

A scoping review of partners and in-law roles in postpartum depression

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Abstract

Purpose: Postpartum depression (PPD) affects about 17.22% of women globally, with higher rates in regions like Southern Africa and Southeast Asia, and is associated with negative impacts on breastfeeding, self-care, infant care, and maternal mental health. Support from family members plays a crucial role in protecting mothers from PPD by providing emotional and practical assistance. However, in some family arrangements, while in-laws can be supportive, conflicts or unmet expectations may also increase the risk of emotional distress and PPD. This study seeks to identify existing literature on the roles of family support in postpartum care. **Methods:** A scoping review was conducted using PubMed and ScienceDirect as databases, applying search terms such as “Mothers”, “Support”, and “Postpartum Depression”. **Results:** A total of 11 published articles between 2020 and 2025 were selected after meeting the inclusion criteria. This review emphasizes the essential role of familial relationships in shaping postpartum mental health within traditional household settings. Supportive behaviors from husbands consistently emerged as protective factors against PPD by reducing psychological stress, which can contribute to depressive symptoms. Likewise, the role of in-laws can either alleviate or intensify maternal stress. **Conclusion:** Husbands are encouraged to engage in open and empathetic communication with their partners, providing consistent emotional support and reassurance. Furthermore, husbands can serve a pivotal role in managing dynamics within the extended family by establishing appropriate boundaries and fostering a supportive and respectful environment that prioritizes the mother’s psychological well-being.

Keywords: family support; postpartum depression; scoping review

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INTRODUCTION

Women generally undergo a series of changes within their lives throughout pregnancy and childbirth, which make women vulnerable during this period. During the first 4 to 6 weeks of childbirth, women are prone to emotional disturbance. It is typically shown in sadness, sleeping disturbance, eating disorder, fatigue, anxiety, and excessive irritability, which sometimes

persist beyond the postpartum period [1,2]. This kind of emotional disturbance, often known as postpartum blues, which sometimes evolves into postpartum depression if left untreated, was found to be higher in developing or low and middle-income countries (LMICs). A meta-analysis study found the average global prevalence of PPD was 17.22% with Southern Africa having the highest prevalence rate (39.96%), followed by Southeast Asia (22.32%) [3]. In the span of five years, the proportion of baby blues in Indonesia

has increased from 0.9% to 1.1% [4,5]. PPD is often related to reduced frequency and amount of breastfeeding, decreased quality of self-care and infant care, social isolation, and strained family relationships [6]. In a case of severe PPD, there is a chance of suicide, which can contribute to the maternal mortality rate [6,7]. Given the severity of PPD, which can impair maternal function, infant development, and family relationships, it is essential to ensure postpartum mothers' well-being by providing adequate support.

During the postpartum period, support from close family members, especially spouses and in-laws, may act as protective barriers against depression. Family support can provide postpartum women with the necessary assistance, attention, knowledge, and responses to cope with stressful situations [8]. A study conducted in Turkey stated that young mothers exhibit a higher risk of PPD due to low levels of support from special people, family, or friends [9]. Support from family members, especially from husbands, promotes a strong sense of confidence and self-respect in mothers, which in turn relieves stress and tension throughout pregnancy [10]. Within traditional family systems, mothers-in-law frequently occupy dominant roles in postpartum care. Although their involvement may offer critical support, interpersonal conflicts or unmet expectations can heighten emotional strain and susceptibility to PPD [11,12].

METHODS

A scoping review was employed to explore research findings adhering to the following steps: 1) Data sourcing, which involved a comprehensive literature search conducted on 15th March 2025 by utilizing electronic databases to capture relevant literature, such as PubMed and ScienceDirect. 2) Determining search strategy, the primary research question was established to determine the focus of the review regarding how social support influences PPD in postpartum mothers. Search terms included combinations of keywords such as “Mothers” OR “Women” OR “Females” AND “Support” OR “Involvement” AND “Postpartum Depression” OR “Postnatal Depression”. 3) Eligibility criteria such as articles were eligible for inclusion if: (a) published between 2020 and 2025, (b) original research, (c) free access, (d) published in English, (e) focused on postpartum women, and (f) examined family support in relation to PPD. Studies were excluded if they did not mention the postpartum period, did not explicitly discuss relational dynamics, or only focused on biomedical risk factors. 4) Selecting relevant studies was performed in two stages: initial screening of titles and abstracts, followed by full-text

reviews to determine final eligibility. Screening of titles and abstracts was conducted independently by the primary author, while the eligibility of research papers was determined through discussion or consultation with co-authors. 5) Extracting collected data is a data extraction form was developed to capture key information from each study, including author(s) and year of publication, study location and design, population characteristics, types of support examined (emotional, instrumental, etc.), and main findings related to PPD outcomes. 6) Synthesizing conclusions, data were synthesized thematically to identify existing patterns in the main findings. The findings were then summarised to highlight factors contributing to PPD. The literature was organized into meaningful insights to uncover gaps in current research and lay the groundwork for future studies and practical interventions.

RESULTS

The initial database search resulted in a total of 3,688 records. After removing duplicates, 3,582 studies remained for title and abstract screening. Review articles, clinical, biomedical, or pharmacological studies are exempt from further screening. Following this stage, 37 full-text articles were assessed for eligibility, resulting in a final inclusion of 11 studies that met the criteria. The study selection process is illustrated in the PRISMA flow diagram (Figure 1), which outlines each step of the screening and inclusion process.

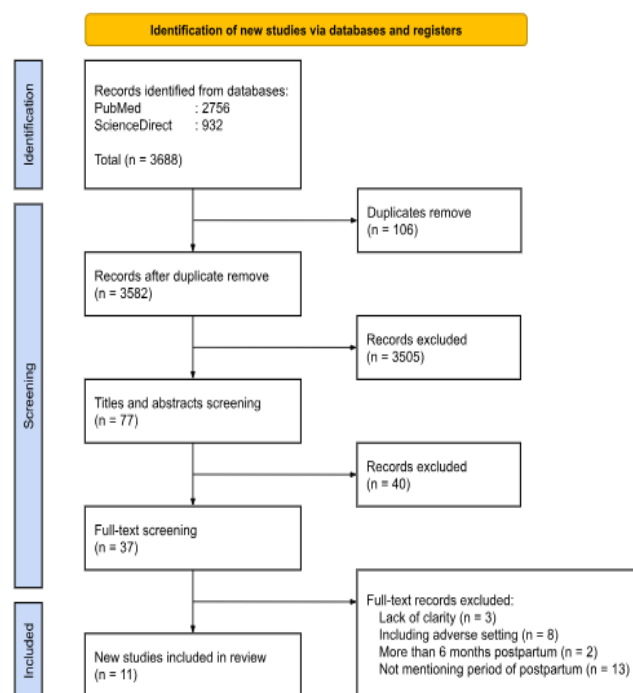


Figure 1. PRISMA flow diagram

Based on the collected data presented in Table 1, a total of 11 studies from 2020 to 2025 were selected after meeting the inclusion criteria. Nine of the studies were conducted in Asia, and only two were conducted in Africa. Eight of the studies were carried out in LMIC settings, while the rest were carried out in China, which is considered a high-income country. Most of the studies were cross-sectional (Table 1). The population of studies was postpartum mothers ranging from 0 to 24 weeks postpartum. Key variables extracted included social support as both a protective and risk factor, marital and family relationships, cultural and living context, and perception of support and expectations.

Social support as a protective and risk factor

Women who reported receiving consistent emotional, practical, and financial support, particularly from partners and family members, were significantly less likely to develop PPD [13]. Support provided by family members, especially husbands, is perceived by mothers as a sense of reassurance in handling challenges during pregnancy, childbirth, and child rearing. Social support not only enhances a mother's confidence and capacity to manage postnatal challenges but also alleviates feelings of isolation and psychological burden, which eventually can enhance maternal role competence [10,14].

Conversely, inadequate support or financial strain was consistently linked to higher rates of PPD [14–17]. In Southeast Asia, in-laws' roles were a remarkable aspect during the postpartum period as they provided support for postpartum mothers, such as stepping in to take care of the baby when the mother was unavailable due to other responsibilities, illness, or fatigue [18,19]. At the same time, in-laws' involvement might pose a risk factor when it starts conflicting with the mother's way of child rearing [19]. Difficulty in managing family income and perceived low economic status were also notable risk factors of PPD [11]. These conditions may leave mothers feeling overwhelmed, vulnerable, and unsupported in a critical transitional period.

The absence of spousal support emerged as a significant predictor of depressive symptoms following childbirth [20,21]. Low partner involvement in maternal, newborn, and child health (MNCH) service was 2.34 times more likely to increase PPD based on a study conducted in Ethiopia [7]. A study on women across four emirates of the UAE stated that the development of PPD was more prevalent in mothers who had no partner's support after delivery [11]. Aligned with this, a study in Taiwan revealed that husband companions in the labor ward can significantly protect mothers from immediate PPD [22].

These findings support the claim of partners' role as protective factors against PPD.

Marital and family relationships

The quality of marital and familial relationships was identified as another crucial determinant of postpartum mental health. Low marital satisfaction, high levels of marital conflict, and experiences of intimate partner violence (IPV) were found to correlate strongly with elevated PPD risk [15,17,20,23–25]. Marriage quality is related to postpartum depression through the influence of partners' involvement during pregnancy and childbirth, which can lead to maternal healthy behavior [26]. A study in Ethiopia showed that women with a history of IPV were three times more likely to develop postpartum depression [7]. Such dynamics not only diminish the perceived availability of support but also exacerbate psychological stress and emotional instability during the postpartum period.

In addition to partners relationships, having family conflict can increase the risk of PPD [17,23,24]. A positive relationship with mother-in-laws plays an essential role in a woman's well-being, whereas a strained relationship may contribute to an increased risk of depression [3]. Educated and modern-thinking women are more likely to question traditional parenting practices and follow their own beliefs [27]. Postpartum women were more likely to expect support from their partners and their own parents rather than their in-laws [25]. A strained relationship with in-laws is often seen as a lack of emotional support, which can heighten psychological stress and make women more vulnerable to postpartum depression [24,27].

Cultural and living context

The role of mothers-in-law emerged as a complex situation. While some offer essential caregiving and emotional support, others contribute to emotional distress due to authoritarian behavior, conflicting childcare beliefs, or power imbalances [20,23,26]. These challenges are especially prominent in patriarchal and multigenerational households, where mothers may experience reduced autonomy and increased pressure to conform to traditional norms. Patriarchal culture was also found to be one of the enabling factors of IPV, which resulted in the development of PPD [23].

Living arrangements can affect PPD to a certain degree. Communal life in traditional residential areas can serve as protective factors against PPD [13]. While it has also been mentioned that in-laws can play both protective and risk factors [19], a study in the UAE stated that mothers who lived in their parents' or in-laws' house had a statistically significantly higher risk of PPD [11]. Cohabiting with parents-in-law is

common in most family settings in Asian countries, which might increase tension due to different perspectives on child rearing between postpartum mothers and in-laws [27]. Thus, it is essential to emphasize the husband's role as a mediator between his wife and extended family, particularly in navigating tensions with in-laws [6]. Additionally, mothers who live in urban areas without husbands were more likely to develop PPD [21].

Perception of support and expectations

Postpartum mothers must subjectively perceive social support; otherwise, it is not valid [20]. For social support to have a meaningful impact on a postpartum mother's well-being, she must personally feel and recognize that the support exists. Suppose she does not perceive or experience the support as helpful or present, even if support is objectively available. In that case, it does not count as valid or effective in influencing her mental health.

Aside from the type of support, the source of support must be considered for maternal mental health. Depending on its source, social support may exert various impacts on the risk of PPD. A study conducted in Aichi concluded that mothers with both partner and family support have a lower risk of developing PPD compared to mothers who only have support from those other than their partner [28]. It can be assumed that cultural norms may have shaped how mothers expect the source and amount of support they want.

Based on a study in women with PPD/A who perceived less social support from partners and parents-in-law, they showed more expectation on support from partners and their own parents [25]. Postpartum women had higher emotional dependency towards their parents than their in-laws, especially when their in-laws were emotionally distant [29]. When support systems fail to meet emotional or practical expectations, they can contribute to a sense of abandonment and elevate the risk of PPD.

Table 1. Studies characteristic

Author (year)	Country	Aim of the study	Methods (design, population)
Qi, et al. (2022) [20]	China	Examined the relative contribution of marital satisfaction, perceived caring of the mother-in-law, and social support on postpartum depression and sleep quality simultaneously.	Cross-sectional study 6 weeks postpartum women
Gebregziabhe, et al. (2020) [13]	Eritrea	To assess the magnitude and predictors of PPD among recently delivered mothers.	Cross-sectional study 2-14 weeks postpartum women
Adeyemo, et al. (2020) [15]	Nigeria	To determine the prevalence of postpartum depression and its predictors among postnatal women.	Cross-sectional study 6 weeks postpartum women
Xayyabouaph, et al. (2022) [23]	Lao PDR	Examined the prevalence and risk factors associated with postpartum depressive symptoms among women after delivery.	Cross-sectional study 4-24 weeks postpartum women
Zangmo, et al. (2024) [24]	Bhutan	To ascertain the prevalence of PPD and identify the factors associated with it, and to generate foundational, evidence-based data.	Cross-sectional study 4-8 weeks postpartum women
Dadhwal, et al. (2023) [25]	India	To study the prevalence and psychosocial correlates of PPD/A in women from the rural community.	Cross-sectional study 4-24 weeks postpartum women
Fraihat, et al. (2024) [16]	Jordan	To explore the prevalence and risk factors of postpartum depression and raise awareness of it.	Cross-sectional study 2-24 weeks postpartum women
Shang, et al. (2022) [14]	China	To evaluate the multiple mediators of resilience and postpartum depression (PPD) in the relationship between social support and PSOC in puerperal women	Cross-sectional study 6-8 weeks postpartum women
Putri, et al. (2023) [21]	Indonesia	To determine the magnitude of the problem and the factors associated with the incidence of PPD among young mothers in rural and urban areas.	N/A 0-24 weeks postpartum women
Aslam, et al. (2022) [17]	India	To estimate the prevalence of PPD and to determine socio-demographic, clinical, and obstetric correlates of the same.	Cross-sectional study 6-24 weeks postpartum women
He, et al. (2024) [27]	China	To identify potential non-biological associated factors for PPD	N/A 6-7 weeks postpartum women

DISCUSSION

This scoping review underscores the critical role that both partners and in-laws play in maternal emotional distress during the postpartum period. Emotional, practical, and financial support, especially

from partners and close family, was linked to lower risk of postpartum depression (PPD). In contrast, lack of support, financial stress, and low partner involvement increased vulnerability. In-laws played a complex role, offering support but also contributing to conflict when expectations clashed. Importantly, it was

the mother's perception of support, not just its presence, that determined its protective effect. Marital dissatisfaction, family conflict, and intimate partner violence further exacerbated PPD risk, highlighting the importance of relational stability. Crucially, the perception of support was more predictive than its mere presence; support must be personally meaningful to be protective.

These findings suggest the need for maternal mental health programs that extend beyond clinical care to include psychosocial and relational dimensions. Routine antenatal and postnatal care should incorporate assessments of perceived support and family dynamics. Partner-inclusive interventions, such as education and counseling, alongside supportive policies like paternity leave and family-based services, may strengthen maternal well-being. As a scoping review, the study provides a broad overview without evaluating the methodological quality of included studies. Cultural variability, reliance on self-reported data, exclusion of non-English sources, and limited longitudinal evidence restrict generalizability and depth. Nonetheless, the findings provide valuable direction for future research and the development of holistic, culturally sensitive maternal mental health interventions.

Husbands are encouraged to communicate openly and support their partners emotionally throughout the postpartum period. They also play an essential role in managing relationships with extended families by setting healthy boundaries and helping to create a respectful and supportive environment that protects the mother's mental well-being. Future research should consider culturally appropriate and long-term approaches to improve the effectiveness of postpartum support interventions.

CONCLUSION

This review underscores the vital role of social and familial support in preventing postpartum depression. Consistent emotional, practical, and financial support (especially from partners) was found to enhance maternal well-being, while inadequate support, family conflict, and unmet expectations increased the risk of PPD symptoms. Culturally specific family dynamics, particularly involving in-laws, further influenced maternal mental health, depending on the nature of those relationships. Therefore, maternal health strategies should integrate psychosocial screening, family-centered approaches, and efforts to strengthen partner involvement. Husbands are encouraged to maintain open communication and provide emotional reassurance, while also helping to manage extended

family dynamics by fostering a supportive and respectful environment. Future research should adopt culturally sensitive and longitudinal approaches to guide the development of effective, sustainable interventions for postpartum mental health.

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