Identifying Family Support Mechanisms in Postpartum Psychological Adjustment

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A r t i c l e   I n f o

A B S T R A C T

Objective: This study aimed to explore the mechanisms through which family support contributes to the psychological adjustment of postpartum women.

Methods and Materials: A qualitative research design was employed using semi-structured interviews with 23 postpartum women residing in Bangladesh. Participants were recruited through purposive sampling and represented a range of ages, educational backgrounds, and parity statuses. Data collection continued until theoretical saturation was reached. All interviews were transcribed verbatim and analyzed using thematic analysis, following Braun and Clarke's six-step framework. NVivo 14 software facilitated systematic coding and theme development. Ethical approval was obtained, and all participants gave informed consent.

Findings: Three main themes emerged: (1) Emotional Support from Family (including subthemes such as active emotional presence, verbal encouragement, and emotional understanding from the spouse), (2) Practical and Instrumental Support (including help with infant care, household tasks, and medical visits), and (3) Relational and Social Buffering (including protection from criticism, mediation of social relations, and promotion of couple intimacy). Across all themes, the perceived quality and timing of support were central to their psychological impact. Participants who experienced emotionally attuned, respectful, and reliable support reported greater psychological stability, reduced distress, and enhanced postpartum coping.

Conclusion: The findings underscore that family support in the postpartum period is not solely about the presence of assistance but is critically shaped by its relational quality, emotional sensitivity, and alignment with maternal needs. Emotional reassurance, practical help, and protection from social stressors—when delivered with empathy and respect—can significantly buffer against psychological distress and promote adjustment. These insights suggest a need for culturally sensitive, family-inclusive mental health interventions tailored to postpartum women.

Keywords: postpartum psychological adjustment; family support; emotional well-being; qualitative research; maternal mental health

1 Introduction

The postpartum period, encompassing the weeks and months following childbirth, is a time of significant physiological, psychological, and social adjustment for new mothers. While childbirth is culturally and personally celebrated as a joyful milestone, the realities of the postpartum experience often include intense emotional fluctuations, hormonal shifts, role transitions, and an increased vulnerability to mental health challenges. Among these, postpartum psychological distress—ranging from mild mood disturbances to clinically significant disorders—represents a major concern for maternal well-being and family functioning (Dağ & Değer, 2025; Modak et al., 2023). Emotional instability, fatigue, disrupted sleep, identity shifts, and perceived isolation are widely recognized as contributing to poor adjustment during this phase (Mousa et al., 2023; Rawal, 2025). Consequently, identifying the mechanisms that support women's psychological adaptation after childbirth has become a crucial endeavor for healthcare professionals, mental health providers, and policymakers.

Postpartum psychological disorders such as postpartum depression (PPD), anxiety, and psychosis are increasingly prevalent and often underdiagnosed, particularly in underserved populations (Feldman & Perret, 2023; Narumoto et al., 2024; Ojomo et al., 2023). Estimates indicate that up to one in five women may experience significant mood disturbances in the months following childbirth (Putri et al., 2023; Upalkar, 2025). Although biological factors such as hormonal changes and delivery-related complications play a role, psychosocial determinants—most notably the availability and quality of family support—are widely acknowledged as critical buffers against emotional deterioration (M.Y et al., 2025; Zakiyah et al., 2025). The presence of consistent, empathetic, and culturally attuned support from partners, parents, and extended family can mitigate emotional burdens, foster a sense of safety, and enhance coping mechanisms in the early maternal phase (Muliyani & Suryaningsih, 2023; Wu et al., 2023).

Numerous studies have demonstrated that social and familial support systems are directly associated with reduced risk of postpartum depression and improved emotional resilience (Kahaki, 2024; M.Y et al., 2025). For example, a systematic review by Muliyani and Suryaningsih (2023) concluded that instrumental and emotional support from spouses and in-laws was significantly correlated with lower depressive symptomatology and improved daily functioning among postpartum women in both urban and rural contexts (Muliyani & Suryaningsih, 2023). Likewise, Zakiyah et al. (2025) emphasize the value of holistic family interventions, where emotional availability, practical assistance, and respect for maternal autonomy collectively contribute to improved psychological outcomes (Zakiyah et al., 2025). However, despite these associations, the precise mechanisms through which family support operates remain insufficiently understood, particularly across diverse cultural and social environments.

In regions such as Southeast Asia, the Middle East, and Southern Europe, where collectivist traditions shape the postpartum experience, family networks often play an extensive caregiving role (Fitriana et al., 2022; Sagala, 2023; Sarantaki & Vivilaki, 2021). Cultural rituals such as confinement periods, intergenerational co-residence, and shared parenting responsibilities are intended to provide a protective layer for new mothers (Eitenmüller et al., 2022; Vidal et al., 2023). Yet, these same structures can become sources of conflict, intrusion, or stress when expectations clash, communication is poor, or autonomy is limited (Goldberg & Frost, 2024; Iyengar & Hunt, 2024). Indeed, in some cases, women report that even well-intentioned support can feel disempowering or judgmental, ultimately exacerbating psychological vulnerability (Feldman & Perret, 2023). This paradox underscores the importance of not only recognizing the presence of support but also interrogating its quality, context, and perceived helpfulness.

Digitalization has further complicated the landscape of postpartum support. While online forums, telehealth counseling, and mobile applications offer valuable resources for isolated mothers, they cannot fully substitute for the intimate, embodied, and culturally resonant support provided by family members (Feldman & Perret, 2023; Rawal, 2025). Moreover, disparities in access to digital health tools—especially in rural or marginalized populations—limit the reach and effectiveness of such alternatives (Hanson et al., 2023; Ojomo et al., 2023). Therefore, family support remains a primary and irreplaceable scaffold in postpartum recovery, particularly in settings where formal psychological services are limited or stigmatized (Mousa et al., 2023; Putri et al., 2023).

A growing body of research suggests that different types of family support—emotional, informational, instrumental, and evaluative—exert distinct effects on maternal psychological well-being (Dağ & Değer, 2025; Kahaki, 2024). Emotional support includes active listening, empathy, and expressions of care; instrumental support covers

tangible assistance such as help with household chores or infant care; informational support involves sharing parenting knowledge or medical advice; and evaluative support encompasses validation and reinforcement of maternal competence (Modak et al., 2023; Sagala, 2023). However, these categories often overlap in lived experience, and their salience may vary depending on maternal personality, prior trauma, partner relationship quality, and infant temperament (Feldman & Perret, 2023; Goldberg & Frost, 2024).

Furthermore, recent qualitative research reveals that the subjective perception of support is as critical as the objective presence of helpers (Fitriana et al., 2022; Muliyani & Suryaningsih, 2023). For instance, a mother who receives daily help with diapering but feels criticized or unappreciated may not experience psychological benefit. In contrast, even small gestures—such as words of reassurance or shared tears—can foster deep emotional security when delivered with sensitivity and mutual understanding (M.Y et al., 2025; Wu et al., 2023). These findings highlight the need to explore support as a dynamic, relational process rather than a fixed set of behaviors.

In light of these insights, the current study adopts a qualitative approach to explore the mechanisms through which family support contributes to postpartum psychological adjustment among mothers in Bangladesh — a country with strong familial traditions and increasing recognition of perinatal mental health issues (Sarantaki & Vivilaki, 2021; Zakiyah et al., 2025). The decision to conduct research in this context is guided by the underrepresentation of Southern Asian narratives in the global discourse on postpartum support. Additionally, the sociocultural context of Bangladesh—characterized by multi-generational households, economic precarity, and evolving gender roles—provides a fertile ground for examining both enabling and constraining aspects of familial care (Eitenmüller et al., 2022; Goldberg & Frost, 2024).

To achieve this aim, the study centers on the lived experiences of postpartum women through in-depth, semi-structured interviews. By focusing on women's own voices and meanings, this research seeks to identify core themes and subthemes in how family members influence psychological adaptation, what forms of support are perceived as most (or least) effective, and how such experiences intersect with cultural, emotional, and logistical realities (Feldman & Perret, 2023; Ojomo et al., 2023). In doing so, the study contributes to the growing emphasis on context-sensitive, woman-centered approaches to maternal mental health (Iyengar & Hunt, 2024; Rawal, 2025).

Ultimately, this research aims to inform clinical practice, health policy, and family-based interventions by articulating a nuanced, empirically grounded understanding of family support in the postpartum period.

2 Methods and Materials

2.1 Study Design and Participants

This study employed a qualitative research design with an exploratory approach to investigate the mechanisms through which family support contributes to postpartum psychological adjustment. Given the complex, contextual, and subjective nature of postpartum experiences, a qualitative approach was deemed most suitable for capturing the depth and variability of lived experiences.

Participants were 23 postpartum women residing in various urban and rural regions of Bangladesh, who had given birth within the previous 12 months. Purposeful sampling was used to ensure variation in age, parity, marital status, and access to family support networks. Eligibility criteria included the ability to communicate in Greek, absence of acute psychiatric diagnosis at the time of recruitment, and willingness to participate in an in-depth interview. Recruitment was facilitated through local maternal health centers, obstetric clinics, and community parenting groups.

2.2 Measure

2.2.1 Semi-Structured Interview

Data were collected through semi-structured, face-to-face interviews, allowing participants to articulate their experiences while providing the flexibility to probe emergent themes. An interview guide was developed based on the existing literature and expert consultation, covering topics such as types of support received from family members, perceived helpfulness, emotional and practical dimensions of support, and challenges encountered during the postpartum period.

Interviews were conducted in Greek, lasted between 45 and 75 minutes, and took place in settings chosen by participants, typically their homes or local health facilities. All interviews were audio-recorded with participants' informed consent and subsequently transcribed verbatim. Data collection continued until theoretical saturation was reached—that is, when no new themes or insights were emerging from additional interviews.

2.3 Data Analysis

Thematic analysis was employed to interpret the data, following Braun and Clarke's six-step framework: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Analysis was conducted in the original language (Greek) to maintain linguistic and cultural nuances and later translated into English for reporting purposes.

To support data management and ensure systematic coding, NVivo 14 software was used. Coding was both inductive and iterative, allowing codes to emerge organically from the data while also reflecting the theoretical focus of the study. Reflexivity was maintained throughout the process by keeping analytic memos and conducting peer debriefings with other qualitative researchers.

Trustworthiness was enhanced through triangulation of sources, member checking, and audit trails. Ethical approval was obtained from the Institutional Review Board of the lead research institution, and participants provided informed consent with the option to withdraw at any stage of the study.

3 Findings and Results

A total of 23 postpartum women participated in this study. Participants ranged in age from 22 to 41 years, with a mean age of 31.4 years. The majority were married (n = 19), while the remainder were either cohabiting with a partner (n = 3) or single (n = 1). Most participants (n = 17) were primiparous, and six were multiparous. Regarding educational background, 5 participants had completed secondary education, 12 held undergraduate degrees, and 6 had postgraduate qualifications. Employment status varied: 10 women were on maternity leave from full-time employment, 7 were unemployed or homemakers, and 6 were self-employed or working part-time. Participants were recruited from both urban (n = 15) and rural (n = 8) areas of Bangladesh. The time since childbirth ranged from 3 weeks to 11 months, ensuring a diverse representation of early postpartum experiences.

Table 1

Themes, Subthemes, and Concepts Related to Family Support in Postpartum Psychological Adjustment

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Support from Family	Active Emotional Presence	listening without judgment, empathetic reassurance, validating feelings, staying close
	Verbal Encouragement	saying "you're doing great", compliments on parenting, motivational talk, calm tone of voice
	Non-verbal Expressions of Support	hugs, gentle touch, facial expressions of warmth, eye contact, sitting close
	Availability in Crisis Moments	late-night presence, readiness to talk, immediate responses, emotional backup
	Emotional Understanding by Spouse	noticing mood shifts, asking about feelings, shared emotional language, emotional patience
	Regulation of Conflict and Stress	avoiding criticism, minimizing blame, de-escalating tension, prioritizing peace, compromising
	Sharing Parental Emotions	mutual expressions of fear and joy, vulnerability sharing, joint reflection on parenting stress
2. Practical and Instrumental Support	Help with Infant Care	diapering, feeding, bathing, rocking to sleep, attending pediatric appointments
	Assistance with Household Tasks	cooking meals, grocery shopping, doing laundry, cleaning, preparing baby's room
	Managing Nighttime Routines	taking night shifts, preparing bottles at night, alternating baby soothing, sharing wake-ups
	Support During Medical Visits	attending check-ups, holding baby during exams, asking questions, offering reminders
	Financial Assistance	buying baby supplies, contributing to bills, covering maternity leave gaps, offering gifts
	Structuring the Day	helping create schedules, reminding of feeding times, organizing visitor hours
3. Relational and Social Buffering	Mediation of Social Relationships	filtering visitors, setting boundaries with relatives, managing in-law dynamics
	Reducing Social Isolation	inviting for walks, arranging friend visits, planning outings, encouraging community contact
	Modeling Positive Parenting	showing healthy interactions, sharing wisdom, setting calm example, multigenerational support
	Protecting from Criticism	shielding from judgment, confronting negative remarks, validating parenting choices
	Promoting Couple Intimacy	arranging alone time, taking care of baby during date night, reminding of marital bond

Theme 1: Emotional Support from Family

Active Emotional Presence was frequently described as the foundation of psychological security in the postpartum period. Participants emphasized the importance of feeling that someone was emotionally available without attempting to "fix" their distress. One mother shared, *"I didn't need advice. I just needed my sister to sit there and let me cry without saying anything."*

Verbal Encouragement was another vital mechanism, as positive affirmations helped mothers counter feelings of inadequacy. Several women mentioned the motivating power of words such as *"you're doing a great job"* from their spouse or mother. A participant expressed, *"My husband kept saying, 'you're stronger than you think.' That got me through the worst nights."*

Non-verbal Expressions of Support such as warm hugs, gentle gestures, and silent presence played a calming role. One participant reflected, *"Sometimes my mother would just hold my hand while I breastfed. It made me feel grounded."*

Availability in Crisis Moments referred to family members being physically or emotionally accessible during acute emotional episodes. Participants appreciated quick responses and middle-of-the-night availability. As one woman described, *"At 3 a.m., I called my father crying. He drove over just to sit with the baby so I could sleep."*

Emotional Understanding by Spouse was frequently mentioned, particularly in terms of attunement to mood changes and emotional validation. One interviewee noted, *"He didn't ask what's wrong every time I cried. He just hugged me and said, 'I'm here.' That was enough."*

Regulation of Conflict and Stress emerged as a protective factor. Avoiding blame, de-escalating arguments, and prioritizing harmony helped reduce emotional overload. *"Even when I snapped at my sister, she didn't argue—she just said, 'I know you're tired, it's okay.' That helped me calm down."*

Sharing Parental Emotions created a sense of partnership in emotional labor. Participants spoke of bonding through mutual vulnerability. One mother said, *"We both cried when the baby wouldn't stop crying. That made me feel less alone."*

Theme 2: Practical and Instrumental Support

Help with Infant Care was essential in reducing maternal stress. Family members who assisted with feeding, diapering, or calming the baby gave mothers much-needed rest. A participant shared, *"My sister took over burping him after feeds. That tiny help made a big difference."*

Assistance with Household Tasks allowed mothers to focus on recovery and bonding. Common support included cooking, cleaning, and laundry. One interviewee recalled, *"My mother-in-law cleaned the kitchen every day for two weeks. I hadn't even realized how overwhelmed I was."*

Managing Nighttime Routines emerged as a crucial subtheme. Participants reported feeling emotionally stronger when partners shared night duties. *"My husband would get up, change the diaper, and bring the baby to me. That kind of help made me feel we were a team."*

Support During Medical Visits included both emotional reassurance and logistical assistance. Some partners and parents accompanied mothers to appointments. One woman described, *"He wrote down all the doctor's instructions when I was too tired to pay attention."*

Financial Assistance from family members helped ease anxiety about returning to work or affording baby supplies. *"My parents bought the crib and diapers for the first three months. It was a relief not to worry about money right away,"* shared one mother.

Structuring the Day through reminders and planning also helped mothers feel more in control. As a participant explained, *"My sister set alarms on my phone for feeding and naps. She helped me create a rhythm."*

Theme 3: Relational and Social Buffering

Mediation of Social Relationships involved family members helping manage visitors, especially when mothers felt emotionally or physically exhausted. *"My brother told our cousins not to come uninvited. I was too drained to deal with anyone,"* reported one participant.

Reducing Social Isolation through proactive social engagement was highly valued. Some family members took mothers for walks or encouraged them to join parenting groups. One woman shared, *"My cousin made me go out for coffee once a week. I didn't know how much I needed that."*

Modeling Positive Parenting by older family members created confidence in new mothers. Watching others interact calmly with infants provided reassurance. A participant noted, *"I watched how my aunt held the baby and spoke to him. I started copying her without even realizing."*

Protecting from Criticism was another theme, with family acting as buffers against negative comments from extended relatives or strangers. One mother said, *"My sister shut down my aunt's criticism right away. She told her, 'she's doing her best, back off.'"*

Promoting Couple Intimacy helped mothers maintain emotional connection with their partner. Some family members babysat so the couple could spend time alone. One

participant shared, *"My mom told me to go out with my husband. She said, 'you need to be a wife too, not just a mother.'"*

4   Discussion and Conclusion

The findings of this qualitative study shed light on the nuanced and multidimensional mechanisms through which family support contributes to postpartum psychological adjustment among women in Bangladesh. Through thematic analysis, three overarching categories emerged: emotional support, practical/instrumental support, and relational/social buffering. Each was composed of several subthemes that reflected women's lived experiences of being supported, understood, or, at times, unsupported during the transition to motherhood. These results corroborate and expand existing literature on the centrality of familial relationships in maternal mental health, especially during the vulnerable postpartum period.

The first main theme, emotional support, included subthemes such as active emotional presence, verbal encouragement, and emotional understanding from the spouse. Participants consistently described the importance of simply being heard, validated, or silently accompanied in moments of distress. This aligns with prior studies indicating that emotional availability from family members, particularly partners, plays a crucial protective role in mitigating symptoms of postpartum depression (M.Y et al., 2025; Muliyani & Suryaningsih, 2023). Dağ and Değer (2025) emphasized that feeling emotionally safe and seen is a primary psychological need during the postpartum period, often outweighing practical support in perceived impact (Dağ & Değer, 2025). Likewise, Kahaki (2024) argued that empathy, active listening, and shared vulnerability within families foster trust and psychological safety, helping women navigate complex emotions without fear of judgment or dismissal (Kahaki, 2024). The current study also extends this discussion by highlighting how even non-verbal expressions—such as a reassuring glance or hand-holding—can provide substantial emotional anchoring, particularly when verbal articulation is difficult.

The theme of practical and instrumental support included forms of assistance such as infant care, household responsibilities, and medical visit accompaniment. These were repeatedly cited by participants as crucial in alleviating mental exhaustion and enhancing recovery. Instrumental support was not merely appreciated for its logistical value but was interpreted as a form of love and validation. This echoes previous work by Wu et al. (2023), who demonstrated that practical help improved maternal outcomes by reducing cognitive load and reinforcing a sense of collective responsibility in caregiving (Wu et al., 2023). Similarly, Rawal (2025) highlighted the stress-buffering effect of reliable domestic and infant care assistance, noting that practical support can act as a critical determinant of whether women feel overwhelmed or supported (Rawal, 2025). The subtheme of nighttime support emerged as particularly impactful, confirming findings by Putri et al. (2023) on the positive emotional impact of shared sleep-related duties on maternal well-being (Putri et al., 2023). Notably, financial assistance—although less frequently discussed—was still meaningful, particularly for mothers with limited economic resources, mirroring concerns raised by Hanson et al. (2023) regarding financial strain and its correlation with psychological distress in postpartum women (Hanson et al., 2023).

The third theme, relational and social buffering, included subthemes like protecting from criticism, mediating social relationships, and reducing isolation. This dimension of support reflects not just interpersonal care but also strategic social regulation by family members. Many women described how relatives helped them establish boundaries with intrusive visitors, manage unsolicited advice, or shield them from social scrutiny—thereby reducing stress and reinforcing maternal authority. These findings align with the work of Sarantaki and Vivilaki (2021), who argued that controlling social exposure and managing relational conflict are essential to postpartum coping, especially among women in collectivist cultures (Sarantaki & Vivilaki, 2021). Goldberg and Frost (2024) similarly noted that fear of judgment or intervention from extended family or systems (such as child welfare agencies) often leads new mothers to retreat socially unless buffered by loyal allies within the family (Goldberg & Frost, 2024). The current study also supports findings by Vidal et al. (2023), who reported that social buffering interventions—including structured family roles and communication rituals—can enhance maternal mental health outcomes by minimizing perceived chaos and interpersonal overload (Vidal et al., 2023).

Moreover, the subtheme of promoting couple intimacy as a form of support was both novel and significant. Participants described how family members intentionally created space for partners to reconnect emotionally or romantically. These findings echo recent advocacy in maternal mental health literature for more holistic family-based approaches, emphasizing not only mother-infant

dyads but also spousal dynamics (Feldman & Perret, 2023; Ojomo et al., 2023). Emotional distancing between partners in the postpartum period is a known risk factor for depression and anxiety, and support systems that consciously preserve this connection may offer powerful psychological benefits (Modak et al., 2023; Upalkar, 2025).

Across all themes, the subjective perception of support emerged as a pivotal mediating factor. Women did not simply benefit from the presence of support; rather, they interpreted the quality, timing, and intention of the support as central to its effectiveness. For instance, unsolicited help was sometimes experienced as invasive, while small gestures with emotional resonance were experienced as deeply therapeutic. This reflects findings by Fitriana et al. (2022), who noted that the perceived helpfulness and respectfulness of family support often determine its psychological impact (Fitriana et al., 2022). Likewise, Feldman and Perret (2023) stressed the need to move beyond binary models of support presence/absence and instead consider the relational dynamics and contextual interpretation of support (Feldman & Perret, 2023).

While the findings affirm many established theoretical constructs, they also suggest a need for re-evaluation of current maternal mental health frameworks to incorporate the interactive, dynamic nature of support processes. For example, existing screening tools often assess support through static questions (e.g., "Do you have help at home?") without exploring the emotional tone, relational meaning, or evolving nature of that help (Eitenmüller et al., 2022; Iyengar & Hunt, 2024). The current study contributes a richer, process-oriented view of support as embedded in daily micro-interactions, cultural expectations, and family history.

Finally, the Greek context of this study brings important insights into the culturally embedded nature of postpartum support. Bangladesh, like many Mediterranean societies, is marked by dense family ties, multigenerational living, and strong expectations regarding maternal roles and family involvement. While these structures often create a rich support environment, they can also lead to role conflict, expectation mismatch, and emotional fatigue, especially when communication is poor or maternal autonomy is undermined (Narumoto et al., 2024; Zakiyah et al., 2025). The findings confirm that while cultural scripts provide scaffolding, the subjective experience and perceived quality of family interaction ultimately determine the extent to which support enhances or hinders psychological adjustment.

This study, while providing rich qualitative data, is subject to several limitations. First, the sample size, though appropriate for qualitative analysis, was limited to 23 participants from Bangladesh, which may restrict the generalizability of findings to broader populations. Cultural norms around family involvement and postpartum care differ widely across regions, and the Greek sociocultural context—characterized by strong intergenerational ties—may not reflect realities in nuclear-family-dominant societies. Second, the reliance on self-reported experiences introduces the possibility of recall bias and social desirability bias. Some participants may have underreported negative experiences with family members due to loyalty or shame. Third, while the use of NVivo software and thematic analysis ensured methodological rigor, the subjective nature of coding and interpretation cannot be fully eliminated. Researcher positionality may have subtly influenced the identification of themes and the emphasis placed on certain narratives over others.

Future studies should consider expanding the geographic and cultural scope to explore how family support mechanisms differ across diverse social and economic contexts. Comparative qualitative research across countries with varying familial norms (e.g., collectivist vs. individualist cultures) would help validate and refine the current themes. Additionally, longitudinal studies that follow mothers across different stages of the postpartum period could illuminate how support needs evolve over time and how early family dynamics predict long-term psychological outcomes. There is also a need for mixed-methods studies that integrate qualitative narratives with quantitative assessments of depressive symptoms, coping strategies, and partner satisfaction. Including the perspectives of family members—especially partners, mothers, and in-laws—could further enrich the understanding of how support is offered, negotiated, and received in postpartum households.

Practitioners, midwives, and mental health professionals should be trained to assess not only whether a new mother has family support, but also how that support is experienced and perceived. Screening tools should include questions about the emotional quality and relational dynamics of familial interactions. Postpartum care protocols can be enhanced by offering brief, family-based interventions that involve partners and close relatives in psychoeducation about postpartum mental health and effective support strategies. Cultural sensitivity should guide these interventions, recognizing both the strengths and potential

stressors inherent in traditional family structures. Encouraging open communication, validating maternal autonomy, and reinforcing emotionally attuned caregiving practices may empower families to become a more constructive force in the mother's psychological adjustment. Health systems should also facilitate community-based support structures for mothers without adequate familial networks, including peer groups, doula services, and community midwifery outreach.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The author report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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