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Original Article

Psychosocial Factors and Social Support in Women with Postpartum Depression

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ABSTRACT

Background: Postpartum depression is a major maternal mental health problem influenced by psychosocial stressors and the availability of social support. However, evidence examining these factors together among women with postpartum depression in Bangladesh remains limited. Aim of the study: To assess psychosocial factors and perceived social support among women with postpartum depression and identify factors associated with greater depression severity. **Methods & Materials**: This cross-sectional analytical study was conducted among 75 women with postpartum depression attending the Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh, from March 2022 to August 2024. Sociodemographic, obstetric, psychosocial, and social-support characteristics were assessed using a structured interview. Associations with depression severity were examined using the Chi-square test, while multivariable logistic regression identified factors independently associated with moderate-to-severe depression. Adjusted odds ratios (AORs) with 95% confidence intervals (CIs) were reported. **Result**: Sleep disturbance was the most frequently reported psychosocial factor (65.33%), followed by stress related to infant care (52.00%) and financial stress (49.33%). Overall perceived social support was low in 30.67%, moderate in 46.67%, and high in 22.67% of participants. Marital relationship problems, financial stress, family conflict, insufficient childcare support, and sleep disturbance were significantly associated with depression severity. In multivariable analysis, sleep disturbance (AOR 4.05, 95% CI 1.62–10.14; p=0.003), low perceived social support (AOR 3.76, 95% CI 1.48–9.54; p=0.005), marital relationship problems (AOR 3.21, 95% CI 1.31–7.87; p=0.011), insufficient childcare support (AOR 2.58, 95% CI 1.08–6.17; p=0.034), family conflict (AOR 2.72, 95% CI 1.08–6.86; p=0.034), and financial stress (AOR 2.46, 95% CI 1.04–5.82; p=0.040) were independently associated with moderate-to-severe depression. **Conclusion**: Psychosocial stressors and inadequate social support are strongly associated with greater postpartum depression severity. Integrating psychosocial screening, sleep-related assessment, family-based support, and practical childcare and financial support into postpartum mental health services may facilitate earlier identification and more comprehensive management of affected women.

Keywords: *Postpartum depression; psychosocial factors; social support; sleep disturbance; marital relationship; family conflict; maternal mental health; Bangladesh.*

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INTRODUCTION

Postpartum depression (PPD) is a depressive disorder following childbirth, characterized by persistent low mood, loss of interest, emotional distress, fatigue, sleep disturbance, and difficulty adapting to motherhood [1]. Unlike the transient "baby blues," PPD can persist and impair maternal psychological and social functioning, affecting approximately 10–15% of women after childbirth [1,2]. Globally, postpartum depression affects approximately 13–19% of women during the postpartum period, with a greater burden reported in low- and middle-income countries due to socioeconomic and healthcare-related factors [2,3]. In South Asia, postpartum depression is a significant maternal mental health concern, with 45.5% of women in rural South India screening positive for postnatal depression, highlighting the considerable psychosocial burden in the region [4,5]. Postpartum depression (PPD) is a complex mental health condition influenced by psychological, psychosocial, and social factors. Its multifactorial nature requires early recognition, comprehensive assessment, and individualized management. Evidence shows that psychological interventions such as cognitive behavioral therapy and interpersonal psychotherapy can significantly reduce depressive symptoms in women with perinatal depression [2,6]. Supportive and psychosocial interventions can also improve emotional adjustment and reduce depressive symptoms [6,8]. Pharmacological treatment may be considered for women with moderate to severe symptoms according to clinical severity and individual needs [2]. During the postpartum period, spousal and family support can provide emotional reassurance and practical assistance. Encouragement from friends and healthcare professionals can further strengthen coping and promote emotional well-being [7,9]. In contrast, inadequate social support and marital conflict may increase psychological vulnerability and hinder recovery [2,7,9]. The consequences of PPD extend beyond maternal emotional well-being. Affected women may experience impaired daily functioning, reduced quality of life, difficulties in maternal-infant interaction, and challenges in fulfilling family responsibilities [3,10]. Maternal depression may also negatively influence infant care and family relationships, making PPD an important concern not only for mothers but also for children and the wider family unit [3,7]. Despite the availability of effective interventions, timely care may be limited by mental health stigma and inadequate awareness. Financial constraints and insufficient postpartum mental health services may further restrict access to appropriate treatment, particularly in resource-limited settings. For these reasons, social support is an important component of psychological well-being. and recovery during the postpartum period [7]. This issue is especially relevant in developing countries, where maternal healthcare often focuses primarily on physical outcomes while psychological well-being receives comparatively less attention. Although previous studies have identified several biological and psychosocial predictors of PPD, psychosocial characteristics and different dimensions of social support are frequently examined separately [2]. Furthermore,

evidence regarding the relationship between social support and PPD among women in South Asian, particularly Bangladeshi, clinical settings remains limited. Therefore, the assessment of psychosocial factors together with the availability and sources of social support is essential for understanding the broader context of PPD. So, the study aimed to assess psychosocial factors and social support among women with postpartum depression and to examine their relationship with PPD.

METHODS & MATERIALS

This cross-sectional analytical study was conducted among 75 women with postpartum depression attending the Department of Psychiatry in Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh. The study was carried out from March 2022 to August 2024. A total of 75 women diagnosed with postpartum depression were enrolled using a purposive sampling technique. Participants were assessed for sociodemographic, obstetric, postpartum, psychosocial, and social support characteristics.

Inclusion Criteria

- Women aged 18 years and above.
- Women within the postpartum period.
- Women diagnosed with postpartum depression according to the study's diagnostic criteria.
- Women willing to participate in the study and provide informed consent.

Exclusion Criteria

- Women with severe psychiatric or cognitive conditions that prevented reliable assessment.
- Women unable to provide the required information.
- Women unwilling to participate in the study.

Data Collection

A structured data collection procedure was followed after obtaining informed consent from the participants. Sociodemographic information including age, family type, residence, educational status, occupation, and socioeconomic status was collected. Obstetric and postpartum characteristics including parity, mode of delivery, number of living children, postpartum period, pregnancy planning, previous history of depression, and previous psychiatric illness were recorded. Psychosocial factors including marital relationship problems, financial stress, family conflict, insufficient childcare support, sleep disturbance, stress related to infant care, recent stressful life events, and unwanted/unplanned pregnancy were assessed. Perceived social support was evaluated across family support, friend support, significant-other support, and overall perceived social support, and categorized as low, moderate, or high. The severity of postpartum depression was categorized as mild, moderate, or severe. Data were collected through a structured interview and recorded using a standardized data collection form.

Statistical Analysis

Data were analyzed using SPSS version [28]. Continuous variables were expressed as mean ± standard deviation (SD), while categorical variables were presented as frequency and percentage. The distribution of psychosocial factors and perceived social support was described using descriptive statistics. Associations between psychosocial factors and postpartum depression severity were assessed using the Chi-square test. Multivariable binary logistic regression analysis was performed to identify factors independently associated with moderate-to-severe postpartum depression, and adjusted odds ratios (AORs) with 95% confidence intervals (CIs) were reported. A p-value <0.05 was considered statistically significant.

RESULT

The largest proportion of participants were aged 25–31 years (45.3%), followed by those aged >31 years (40.0%). Most participants belonged to nuclear families (66.7%), resided in urban areas (81.3%), were housewives (74.7%), and had a middle socioeconomic status (69.3%) (*Table 1*).

Table I

Sociodemographic characteristics of women with postpartum depression (*n*=75).

Variables	Frequency (n)	Percentage (%)
Age group (years)		
18–24	11	14.67
25–31	34	45.33
>31	30	40.00
Family type		
Nuclear	50	66.67
Extended	25	33.33
Residence		
Urban	61	81.33
Rural	14	18.67
Education		
No formal education	1	1.33
Primary	10	13.33
Secondary	21	28.00
Higher secondary	22	29.33
Honors and above	20	26.67
Occupation		
Housewife	56	74.67
Service	19	25.33
Socioeconomic status		
Low	19	25.33
Middle	52	69.33
Upper	4	5.33

More than half of the participants were multiparous (56.00%), and cesarean delivery was reported in 68.00%. The largest proportion of women were assessed at 7–12 weeks postpartum (40.00%). Previous depression was reported by 21.33% of participants (*Table II*).

Table II
Obstetric and postpartum characteristics of the participants (*n*=75).

Variables	Frequency (n)	Percentage (%)
Parity		
Primiparous	33	44.00
Multiparous	42	56.00
Mode of delivery		
Vaginal delivery	24	32.00
Cesarean delivery	51	68.00
Number of living children		
1	31	41.33
2	32	42.67
≥3	12	16.00
Postpartum period		
≤6 weeks	28	37.33
7–12 weeks	30	40.00
>12 weeks	17	22.67
Pregnancy planned		
Yes	55	73.33
No	20	26.67
Previous history of depression		
Yes	16	21.33
No	59	78.67
Previous psychiatric illness		
Yes	8	10.67
No	67	89.33

Sleep disturbance was the most frequently reported psychosocial factor (65.33%), followed by stress related to infant care (52.00%) and financial stress (49.33%). Marital relationship problems and insufficient childcare support were reported by 38.67% and 42.67% of participants, respectively (*Table III*).

Table III
Psychosocial factors among women with postpartum depression (*n*=75).

Psychosocial factors	Yes, n (%)	No, n (%)
Marital relationship problems	29 (38.67)	46 (61.33)
Financial stress	37 (49.33)	38 (50.67)
Family conflict	26 (34.67)	49 (65.33)
Insufficient childcare support	32 (42.67)	43 (57.33)
Sleep disturbance	49 (65.33)	26 (34.67)
Stress related to infant care	39 (52.00)	36 (48.00)
Recent stressful life event	22 (29.33)	53 (70.67)
Unwanted/unplanned pregnancy	20 (26.67)	55 (73.33)

Moderate perceived social support was the most frequent category across the assessed domains. Overall, 46.7% of women had moderate social support, while 30.7% had low and 22.7% had high perceived social support (*Table IV*).

Table IV
Perceived social support among women with postpartum depression (*n*=75).

Social support domain	Low n (%)	Moderate n (%)	High n (%)
Family support	18 (24.00)	33 (44.00)	24 (32.00)
Friend support	27 (36.00)	30 (40.00)	18 (24.00)
Significant-other support	21 (28.00)	32 (42.67)	22 (29.33)
Overall perceived social support	23 (30.67)	35 (46.67)	17 (22.67)

Significant associations were observed between postpartum depression severity and marital relationship problems (p=0.021), financial stress (p=0.034), family conflict (p=0.018), insufficient childcare support (p=0.026), and sleep disturbance (p<0.001) (*Table V*).

Table V
Association of psychosocial factors with postpartum depression severity (*n*=75).

Psychosocial factor	Mild n (%)	Moderate n (%)	Severe n (%)	p-value
Marital relationship problems				
Yes	6 (20.69)	14 (48.28)	9 (31.03)	0.021
No	25 (54.35)	14 (30.43)	7 (15.22)	
Financial stress				
Yes	10 (27.03)	17 (45.95)	10 (27.00)	0.034
No	21 (55.26)	11 (28.95)	6 (15.79)	
Family conflict				
Yes	5 (19.23)	13 (50.00)	8 (30.77)	0.018
No	26 (53.06)	15 (30.61)	8 (16.33)	
Insufficient childcare support				
Yes	8 (25.00)	15 (46.88)	9 (28.13)	0.026
No	23 (53.49)	13 (30.23)	7 (16.28)	
Sleep disturbance				
Yes	12 (24.49)	24 (48.98)	13 (26.53)	<0.001
No	19 (73.08)	4 (15.38)	3 (11.54)	

In multivariable analysis, financial stress (aOR = 2.46, 95% CI: 1.04–5.82; p = 0.040), marital relationship problems (aOR = 3.21, 95% CI: 1.31–7.87; p = 0.011), family conflict (aOR = 2.72, 95% CI: 1.08–6.86; p = 0.034), sleep disturbance (aOR = 4.05, 95% CI: 1.62–10.14; p = 0.003), insufficient childcare support (aOR = 2.58, 95% CI: 1.08–6.17; p = 0.034), and low perceived social support (aOR = 3.76, 95% CI: 1.48–9.54; p = 0.005) were independently associated with moderate-to-severe postpartum depression (*Table VI*).

Table VI
Multivariable logistic regression analysis of factors associated with moderate-to-severe postpartum depression (*n*=75).

Predictor	Adjusted OR	95% CI	p-value
Age >31 years	1.58	0.68–3.68	0.286
Multiparity	1.31	0.59–2.91	0.507
Cesarean delivery	1.67	0.73–3.84	0.225
Low socioeconomic status	2.14	0.78–5.87	0.14
Financial stress	2.46	1.04–5.82	0.04
Marital relationship problems	3.21	1.31–7.87	0.011
Family conflict	2.72	1.08–6.86	0.034
Sleep disturbance	4.05	1.62–10.14	0.003
Insufficient childcare support	2.58	1.08–6.17	0.034
Low perceived social support	3.76	1.48–9.54	0.005
Previous history of depression	2.29	0.83–6.31	0.109

DISCUSSION

Postpartum depression (PPD) is a depressive disorder occurring after childbirth, ranging from mild to severe, and characterized by persistent low mood, loss of interest, emotional distress, and impaired daily functioning [11]. The sociodemographic profile of the present study showed that most participants were aged 25–31 years (45.33%), lived in urban areas (81.33%), belonged to nuclear families (66.67%), and were housewives (74.67%). Similar demographic patterns have been reported in previous studies from Bangladesh, where postpartum depression has commonly been observed among young mothers with substantial household and caregiving responsibilities. However, differences in study settings and sampling methods may explain variations in demographic characteristics across studies [12]. Regarding obstetric characteristics, 56.00% of participants were multiparous and 68.00% had undergone cesarean delivery. Previous studies have identified obstetric and reproductive characteristics as potential contributors to postpartum depression. However, in the present study, multiparity and cesarean delivery were not independently associated with moderate-to-severe depression. Similarly, previous history of depression, reported by 21.33% of participants, did not reach statistical significance in the adjusted analysis. These differences may reflect the relatively small sample size and the inclusion of women who had already developed postpartum depression [13,14]. Among psychosocial factors, sleep disturbance was the most common problem (65.33%), followed by stress related to infant care (52.00%) and financial stress (49.33%). These findings are consistent with previous research identifying sleep disruption, caregiving stress, and socioeconomic difficulties as important factors associated with postpartum depressive symptoms. A recent study among 406 postpartum women also demonstrated significant relationships between sleep quality, postpartum stress, social support, marital satisfaction, and depressive symptoms [15]. In the present study, sleep disturbance showed the strongest association with depression severity (p<0.001) and remained independently associated with moderate-to-severe depression (AOR 4.05, 95% CI 1.62–10.14; p=0.003). This suggests that sleep should receive particular attention during postpartum mental health assessment [16]. Financial stress was reported by 49.33% of women and was significantly associated with depression severity (p=0.034). It also remained independently associated with moderate-to-severe depression (AOR 2.46, 95% CI 1.04–5.82; p=0.040). This finding agrees with Bangladeshi and South Asian studies identifying economic difficulties, perceived stress, and limited household resources as important contributors to postpartum psychological distress. Notably, although 69.33% of women in the present study belonged to the middle socioeconomic group, almost half reported financial stress, suggesting that perceived economic burden may be more relevant to maternal psychological well-being than socioeconomic classification alone [17,18]. Interpersonal difficulties were also prominent. Marital relationship problems were reported by 38.67% and family conflict by 34.67% of participants. Both were significantly associated with depression severity, with p=0.021 and p=0.018, respectively. In adjusted analysis,

marital relationship problems (AOR 3.21, 95% CI 1.31–7.87; p=0.011) and family conflict (AOR 2.72, 95% CI 1.08–6.86; p=0.034) remained independently associated with moderate-to-severe depression. These findings are consistent with previous South Asian research showing that poor marital relationships, inadequate partner support, and family conflict are important psychosocial correlates of postpartum depression [19-21]. Insufficient childcare support was reported by 42.67% of participants and was significantly associated with depression severity (p=0.026). It also remained independently associated with moderate-to-severe depression (AOR 2.58, 95% CI 1.08–6.17; p=0.034). Previous research has similarly emphasized the protective role of practical and emotional support during the postpartum period. Lack of assistance with infant care may increase maternal workload, reduce opportunities for rest, and intensify caregiving stress. Therefore, assessment of practical childcare support should complement evaluation of emotional support in women with postpartum depression [22]. The social-support findings further support previous evidence. Overall perceived social support was low in 30.67%, moderate in 46.67%, and high in only 22.67% of participants. Family support was relatively stronger, with 32.00% reporting high support, while only 24.00% reported high friend support. Previous systematic reviews from South Asia have identified inadequate social support and poor interpersonal relationships as consistent correlates of postpartum depression [19, 21]. The present study similarly demonstrated that low perceived social support was independently associated with moderate-to-severe depression (AOR 3.76, 95% CI 1.48–9.54; p=0.005), supporting the potential protective role of supportive interpersonal environments [21,23].

LIMITATIONS

This study has several limitations. Its cross-sectional design prevents determination of temporal or causal relationships between psychosocial factors, social support, and depression severity. The relatively small sample, purposive sampling, and recruitment from a single tertiary psychiatric center may limit generalizability to the wider postpartum population. Data were primarily based on participant self-report and may therefore be influenced by recall or reporting bias. Potentially relevant factors, including detailed socioeconomic, cultural, and partner-related characteristics, were not comprehensively assessed. Larger multicenter longitudinal studies using representative sampling are needed to validate these findings and clarify causal pathways.

CONCLUSION

This study demonstrates that psychosocial stressors and inadequate social support are important factors associated with greater postpartum depression severity among women attending a tertiary psychiatric service in Bangladesh. Sleep disturbance was the most prominent psychosocial concern and showed a strong independent association with moderate-to-severe depression. Financial stress, marital relationship problems, family conflict, and insufficient childcare support were also independently associated with greater depressive severity. Furthermore, low perceived social support was significantly associated with increased odds of moderate-to-severe depression. These findings highlight the importance of integrating psychosocial assessment and social-support evaluation into postpartum mental health care. Early identification of vulnerable women and strengthening family, interpersonal, and practical support may improve clinical outcomes and facilitate recovery.

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CONFLICT OF INTEREST

None declared

ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

REFERENCES

1. Stewart DE, Robertson E, Dennis CL, Grace SL, Wallington T. Postpartum depression: Literature review of risk factors and interventions. Toronto: University Health Network Women's Health Program for Toronto Public Health. 2003 Oct;4:289.
2. Yim IS, Tanner Stapleton LR, Guardino CM, Hahn-Holbrook J, Dunkel Schetter C. Biological and psychosocial predictors of postpartum depression: systematic review and call for integration. Annual review of clinical psychology. 2015 Mar 28;11(1):99-137.
3. O'hara MW, McCabe JE. Postpartum depression: current status and future directions. Annual review of clinical psychology. 2013 Mar 28;9(1):379-407.
4. Gupta S, Kishore J, Mala YM, Ramji S, Aggarwal R. Postpartum depression in north Indian women: prevalence and risk factors. The Journal of Obstetrics and Gynecology of India. 2013 Aug;63(4):223-9.
5. Chandran M, Tharyan P, Muliyil J, Abraham S. Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India: Incidence and risk factors. The British Journal of Psychiatry. 2002 Dec;181(6):499-504.
6. Sockol LE. A systematic review of the efficacy of cognitive behavioral therapy for treating and preventing perinatal depression. Journal of affective disorders. 2015 May 15;177:7-21.
7. Reid KM, Taylor MG. Social support, stress, and maternal postpartum depression: A comparison of supportive relationships. Social science research. 2015 Nov 1;54:246-62.
8. Dennis CL, Hodnett ED. Psychosocial and psychological interventions for treating postpartum depression. Cochrane database of systematic reviews. 2007(4).
9. Dennis CL, Letourneau N. Global and relationship-specific perceptions of support and the development of postpartum depressive symptomatology. Social Psychiatry and Psychiatric Epidemiology. 2007 May;42(5):389-95.
10. O'hara MW, Swain AM. Rates and risk of postpartum depression—a meta-analysis. International review of psychiatry. 1996 Jan 1;8(1):37-54.
11. National Institute of Mental Health. Perinatal depression. Bethesda (MD): National Institute of Mental Health; 2026.
12. Alam MM, Haque T, Uddin KR, Ahmed S, Islam MM, Hawlader MD. The prevalence and determinants of postpartum depression (PPD) symptomatology among facility delivered mothers of Dhaka city. Asian journal of psychiatry. 2021 Aug 1;62:102673.
13. Xu H, Ding Y, Ma Y, Xin X, Zhang D. Cesarean section and risk of postpartum depression: A meta-analysis. Journal of psychosomatic research. 2017 Jun 1;97:118-26.
14. Yu Y, Feng H, Ma P. Risk factors for postpartum depression after cesarean section: a systematic review and meta-analysis. PeerJ. 2026 Feb 3;14:e20550.
15. Wang Y, Gu J, Zhang F, Xu X. The effect of perceived social support on postpartum stress: the mediating roles of marital satisfaction and maternal postnatal attachment. BMC women's health. 2023 Sep 11;23(1):482.
16. Bhati S, Richards K. A systematic review of the relationship between postpartum sleep disturbance and postpartum depression. Journal of Obstetric, Gynecologic, & Neonatal Nursing. 2015 May;44(3):350-7.
17. Thakuri AK, Belenky N, Wasti P, Shrestha R, Wasti SP. Prevalence and risk factors of perinatal depression among women in South Asian countries: A systematic review and meta-analysis. Journal of affective disorders. 2025 Sep 9:120286.
18. Valdes V, Berens AE, Nelson III CA. Socioeconomic and psychological correlates of postpartum depression at 6 months in Dhaka, Bangladesh. International Journal of Psychology. 2021 Oct;56(5):729-38.
19. Low SR, Bono SA, Azmi Z. The effect of emotional support on postpartum depression among postpartum mothers in Asia: A systematic review. Asia-Pacific Psychiatry. 2023 Jun;15(2-3):e12528.
20. Wei M, Qin Y, Niu X, Niu S, Mu F, Yang L, Li Y, Zhang Y, Wang J, Liu Y. Marriage and postpartum major depressive disorder: A systematic review and meta-analysis of cohort studies. Journal of Psychiatric Research. 2025 Feb 1;182:83-91.
21. Jones E, Coast E. Social relationships and postpartum depression in South Asia: a systematic review. International Journal of

Social Psychiatry. 2013 Nov;59(7):690-700.
22. Ando H, Shen J, Morishige KI, Suto S, Nakashima T, Furui T, Kawasaki Y, Watanabe H, Saijo T. Association between postpartum depression and social support satisfaction levels at four months after childbirth. Archives of Psychiatric Nursing. 2021 Aug 1;35(4):341-6.
23. Peng D, Chang L, Liao T, Mohd Zain N, Kadir AA, Yan M, Yusuf A. Role of psychological resilience and social support in perinatal depression: a systematic review and meta-analysis. BMC Pregnancy and Childbirth. 2026 Jul 8.