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## The Effect of Family Support on Postpartum Depression: Scoping Review

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**Abstract.** Typically, a mother with postpartum depressive disorder is depressed and has suicidal thought. One of the factors that contributes to emotional stress is relationships with family. Mother's unstable emotions during the postpartum period may affect on the baby's growth besides the mother. Scoping review of existing scientific evidence on postpartum maternal mental health is the goal of this study. Using the Arksey and O'Malley's (2005) framework and the PRISMA-ScR checklist, this research applied a scoping review. In this study, PubMed, Science Direct, and ResearchGate were used for literature searches. The terms "support," "family," "parents," or "husband," and "mental health of postpartum mothers" were chosen as keywords. Joanna Briggs Institute (JBI) Appraisal Tool was implemented in this research. From 669 articles that could be utilized, 10 eligible articles were selected, those articles were written in English and published between 2019 until 2023. The articles focusing on the role of family support in postpartum mother's mental health and containing conclusions about the effect of family support in postpartum mother's mental health were all considered. This research was conducted in 7 distinct nations and each of the 10 eligible articles utilized a quantitative design. The mapping themes found are family support and satisfaction in relationships. The result of scoping review highlighted that the mother requires family support internally during the postpartum period. During the postpartum period, community-based health programs are effective in avoiding mental illness.

**Keywords:** Support, family, postpartum depression, scoping review.

### INTRODUCTION

A mother with a postpartum depressive disorder usually has a depressed mood and suicidal ideation. During the first six weeks after delivery, postpartum depression occurs (Nakamura et al., 2020). PPD (Postpartum Depression) is a psychological illness among postpartum women. Psychosomatic complaints and irritability, frequent lamentation, irrationality and hopelessness, low energy and drive, low sexual attention, loss of appetite and lack of sleep, and unable to experience the current situation are indications (Asaye et al., 2020).

Mothers and their children also suffer from postpartum depression. Cognitive impairment, emotional distress, and behavioral problems are risk factors for PPD (Reis et al., 2022). Problems in parenting and breastfeeding, and obstacles to children's development in the future such as attitude, anger, cognitive, and interpersonal problems will become more chronic in children of mothers experiencing psychological stress (Pratiwi et al., 2022).

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The World Health Organization (WHO) reports that the number of individuals suffering from mental disorders worldwide is growing and that more than 300 million people—or 4.4% of the world's population—are affected by depression, making it the fourth most prevalent disease in the world (WHO, 2017). According to the usual Basic Health Research (referred to as *Riskesmas*) 2018, the prevalence of mental disorders of mood illnesses in Indonesia reached 9.8 (Kementerian Kesehatan RI, 2018).

Postpartum depression was 17.7% more prevalent in 291 studies sampled out from 56 countries, according to a systematic review study (Hahn-Holbrook et al., 2017). Another significant finding is that half of primiparous women with postpartum mental distress (PPD) were declared because of personal problems and preferred not to tell their families (Iyer, 2022). The occurrence of postpartum depression in Asia is quite high and varies between 26-85%. Meanwhile, the incidence rate in Indonesia ranges from 50 to 70% of postpartum women (Sari, 2020). On this ground, the period of pregnancy and childbirth has a greater potential for stress than other conditions. During pregnancy and childbirth (postpartum), mothers appear to experience great stress. This happens due to the limited physical condition of the mother, thereby limiting physical activity in the process of psychological adaptation (Arimurti et al., 2020).

According to a study in Indonesia, the number of attending relatives during the postpartum period will reduce the burden on the mothers and the family support factor given to mothers affects the incidence of postpartum depression. The number of relatives or family assisting physically and psychologically during puerperium will reduce the burden on the mother, and the social support factors received by the mother affect the occurrence of postpartum depression (Ariyanti, 2020). Research in Poland likewise showed results that support from family members drastically improved the likelihood of postpartum depression among postpartum mothers. Mothers with no support from a loved one (family support) scored significantly higher on the Edinburgh Postnatal Depression Scale (EPDS) (Gałęziowska et al., 2021). Another study in Canada revealed that early family history of abuse and neglect, lack of family support, and current partner violence during the postpartum period are additional psychosocial risk factors for high postpartum anxiety (Pawluski et al., 2017).

Not only does postpartum depression affect a woman's life not only her family, but also the development of the child. In some cases, depression can develop into postpartum psychosis (Janouskova, 2021). Therefore, the influence of the family is significant in the occurrence of postpartum depression among mothers.

Given the current state of the literature, scoping reviews are required to identify existing abstract and factual gaps in the research methodology. As a result, this method can be implemented by policy activists, teachers, researchers, and inventors. The goal of this research is to recognize the reality regarding the effect of family support on postpartum depression. Research question is: How does the evidence reassure the effect of family support on postpartum depression?

## METHOD

The Scoping Review research design was utilized by the author for their study. An analytical study is channeled through a scoping review, which identifies the characteristics or important aspects, provides an overview of how the research is carried out in specific points or aspects, and identifies the kinds of data corresponding to the reviewed points that are linked to the concept of analytical research and explaining the systematic review (Munn et al., 2018). This scoping review was written by one lecturer and one student from a similar educational institution.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) scoping review extension checklist serves as the basis for the preparation of this scoping review (Arksey & O'Malley, 2005) and directs to arranging this checking survey. The modified reviews consist of the following steps: 1) finding documents using a systematic search; 2) screening articles based on titles and abstracts; 3) determining if the article may be read in full text; 4) critical appraisal; and 5) inserting pertinent articles.

### Finding documents using a systematic search

Researchers managed and solved the review focus using the Population, Exposure, and Outcome (PEO) Framework to design a review focus and search strategy. Using PEO helped with defining inclusion and exclusion criteria, creating relevant search phrases to characterize the issue, and choosing essential themes to concentrate on throughout the review.

PEO is deemed acceptable for usage as the article search focuses on quantitative research. This study's framework is Population: Family, Exposure: Postpartum Depression, Outcome: Support. Medical subject headings (MesH) and the Boolean operators OR and AND were considered as search terms in this study. Table 1 lists the aforementioned terms in further detail.

**Table 1.**  
Keywords

Population	Exposure	Outcomes
Family OR	Postpartum	Support OR
Husband OR	Depression OR	Involvement
Partner OR	Postnatal	
Parent AND	Depression AND	

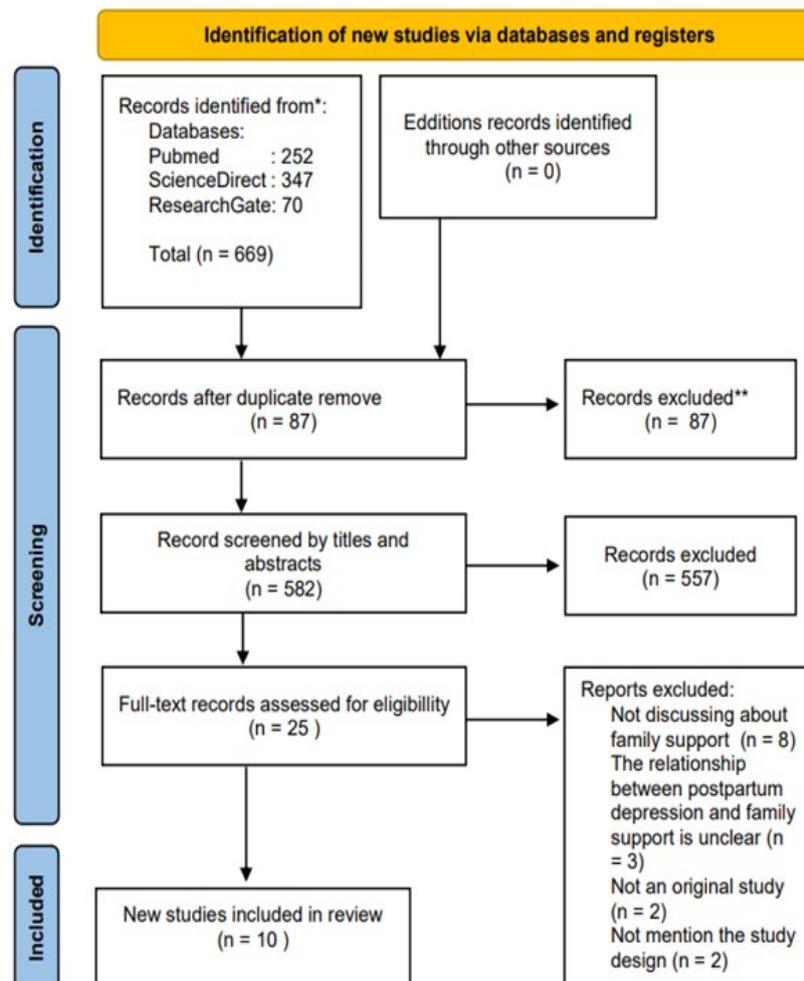
The steps for searching for information sources, search strategies, and sorting objective facts acted as discourse material for authors related to posting searches. The number of studies on postpartum mental distress in postpartum mothers has increased in recent years. Posts about family support and postpartum mental stress in postpartum mothers, conclusions regarding family support ties with postpartum mental pressure in postpartum mothers, and important posts and posts published in English are the benchmarks used. Exclusion criteria are opinionated articles, SOPs, research designs using systematic reviews or scoping reviews, and articles on postpartum maternal mental health without inferences about family relationships.

The data sets utilized in this exploration comprise; Science Direct, ResearchGate, and PubMed. The authors used the Pubmed database because of its free access, which already has 32 million citations and offers links to the National Center for Biotechnology Information (NCBI) and other relevant websites. The basis for high-quality comprehensive reading posting information that has been peer-reviewed is Elsevier's ScienceDirect. ResearchGate (RG) is an academic social networking program that currently serves more than 20 million clients. (Muscanell & Utz, 2017) claims that the mission of RG is to provide academic ties, share knowledge and skills, and raise a fair reputation

The authors began searching the three chosen databases, namely Pubmed, Science Direct, and Researchgate. The PRISMA Flowchart describes the article's findings. The Mendeley reference management tool was used to download and enter all article results, which then looked for duplicates and removed those that were found.

### Screening articles based on titles and abstracts

The author went over the screening procedure and ensured that selected articles qualified the criteria for this study. Of 669 articles were discovered from 3 database's search results. There are 252 PubMed articles, 347 Science Direct articles, and 70 ResearchGate articles. The next step was to input articles into the Mendeley Reference Management Tool. The articles were removed as 87 were duplicates, narrowing down the total to 582 articles. Subsequently, the publications were chosen for screening based on their titles and abstracts, which related to "The Effect of Family Support on Postpartum Depression in Postpartum Mothers." As many as 25 articles were eligible after 557 completely unrelated ones were eliminated. The data graphing table (Table 2), which was adapted from the Joana Briggs Institute (JBI), lists the 10 papers that were included in this scoping review research (Moola et al., 2016).



**Figure 1.**  
PRISMA Flowchart (Page et al., 2021)

**Determining if the article may be read in full text**

**Table 2.**  
 Data Charting

Title and Author	Country	Purpose	Methods (Design, Sample, Instrument, Analysis)	Research result
Relationship of Family Support and Self-Efficacy with Postpartum Depression among Postpartum Mothers.  (Pertwi et al., 2021)	Indonesia	In this study, the incidence of postpartum depression was analyzed in connection to family support and self-efficacy.	D: Cross-Sectional S: 97 Respondents (Consecutive sampling) I: Social Support Scale questionnaire A: Spearman Correlation	56 respondents (57.7%) did not experience postpartum depression, despite having a lot of support from their families. As a result, it was concluded that postpartum mothers who receive a lot of support from their families will feel loved and cared for, and they will also be able to share the burden, thereby reducing stress and postpartum depression.
Effect of perceived husband's support on postpartum depression: Mediating role of need for approval.  (Adil et al., 2021)	Pakistan	To examine the support role of husbands and postpartum depression.	D: Cross-Sectional S: 170 postpartum mothers I: Edinburgh Postnatal Depression Scale (EPDS), Marital Empathy Scale (MES) A: Descriptive Statistics	Woman are more averse to have steady spouses since they realize their husbands will uphold and value them, in this way, they will generally have lower NoP (Need for Endorsement) rates.
Parental Self Efficacy, Partner Support and Parent Support on Postpartum Depression Among First Time Mothers.  (Shadhiya et al., 2021)	India	The goal of this study is to explore the significant relationship between spousal support and parental support in postpartum depression in Kerala.	D: Cross-Sectional S: 184 primiparous women (purposive sampling) I: Early Intervention of Parental Self Efficacy Scale (EIPSES) and Postpartum Social Support Questionnaire (PSSQ) A: Karl Pearson and T tests	Parental self-efficacy and support from partners and parents have a correlation coefficient of $-.169^*$ and $-.231^{**}$ , respectively, for postpartum depression. It is possible to draw the conclusion that parental self-efficacy, companion support, and parental support play a significant role in reducing mental distress symptoms due to this negative relationship.
Associations Between Spousal Relationship, Husband Involvement, and Postpartum Depression Among Postpartum mothers	Indonesia	To determine the extent to which partner relationships, husband involvement, and maternal health behaviors affect	D: Cross-sectional S: 336 postpartum mothers I: Edinburgh Postnatal Depression Scale	This study explains that the quality of the husband's bond can determine the involvement of the husband during pregnancy, birth and

Title and Author	Country	Purpose	Methods (Design, Sample, Instrument, Analysis)	Research result
in West Java, Indonesia.  (Pebryatie et al., 2022)		postpartum depression among Indonesian mothers.	(EPDS), The Quality of Marriage Index (QMI).  A: Structural Equation Modeling (SEM).	childbirth ( $y=.60$ , $P<.001$ ), ultimately leading to better maternal health behavior ( $=.015$ , $P<.001$ ) and decreasing symptoms of postpartum depression in the mother ( $y=-.21$ , $P<.001$ ).
The effect of perceived stress and postpartum partner support on postpartum depression.  (Bánovčinová & Škodová, 2022)	Slovakia	This study sought to determine how perceived stress and relationship support affected postpartum moms' levels of depression.	D: Cross-sectional S: 206 post partum mothers I: The Edinburgh Postnatal Depression Scale, Postpartum Partner Support Scale, and Perceived Stress Scale  A: Linear Regression	Low pair support during labor [ $= -0.154$ ; 95% CI = $(-0.115; -0.025)$ ], lack of supportive persons during labor [ $= -0.105$ ; 95% CI = $(-0.754; -0.030)$ ], and higher felt stress [ $= 0.755$ ; 95% CI = $(0.470; 0.615)$ ] are all related. It was determined that mothers who receive little support from their partners had high stress and depressive symptoms.
Association between social support and postpartum depression  (Cho et al., 2022)	Korea	To investigate the relationship between PPD and social support, and determine the prevalence of PPD among postpartum women in South Korea.	D: Cross-sectional S: 1654 postpartum mothers 20-44 years I: Edinburgh Postnatal Depression Scale  A: Chi Square Test	More social support can lower the incidence of PPD, according to this study. After giving birth, women require a lot of social support from their family and close friend. Interesting results from the subgroup study showed that multiracial women who lacked social support had a five-fold increased risk of PPD.
The association between social support and postpartum depression in women: A cross sectional study.  (Vaezi et al., 2019)	Iran	To ascertain the incidence of maternal postpartum depression and the connection between that condition and social support.	D: Cross-sectional S: 200 primiparas (Convenience Sampling) I: Edinburgh Postpartum Depression Scale  A: T-test, Chi Square	Among primiparous women, the prevalence of postpartum depression is 43.5%. When compared to mothers who are not depressed (1.78 0.87 vs. 2.33 1.00 respectively, $P 0.001$ ), depressed mothers had a lower mean (standard deviation) social support score of 2.09 0.99. So, it is advised once more to inform the family about all facets of health care to prevent postpartum depression.

Title and Author	Country	Purpose	Methods (Design, Sample, Instrument, Analysis)	Research result
Association with social support: a cross-sectional study at a maternity hospital in Kerala  (Kuriakose et al., 2020)		with postpartum mental distress and the relationship between social support and the prevalence of postpartum mental distress.	mothers. I: Edinburgh Postpartum Depression Scale A: Multivariate Regression	The risk that has been highlighted, as well as the lack of support from the mother-in-law and disobedient conduct brought on by a hatred of orders, are serious concerns for husbands. The advent of a close relative who the mother may confide in when issues occur helps lessen her emotional stress. (OR= 0.43, 95% CI= 0.19-0.98, p=0.047)..
A Study of Social Support among Non-Depressed and Depressed Mothers after Childbirth in Jahrom, Iran.  (Jahromi et al., 2019)	Iran	This study's objective was to assess the social assistance given to Jahrom health center clients with postpartum depression and those who weren't depressed	D: Cross-sectional S: 60 post partum mothers (20-40 years) I: Phillips Social Support A: T Test	There is a correlation between the level of social bonding, the type of bond with the accompanying family, and the level of anxiety following pregnancy in social elastic relationships. Last but not least, the husband, in particular, needs to concentrate on his protective position as well as the results of family support, education, and direction.
Relationship between social support and parenting sense of competence in puerperal woman: Multiple mediators of resilience and postpartum depression  (Shang et al., 2022)	China	To evaluate various mediators of survival and postpartum depression (PPD) in the relationship between social support and PSOC in postpartum women	D: Cross-sectional S: 234 postpartum mothers I: Social Support Rating Scale, Connor–Davidson Resilience Scale, Edinburgh Postnatal Depression Scale, and PSOC Scale A: Pearson Correlation	According to the study's findings, people need social support from family, friends, and others. Women may be more likely to develop PPD if they do not have enough social support.

The Joana Briggs Institute (JBI) technique was used to perform a critical assessment since it is comprehensive for evaluating all studies and simple to use. All articles used under consideration employ a cross-sectional research design. They were divided into evaluations with a scoring score assigned to each number on the critical appraisal question; 0 for "no", 1 for "not applicable," 2 for "unclear," and 3 for "yes". There were 10 quality A articles, according to the findings of the article quality evaluation in Table 3 (A1, A2, A3, A4, A5, A6, A7, A8, A9, A10). Articles A5, A6, and A8 are more valuable because they provide a thorough explanation of the process.

The critical appraisal applied Joana Briggs Institute (JBI) Appraisal Tool as described in Table 3.

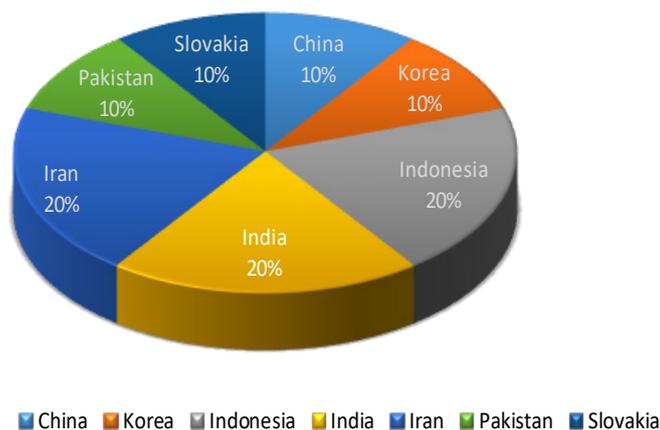
**Table 3.**  
 Article Quality Assessment Data

Question	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
Were the criteria for inclusion in the sample clearly defined?	3	3	3	3	3	3	3	3	3	3
Were the environment and research participants thoroughly described?	3	3	3	3	3	3	3	3	3	3
Was the exposure measurement accurate and valid?	3	3	3	3	3	3	3	3	3	3
Were objective and standard criteria used for measurement of the condition?	3	3	3	3	3	3	3	3	3	3
Were confounding variables found?	2	2	1	2	2	2	2	3	1	2
Were there any methods mentioned for handling confounding variables?	1	1	1	1	2	2	1	2	1	1
Were the results accurately and validly measured?	3	3	3	3	3	3	3	3	3	3
Was the proper statistical analysis performed?	3	3	3	3	3	3	3	3	3	3
<b>Total</b>	21	21	20	21	22	22	21	23	20	21

Inserting pertinent articles was applied in the result and discussion session as the result of this study.

## RESULTS AND DISCUSSION

Out of 669 potential articles for use, 10 are eligible. These selected articles are written in English and were published between 2019 and 2023. The characteristics of articles and theme analysis are described in this section. Figure 2 shows the characteristics of articles by country.

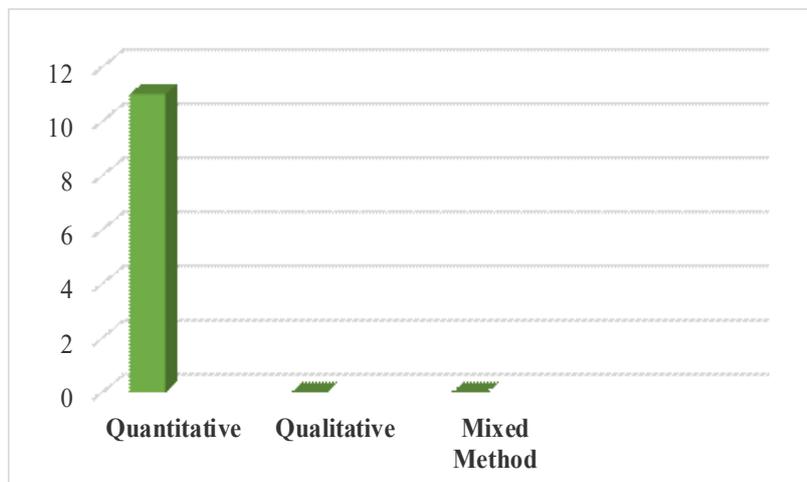


**Figure 2.**  
 Characteristics of Articles by Country

Research publications from a variety of countries were included in this study, such as China (1 article), Indonesia (2 articles), India (2 articles), Iran (2 articles), Pakistan (1 article), Slovakiaa

(1 article), and China (1 article).

Figure 3 presents the article's characteristics based on the research design. Ten research papers were chosen using a quantitative study design and questionnaire-based data-gathering techniques.



**Figure 3.**  
 Article characteristics by research methods

**Theme Analysis**

Following are the data extraction analysis and assessment of the research posts' quality. Also, the research post themes were introduced.

**Table 4.**  
 Analysis and Mapping of Research Article Themes

Themes	Sub-themes	Research Articles
Relationship Satisfaction with Family	Relationship satisfaction with husband	A4, A8
	Relationship satisfaction with in-laws	A8
Family Support	Husband Support	A2, A3, A4, A5
	Parent Support	A1, A3, A8
	Social Support	A6, A7, A9, A10

**Relationship Satisfaction With Family**

Relationship Satisfaction With Husband. The EPDS ratio was applied to measure signs of postpartum mental distress as an outcome elastic. According to this study, postpartum mothers' emotional well-being was impacted by their husbands' involvement, their companionship, and their views on maternal health. EPDS score was 11, PPD habits was 27.6%, and suicidal ideation was indicated by 46 points (18.4%). Factors that were significantly related to PPD in the univariate analysis included: marriage to an aggressive employee, serious problems from the husband, marital conflict induced by the husband's alcoholism, low self-evaluation of marriage, and lack of physical assistance at home in the postpartum era. According to the findings, there was a strong and statistically important association between postpartum mental distress and co-existing violence

distress and co-existing violence (Nhi et al., 2019). From previous research, mothers experiencing intimate partner violence during pregnancy have a greater level of postpartum mental distress (Ashenafi et al., 2021).

**Relationship Satisfaction With Mother-in-Law.** As most women live in families with in-laws, lack of support from mother-in-law as a risk factor has practical significance A8. Research conducted in China indicates that a negative relationship between a mother-in-law and a daughter-in-law is a risk factor for postpartum depression (OR= 2.89; 95% CI= 2.12-3.95). These findings suggest that cultural factors, such as attending mother-in-law as a caregiver and a negative relationship between a mother-in-law and her daughter-in-law are associated with postpartum depression risk (Qi et al., 2021). Disputes due to differences in background, values, identity, and logic or ideas in carrying out baby care will affect this issue (Siu et al., 2012).

## Family Support

**Husband Support.** Spousal support has a direct effect on postpartum depression. Need of approval (NoP) suggests a profoundly positive immediate impact on postpartum depression ( $p < 0.05$ ). The connection between postpartum depression and partner support had a correlation value of  $-0.231^{**}$ , indicating a link between postpartum depression and spouse support. This reinforces the notion that the quality of the husband-wife relationship will determine the husband's involvement during pregnancy, childbirth, and the puerperium ( $y = 0.60$ ,  $p < 0.001$ ). Higher perceived stress [0.755; CI 95% = (0.470; 0.615)] is the consequence of lower partner support [-0.154; 95% CI= -0.115; -0.025]. The strongest indicator of a reduction in postpartum depression symptoms is perceived stress.

According to American studies, perceived stress is adversely correlated with a wife's satisfaction with her husband's support. These results are consistent with those of several studies that a supportive spouse may greatly diminish stress experienced by mothers of all ages and be a key source of support (Luthar & Ciciolla, 2015). The other study indicates that good support from the partner during pregnancy and the postpartum period has a true protective impact, lowering the likelihood of a rise in EPDS rates following delivery (Dadi et al., 2020).

**Parental Support.** The findings reveal a connection between postpartum depression and family support ( $p = 0.000$ ;  $r = -0.364$ ), as well as a connection between postpartum depression incidence and self-efficacy ( $p = 0.000$ ;  $r = -0.355$ ). Parental support and postpartum depression had a correlation value of  $-0.178$ , indicating that the two conditions are not positively correlated. Lack of support from mother-in-law affected the incidence of postpartum depression (OR= 0.32, 95% CI= 0.15-0.68,  $p = 0.002$ ).

Research conducted in Pakistan suggests that the sex of the first baby, level of family support, and family characteristics have a profound effect on the rate of maternal postpartum depression. These findings give insight into cultural risk factors modifying postpartum maternal mental health (Tarar et al., 2021). Tani and Castagna (2017) found that a low degree of perceived parental support is a powerful predictor of postpartum depression, and it has been discovered that in collectivistic societies, perceptions of parental support have the greatest effect on postpartum depression.

**Social Support.** Postpartum depression was more prevalent in women of little or moderate social support (OR= 1.78, 95% CI= 1.26-2.53; OR= 2.76, 95% CI= 1.56-4.89). Those who had multiple pregnancies, lost pregnancies, had an obese body image and were working women all exhibited this pattern. Many family members, close friends, and other social supports are important for new mothers. Unexpectedly, subgroup research found that women with multiple pregnancies were five times more likely to have depression if their social support was insufficient.

Postpartum depression affected 43.5% of new mothers. When compared to those who were

not depressed (1.78 0.87 vs. 2.33 1.00, respectively,  $p < 0.001$ ), depressive mothers' social support network scores were lower on average (Standard Deviation) at 2.09 0.99. Mothers with members of bigger social networks are less likely to have postpartum depression. The family must be informed of the crucial role that social support plays in healthcare and to be reinforced in every area to prevent postpartum depression.

The findings showed that in terms of social support, there was a substantial difference between those who had postpartum depression (parents, husband, and close relatives) and those who were not depressed with a value ( $p = 0.03$ ). The amount of social support is inversely correlated with both PSOC (parenting sense of competence) and PPD (postpartum depression) ( $p < 0.01$ ). Higher levels of personal resilience are correlated with higher levels of social support. People may receive information, emotional support, and material help through their social networks and resilience is increased by facilitating individuals dealing with hardship and failures.

This research explains that PPD plays an intermediary role in social support and PSOC for postpartum women. Pain, lack of sleep, and hormonal imbalances hamper mothers from caring for newborns in the early postpartum period. Finally, social support from family, friends, and others is necessary. Women are more likely to develop PPD if they do not have sufficient social support (Dekel et al., 2017). A further study (Parsa et al., 2019) proves that the high incidence of postpartum mental distress is related to the severity of mental distress, and factors such as poor sleep quality, stress on life's perceptions, and lack of social support.

## CONCLUSION

Based on the 10 publications examined, it was discovered that support from husbands, parents, and mother-in-law had a significant impact on postpartum women's mental health. Postpartum mental distress correlated significantly with low family support. Postpartum mothers with strong family support might be shielded against postpartum depression. Furthermore, postpartum mental stress was influenced by domestic intimacy, including the relationship between husband and mother-in-law, therefore, it is important to focus more on the mother's support during the postpartum period. To avoid postpartum depression in postpartum women, health policymakers and healthcare professionals in public and private health institutions should develop family-focused health programs. In the selected articles, the researchers explored the significance of family support and its impact on the mother's mental wellbeing. Therefore, future researchers should be taking these into account to explore social support for the baby's growth and development.

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