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KEYWORDS	ABSTRACT
Postpartum depression, spiritual wellbeing, partner support	The postpartum period is expected to be a vulnerable phase characterized by emotional, psychological, and physiological changes that may increase the risk of developing depressive symptoms. The study was aimed to assess the levels of perceived partner support and spiritual well-being and determine their association with postpartum depression in different family systems. A purposive sampling technique was used in this study to collect data from those mothers who were reported with postpartum depression. The sample size of 100 mothers from which 50 were from nuclear family system and 50 among them were from joint family system in southern Punjab. Correlational approach was adopted and data was collected from postpartum depression mothers using standardized instruments, including a partner support scale, a spiritual well-being scale, and a postpartum depression assessment tool. The collected data was analyzed using appropriate statistical methods to determine the difference of demographic among the variables. It was anticipated that postpartum depressive have no significant difference at different family system levels but partner support and spiritual wellbeing have significant difference within different family systems whereas $p < .01$. The study was expected to highlight the protective role of supportive relationships and spiritual resources in improving maternal mental health. Findings provides evidence that helps healthcare providers in developing interventions that strengthen partner involvement and promote spiritual well-being in different family systems, ultimately aiming to reduce the risk of postpartum depression and enhance overall maternal well-being.
ARTICLE HISTORY Date of Submission: 09-08-2026 Date of Acceptance: 11-09-2026 Date of Publication: 17-09-2026	 2026 Journal of Social Sciences Development
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Email:	shirmeen.ijaz@gmail.com
DOI	https://doi.org/10.59075/jssd.v5i7.294
Volume/Issue	5(7), 2026, 292-300

Introduction

Motherhood period is viewed as a beautiful life changing moment in a woman's life. The other things that are linked with it are different life changing events, the most crucial among them is postpartum depression which is associated with different pattern of adjustment like social, psychological, emotional and physical. Many people see childbirth as a blissful event but that is not consider same for everyone. Many woman's experience emotional disturbance such as mood fluctuation but sometimes these mood fluctuations can turn into sudden period of unpleasant situation that leads toward the depression. This specific period of depression is also called postpartum depression (PPD). Postpartum depression (PPD) is a mental health condition that usually occurs in a two weeks period after the birth of child. Postpartum period not only cause distress for women's but it also effects negatively to the development of child, serious mental well-being of mothers and also on their relationship with their partners. Postpartum depression (PPD) usually defines as depressive disorder that occur during pregnancy or in a first year of confinement which also includes persistent or period of sadness, crying spells, lack of sleep, fatigue, lack of interest in daily life activities, and hard to make a good relationship with the newborn (APA, 2022). Unlike the temporary "baby blues" that only last for few days after the birth of a child, PPD is serious condition that can cause trouble to the daily functioning of mother as well as for her child (Slomian, 2019). PPD can also be linked with social and environmental stressors such as violence, low socio-economic status, inadequate support of partner (Shorey S, 2018). Due to different social or cultural norms regarding mother's health, postpartum depression hardly diagnosed in Pakistani societies because it is considered that they should care about their families more than their own self as a part of societal norms that are practiced widely here in Pakistan. In this contrast, their own mental health is being deteriorated while they continue to take care of their children and family. Women suffer silently and also bear emotional unavailability due to which reaching out for support remain unattended. Traditional postpartum practices in countries present in South Asia increase the care and also show impact on the health of mothers. There are so many evidence of culturally influenced postpartum practices which involve the family support, emotional availability of friends and family result in lessening the depressive symptoms related to postpartum depression. These findings helps us to see how traditions and culture of specifically impact on women who are experiencing postpartum. Emotional support, social connectedness in this phase helps women to deal with it in a positive way (LeMasters, 2020).

Empathy, emotional availability, support and care from partner can help in reducing these stressors. Women who gets less support from their partners are more likely to experience postpartum depression. A Pakistani study examine the partner support in regard to the postpartum and found that women who experienced more partner support and care from their spouse are less likely to experience depressive symptoms (Jamshaid, 2023).

(Sahar & Raza, 2025) Highlighted that the lack of support from families and trust and love from their partner relationship also contribute toward the depressive symptoms related to postpartum

in young mothers. The evidence suggested that involvement of husband in support related to mother or childcare can improve health of mothers in the time of distress. If the partner is not supported or show violence then it can be a major drawback to the health of mothers. Women who experience some kind of violence and abuse from their partners show more signs of distress and are at risk of developing postpartum depression. Similarly, (Riaz, 2023) spiritual health also show some connection with emotional adaptation in women with stressor related to motherhood. In rich religion based culture such as in Pakistani communities, spiritual and religious beliefs play central role in everyday life and coping mechanisms. Islamic teachings increase patience, connection with family, reliance to God during hard times. These spiritual beliefs may provide emotional comfort and psychological strength for postpartum mothers facing stress and emotional difficulties. Therefore, spiritual well-being may result in psychological strength for mothers with postpartum depression who are suffering from stress and emotional difficulties.

Existing evidence suggested that partner support and spiritual well-being may jointly contribute to wellbeing of mothers in the time period of postpartum. (Riaz, 2023) Women who receive good care and support from their partners while also possessing strong belief related to spirituality may show greater resilience and are emotionally stronger during the postpartum phase. Supportive relationship between partners or stronger emotional bonding can improve maternal health while spirituality can help with getting the meaning of life and hope in that period. The integration of social support and spirituality is important in countries like Pakistan due to their family systems and stronger beliefs related to religion that helps in shaping emotional experiences of women due to which examining these factors can provide more extensive understanding of postpartum depression in Pakistani mothers (Riaz, 2023).

A review of study that was conducted in Pakistan shown that women who did not receive adequate support from their husbands were likely to be involved in postpartum depression. In a similar way, (Jamshaid, 2023) discovered that mothers' postpartum depression levels decreased when their partners provided satisfactory assistance. According to their findings, maternal emotional adjustment is significantly influenced by emotional intimacy and positive relationships with husbands. This association is also supported by research from Pakistan. According to (Jamshaid, 2023), Pakistani women's perceived social support is a major predictor of reduced depression following pregnancy. According to the most recent qualitative investigation carried out in Southern Punjab, Pakistani women' depression following childbirth was primarily caused by psychological distance, carelessness, and low spousal engagement. Because their spouses did not play a role in caregiving or emotional domestic duties, many women described emotions of powerlessness, economic weariness, and sadness. During following childbirth phase, women in Pakistani culture frequently rely significantly on their husbands and other family members. However, interpersonal interaction between spouses may be restricted by society expectations and established gender roles.

(Adil, 2021) Found a substantial association between a greater rate of depression symptoms during the period following childbirth and the state of maternal family ties, particularly lower

satisfaction with assistance from their spouse as well as relationships with parents and grandparents-in-law. A woman's emotions of anxiety, stress, and impotence can be greatly impacted by her partner's lack of support, which might raise her chance of experiencing depression following delivery. However, it has been discovered that social and relationship support, as well as a happy marriage, can mitigate or lower the risk of developing depression (Dadi, 2020). Mother's psychological well-being and health seem to be significantly predicted by partner social interaction, particularly dads' active participation in childcare duties (Dadi, 2020).

According to (Adil, 2021), postpartum women's assessed spouse support boosted mother attachment and dramatically decreased depressed symptoms. In a similar vein, (Jamshaid, 2023) found that moms who received adequate partner support had lower depression after delivery scores and less psychological discomfort. Poor marital relationships, a lack of emotional assistance, and a lack of familial support all raise the likelihood of postpartum depression, according to studies done in South Asian nations.

Spiritual well-being and PPD may have a reciprocal relationship. By encouraging mental toughness and offering emotional support, greater levels of mental health may help reduce depression (Akbari, 2020). On the other hand, spiritual activities like the divine, unity with the environment, or rituals related to religion may be more common among those with lower levels of sadness as ways to cope (Akbari, 2020). In addition to beliefs, involvement in groups of believers, and engaging in religious and spiritual rituals, a notion of faith also includes individual practices like contemplation, prayer, and relaxing methods (Koenig, 2025). A recent research in Turkish women's interpret that there is a significant negative relationship among the spiritual health or well-being and in postpartum related depressive symptoms. Research evidence also shown that the higher the spiritual well-being, the lower the depressive symptoms (Gökçay, 2024).

Methods

The sample size comprised of 100 mothers (N=100) with age range of 18-38 years. The research design of the study was correlational research design. Purposive sampling technique was used to recruit the mothers who were experiencing a postpartum depression depending upon the criteria related to the research. The inclusion criteria were a) Participants were include women who went through postpartum phase with a specific time period postnatal period (up to 12 months after delivery), b) only women who were married currently, c) age 18 or above, d) willing to participate in the study, e) women living in joint and nuclear family system. Mothers who were divorced or widowed and diagnosed with any other medical condition were excluded.

Measures

Edinburgh Postnatal Depression Scale for postpartum depression (John etal, 1987)

A popular self-reporting diagnostic tool for identifying women who might be exhibiting postpartum depression symptoms is the Edinburgh Postnatal Depression Scale (EPDS). Developed

by (Cox, 1987) the EPDS comprises of 10 items measuring depressed symptoms experienced during the last week. A combined score between 0 and 30 is obtained by scoring each item on a 4-point Likert scale (0–3), with higher values denoting more severe depressive symptoms. Items 1, 2, and 4 are scored in reverse, while items 3, 5, and 10 are rated forward. The test reliability of EPDS is $\alpha = .84$ respectively.

Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1982; Ellison, 1983)

The Spiritual Well-Being Scale (SWBS), developed by (Paloutzian, 1982), is a 20-item instrument designed to measure an individual's overall sense of spiritual well-being through two related dimensions, ten items in which measures existential well-being and ten of which measure religious welfare. A 6-point Likert scale, with 1 representing "strongly disagree" and 6 representing "strongly agree," is used to score responses. Greater spiritual well-being is indicated by higher total scores, which range from 20 to 120. Research on spirituality, mental wellness, quality of life, and psychological wellness in a variety of communities has made extensive use of the SWBS, which has proven to have strong reliability .86 and validity.

Partner Support Scale (PSS), Dennis et al. (2015)

A person's assessment of the emotional, functional, and academic support they receive from their close companion can be evaluated using the Partner Support Scale (PSS) developed by (Dennis, 2006), a self-report tool. The scale assesses respondents' perceptions of their partner's availability, comprehension, dependability, and support in both routine life and stressful circumstances, such as pregnancy and the period following delivery. Eight items on a 4-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree) with good consistency of cronbach alpha $\alpha = .84$.

Procedure

A synopsis of the study was prepared and submitted to the Advanced Studies and Research Board of Superior University, Lahore for approval. Upon approval, permission for the use of research instruments was obtained from the respective authors of the scales. The approved synopsis, along with official permission letters from the head of the department, was submitted to the selected clinics and their parent institutes to seek formal approval for data collection. Once institutional approval has been granted, participants were approached at the chosen sites. Only postpartum women who meet the criteria for inclusion in the study was selected. Written informed consent was obtained from all participants before conducting the data gathering process. It were ensured that all participants join the study voluntarily. An overview of the study was given to the participants. This include the purpose and importance of the study. Instructions on how to complete the questionnaires was given to the participants. The confidentiality and anonymity of the information gathered was assured to the participants. The ethical rights of the participants were be communicated to participants in the beginning.

Statistical Analysis

Data was analyzed using SPSS software (version 25). Analyses that were applied includes Independent sample T test. To fulfill the criteria for running inferential statistics, all conditions were considered, including normality of data, missing values, and outliers and other criterion in respect of each analysis.

Ethical Considerations

Throughout the research, study strictly followed the guidelines established by the American Psychological Association in 2021, the research begins with obtaining the informed consent by the women. In every step of the research, participants, anonymity, confidentiality and privacy was the utmost priority. Questionnaire of every single respondent was given a pseudo name to hide the real identity of participants.

Results

The current research aim to investigate the partner support, spiritual wellbeing and postpartum depression among Pakistani mothers living either in nuclear and joint family system.

Independent sample T test

Differences between partner support, spiritual wellbeing and postpartum depression across different family systems

	Family systems						
	Nuclear		Joint				
Variables	M	SD	M	SD	t (98)	p	Cohen's d
Postpartum depression	13.6000	4.77664	13.9200	5.13428	-.323	.748	0.06
Spiritual wellbeing	64.8400	3.13870	59.4200	11.71270	3.161	.002	0.63
Partner support	23.1600	2.81657	20.7000	5.63969	2.759	.007	0.55

Table indicate the result of independent sample t test, to determine the differences of family system with respect to partner support, spiritual wellbeing and postpartum depression. The result indicate there is no major difference of family system on postpartum depression but have significant difference in spiritual wellbeing and partner support whereas the value of $F=27.316$ and 12.431 in Levene's test respectively.

Discussion

The present study looked at variations in partner support, subjective well-being, and depression symptoms between members of and mixed family systems. Spiritual well-being and spouse

support were shown to differ significantly between the two family systems, although depressive symptoms did not differ significantly.

There was no significant difference between participants from nuclear families ($M = 13.60$, $SD = 4.78$) and joint families ($M = 13.92$, $SD = 5.13$) in terms of depressive symptoms ($t(98) = -0.32$, $p = .748$). The difference was not statistically significant, despite the fact that people from nuclear families had somewhat lower depressive symptoms scores than those from mixed households. This implies that variations in symptoms associated with depression may not be well explained by family structure alone. Depression symptoms may be more significantly influenced by other variables, such as the state of marriages, social support, family strife, financial situations, and personal coping mechanisms.

Spiritual well-being was shown to differ significantly between the two family dynamics. Spiritual well-being was higher among nuclear family members ($M = 64.84$, $SD = 3.14$) than among joint family members ($M = 59.42$, $SD = 11.71$), $t(56.00) = 3.16$, $p = .003$. This result suggests that individuals in the current sample who lived in nuclear households had higher levels of spiritual well-being. One argument could be that nuclear families offer more independence, privacy, and autonomy when making decisions. People's commitment with their personal and familial lives may be influenced by these traits. Living in a joint family, on the other hand, can sometimes result in more interpersonal obligations due to increased interaction with extensive family members and shared responsibilities.

Partner support also showed a substantial difference. Compared to those from joint families ($M = 20.70$, $SD = 5.64$), individuals from nuclear families reported greater spouse support ($M = 23.16$, $SD = 2.82$), $t(72.01) = 2.76$, $p = .007$. According to this research, those who lived in nuclear families thought their partners were more supportive than those who lived in joint households. Nuclear families may offer spouses more chances for direct communication, collaborative decision-making, emotional intimacy, and autonomous handling of family affairs. Interactions with other family members may affect marital roles and decision-making in joint family contexts, which may limit couples' ability to operate autonomously.

The results also emphasize how important it is to take relationship-level variables into account when analyzing psychological effects in various family configurations. Future research should examine whether subjective well-being is mediated or predicted by partner support, as well as whether variations between nuclear and joint family systems can be explained by elements including social support, family cohesion, marriage satisfaction, and family conflict.

A Turkish study with 730 women in third trimester of the pregnancy support these findings as it conclude that in the third trimester where the women needs a husband and familial support and affection more than before, they feel lack of emotional support from their spouse as in a traditional cultures husbands cannot fully express their love and support for their wives that can make those women to prone to the postpartum depression more often than the nuclear family system where there is a privacy that can lead them to fully express the care and affection to their wives. In

contrast to nuclear family settings, there was a substantially greater correlation between depression and the husband's lack of emotional support. (Senturk, 2011)

Conclusion

The present study conclude that greater or higher level of partner support seen in women who live in nuclear family system and also result in lower level of postpartum depression. The spiritual wellbeing also plays a vital role in postpartum depression. Higher the spiritual wellbeing result in lower level of postpartum depression with those mothers who live in nuclear families more often. Strengthening supportive relationships and promoting spiritual well-being may therefore help improve maternal mental health during the postpartum period.

Limitations

Although the present research provided support for different hypothesis but there are certain limitation have been noted. The least interest of the participants in participation for research. The time was limited for conducting the research. Some others sampling methods can also be used for accurate results. Data can be increased.

Suggestions

There are certain suggestion for the betterment of research for future. Sample size should be increase. More variables may also be studied. More time should be given for the research.

Implications

This study can be utilize in the field of counselling psychology as it will help in understanding the importance of partner support and families in postpartum phase off women. This research can also be helpful in many other related fields of psychology such as Health psychology as well as for educational purposes.

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