):113–4.
6. Interrante JD, Admon LK, Stuebe AM, Kozhimannil KB. After childbirth: better data can help align postpartum needs with a new standard of care. Women's Health Issues. 2022;32(3):208–12.
7. Mercan Y, Tari Selcuk K. Association between postpartum depression level, social support level and breastfeeding attitude and breastfeeding self-efficacy in early postpartum women. PLoS ONE. 2021;16(4):e0249538.
8. Powell DN, Karraker K. Expectations, experiences, and desires: Mothers' perceptions of the division of caregiving and their postnatal adaptation. J Fam Psychol. 2019;33(4):401.
9. Wang Y, Gu J, Zhang F, Xu X. The effect of perceived social support on postpartum stress: the mediating roles of marital satisfaction and maternal postnatal attachment. BMC Womens Health. 2023;23(1):482.
10. Charmaz K. Constructing grounded theory. sage; 2014.
11. Scheyer K, Urizar GG. Altered stress patterns and increased risk for postpartum depression among low-income pregnant women. Arch Women Ment Health. 2016;19:317–28.
12. Friedman SH, Reed E, Ross NE. Postpartum psychosis. Curr psychiatry Rep. 2023;25(2):65–72.
13. Farías-Antúnez S, Xavier MO, Santos IS. Effect of maternal postpartum depression on offspring's growth. J Affect Disord. 2018;228:143–52.
14. Emmanuel E, St John W, Sun J. Relationship between social support and quality of life in childbearing women during the perinatal period. J Obstetric Gynecologic Neonatal Nurs. 2012;41(6):E62–70.
15. Ghodsbin F, Yazdani K, Jahanbin I. Impact of supportive efforts on the quality of life of primiparous women in the first six weeks after delivery. Iran J Obstet Gynecol Infertility. 2012;15(17):17–24.
16. Iles J, Pote H. Postnatal posttraumatic stress: A grounded theory model of first-time mothers' experiences. J Reproductive Infant Psychol. 2015;33(3):238–55.

17. Cirino NH, Knapp JM. Perinatal Posttraumatic Stress Disorder: A Review of Risk Factors, Diagnosis, and Treatment. Obstet Gynecol Surv. 2019;74(6):369–76.
18. Shorey S, Dennis CL, Bridge S, Chong YS, Holroyd E, He HG. First-time fathers' postnatal experiences and support needs: A descriptive qualitative study. J Adv Nurs. 2017;73(12):2987–96.
19. Negron R, Martin A, Almog M, Balbierz A, Howell EA. Social support during the postpartum period: mothers' views on needs, expectations, and mobilization of support. Matern Child Health J. 2013;17:616–23.
20. Langford CPH, Bowsher J, Maloney JP, Lillis PP. Social support: a conceptual analysis. J Adv Nurs. 1997;25(1):95–100.
21. MOH. Uganda Clinical Guidelines 2023.
22. Krejcie RV, Morgan DW. Determining Sample Size for Research Activities. Educ Psychol Meas. 1970;30(3):607–10.
23. Hennink MM, Kaiser BN, Marconi VC. Code saturation versus meaning saturation: how many interviews are enough? Qual Health Res. 2017;27(4):591–608.
24. Dennis C-L, Brown HK, Brennenstuhl S. The Postpartum Partner Support Scale: Development, psychometric assessment, and predictive validity in a Canadian prospective cohort. Midwifery. 2017;54:18–24.
25. Eslahi Z, Alimoradi Z, Bahrami N, Lin CY, Griffiths MD, Pakpour AH. Psychometric properties of postpartum partner support scale—persian version. Nurs open. 2021;8(4):1688–95.
26. Su X, Wang H, McQueen K, Dennis CL, Zhang Y, Chen M, et al. The reliability and validity of the Postpartum Partner Support Scale among Chinese women. Midwifery. 2024;136:104067.
27. Statistics UBO. The national population and housing census 2014-main report. Kampala: Uganda Bureau of Statistics; 2016.
28. Cho H, Lee K, Choi E, Cho HN, Park B, Suh M, et al. Association between social support and postpartum depression. Sci Rep. 2022;12(1):3128.
29. Hannon S, Newnham E, Hannon K, Wuytack F, Johnson L, McEvoy E, et al. Positive postpartum well-being: What works for women. Health Expect. 2022;25(6):2971–81.
30. Kazemi A, Beigi M, Najafabadi HE. Environmental factors influencing women's childbirth experiences in labor–delivery–recovery–postpartum unit: a qualitative cross-sectional study. BMC Pregnancy Childbirth. 2023;23(1):169.
31. Reuben Mahiti G, Mbekenga CK, Dennis Kiwara A, Hurtig A-K, Goicolea I. Perceptions about the cultural practices of male partners during postpartum care in rural Tanzania: a qualitative study. Global health action. 2017;10(1):1361184.
32. Dumbaugh M, Tawiah-Agyemang C, Manu A, ten Asbroek GH, Kirkwood B, Hill Z. Perceptions of, attitudes towards and barriers to male involvement in newborn care in rural Ghana, West Africa: a qualitative analysis. BMC Pregnancy Childbirth. 2014;14(1):269.

33. Hem-Lee-Forsyth S, Gabriel J, N'Diera Viechweg M-HL, Kim S, Sowa F, Bainey K. Postpartum Burnout Among Women of Childbearing Age: A Neglected Global Public Health Problem. Int J Multidisciplinary Res Anal. 2023;6(09):4396–404.
34. Yeboa NK, Muwanguzi P, Olwit C, Osingada CP, Ngabirano TD. Prevalence and associated factor of postpartum depression among mothers living with HIV at an urban postnatal clinic in Uganda. Women's Health. 2023;19:17455057231158471.
35. Rowe HJ, Holton S, Fisher JR. Postpartum emotional support: a qualitative study of women's and men's anticipated needs and preferred sources. Aust J Prim Health. 2013;19(1):46–52.
36. Ikeako LC, Iteke OC, Ezegwui HU, Okeke TC, Azuike EC, Ezenyeaku CC, et al. Prevalence and correlates of postpartum depression among women visiting postnatal clinic in a tertiary health institution in Southeast Nigeria. Orient J Med. 2018;30(1–2):43–51.
37. Saharoy R, Potdukhe A, Wanjari M, Taksande AB. Postpartum depression and maternal care: exploring the complex effects on mothers and infants. Cureus. 2023;15(7).

Figures

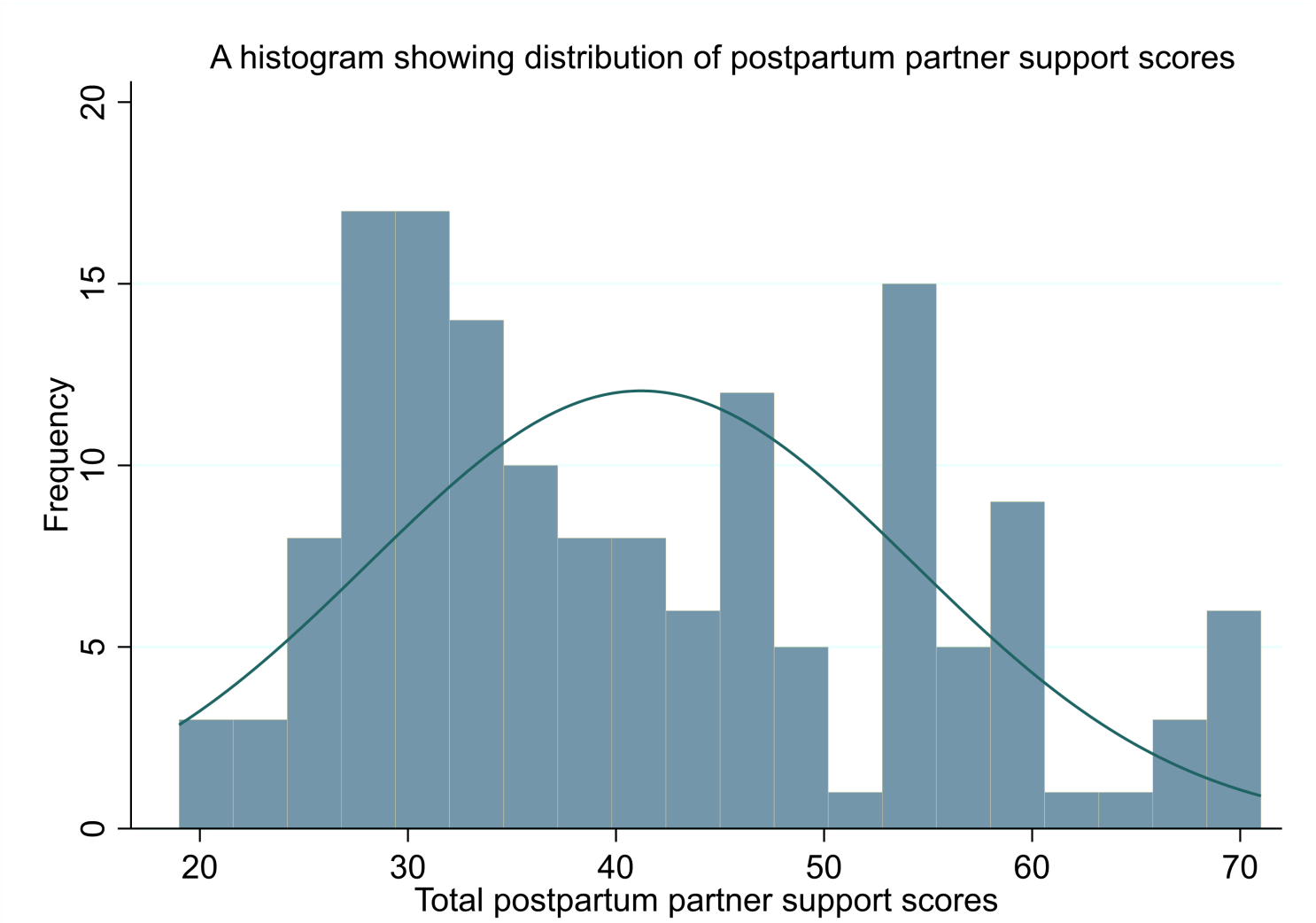


Figure 1

A histogram showing the distribution of postpartum partner support scores