

The impact of family support on emotional health and postpartum recovery: Analysis of maternal perception



Angel Torres-Toukoumidis^a   | Isidro Marín Gutiérrez^b  | Mónica Hinojosa Becerra^c  |
Juan Carlos Morales-Intriago^d 

^aSocial Science Knowledge and Human Behavior Department, Universidad Politécnica Salesiana, Cuenca 010105, Ecuador.

^bDepartment of State Law, Universidad de Málaga, 29016 Málaga, Spain.

^cAudiovisual Communication Department, Universidad de Málaga, 29016 Málaga, Spain.

^dFaculty of Humanities and Social Sciences, Universidad Técnica de Manabí, Portoviejo, 130105, Ecuador.

Abstract Family support during the postpartum period plays a crucial role in mothers' emotional well-being and overall recovery. This study examines maternal perceptions of the support received, focusing on its impact on the adaptation to the parental role and the integration of the newborn into the family environment. Using a quantitative approach with an exploratory-correlational design, a survey was conducted with 128 mothers in Ecuador to assess the adequacy of family support and its relationship with sociodemographic factors. The findings indicate that educational level, marital status, and economic situation significantly influence the quantity and quality of support received. Mothers with higher education levels and stable unions receive greater support, whereas those with lower economic resources experience greater family tensions. Furthermore, the subjective perception of family support is a key determinant of maternal health, highlighting the importance of genuine and respectful emotional support. These results underscore the need for tailored strategies to optimize postpartum family support, taking into account sociocultural specificities and promoting evidence-based interventions to enhance maternal and infant well-being.

Keywords: family support, postpartum, emotional health, maternal perception, social support

1. Introduction

The postpartum transition represents a critical period in women's lives, characterized by profound physiological, emotional, and social transformations that require an adequate support environment to promote maternal recovery and well-being. Throughout specialized literature, family support has been identified as a key determinant of postpartum mental health, directly influencing maternal self-efficacy and adaptation to the new parental role. Epidemiological studies estimate that between 10% and 20% of women experience postpartum depression (PPD), with the quality of family support being one of the most significant predictors of its severity and duration (World Health Organization, 2021). However, merely having family members in the immediate environment does not guarantee a healthy postpartum transition, as maternal perception of the adequacy, availability, and emotional sensitivity of the support received emerges as a critical factor in the early motherhood experience (Smith et al., 2018; Pertiwi et al., 2021).

From a psychological perspective, family support is not only a practical resource but also plays a crucial role in maternal emotional self-regulation. When mothers perceive family support as consistent and empathetic, they exhibit higher levels of emotional regulation, reduced perceived stress, and a more harmonious bonding process with the newborn (Xie et al., 2010; Barimani & Vikström, 2015). Conversely, when family support is perceived as insufficient, intrusive, or lacking emotional attunement to the mother's needs, feelings of loneliness, frustration, and parental inadequacy may intensify, even in environments where material support is not a concern (Negron et al., 2013). Given this issue, the following research questions arise:

How do mothers perceive the family support received during the postpartum period, and what factors determine their satisfaction with such support?

What impact does family support have on maternal emotional health and the integration of the newborn into the family environment?

What are the main gaps between maternal expectations of family support and the reality of the assistance received?

How do cultural factors, family dynamics, and access to technological resources influence the perception of postpartum support?



This study aims to address a central issue in maternal and child health literature: the disconnect between the family support provided and the actual needs of mothers during the postpartum period. Through a multidimensional analysis, this research seeks to identify the subjective elements that shape maternal experiences of family support and its impact on both emotional and physical recovery, as well as on the process of integrating the newborn into the family environment.

2. Literature Review

Family support during the postpartum period has been extensively studied in academic literature as a key factor in maternal adaptation to motherhood and emotional well-being regulation. Maternal perception of the quality and availability of this support emerges as a crucial determinant in the postpartum experience, influencing not only stress and anxiety reduction but also shaping the way mothers establish bonds with their newborns. Research has identified that the sense of genuine and empathetic support within the family unit helps reduce depressive symptoms and strengthens maternal confidence in parenting abilities (Smith et al., 2018). Thus, the impact of family support should not be analyzed solely from an objective perspective—i.e., in terms of the quantity of support received—but also from the mother's subjective perception of its quality. Recent studies have shown that the perception of insufficient or inadequate support can act as a vulnerability factor for maternal mental health, even when family members are physically present during the postpartum period (Baghersad et al., 2019).

From a theoretical perspective, the present study is framed within a multidimensional approach that integrates elements from Social Support Theory (House, 1981) and Attachment Theory (Bowlby, 1969). This integration allows for an interpretation not only of the presence of familial support during the postpartum period but also of its subjective and emotional significance for mothers.

House's Perceived Social Support Theory categorizes received support into four dimensions: emotional, encompassing expressions of affection, empathy, and active listening; instrumental, involving tangible assistance such as household help or newborn care; informational, related to practical advice or data for decision-making; and appraisal, associated with the reinforcement of self-esteem and maternal competence. These forms of support not only influence emotional well-being but also act as stress modulators, mitigating the effects of the physical and psychological overload characteristic of the puerperium (House, 1981).

Complementarily, Attachment Theory posits that early caregiving experiences decisively shape emotional regulation, the development of secure affective bonds, and the formation of internal mental models about relational dynamics (Bowlby, 1969). From this perspective, the type of support a mother perceives postpartum influences the quality of her bond with her child and her self-efficacy in maternal role performance. The sensitivity, consistency, and responsiveness of the familial environment serve as protective or risk factors for maternal mental health.

This theoretical framework underscores that familial support cannot be assessed solely through quantitative parameters (e.g., frequency or duration) but must also consider the qualitative and symbolic dimensions mothers construct around such support. In contemporary contexts, these support dynamics are not confined to physical settings. As recent research highlights, digital environments—such as forums, video platforms, or social networks—also function as spaces for seeking validation, emotional support, and expert guidance. For instance, a discourse analysis of mastitis-related content on YouTube revealed how mothers build virtual communities that replicate or substitute familial networks, operating under the same principles as perceived social support (Torres-Toukourmidis et al., 2025).

One of the main aspects shaping maternal perception of family support is the ability of relatives to provide emotional support that validates and addresses the mother's needs. The presence of a support network that offers active listening, understanding, and assistance without generating pressure or judgment is essential for a more stable psychological transition through the postpartum period. Research has shown that affective interaction within the family environment acts as a stress buffer and contributes to lower cortisol levels, promoting a greater sense of calm and security in mothers (Reid & Taylor, 2015). In contrast, the absence of such support can lead to feelings of loneliness and uncertainty, negatively affecting maternal emotional well-being, self-perceived parenting competence, and mother-infant bonding. Qualitative studies indicate that mothers who do not feel emotionally supported by their environment experience a higher mental burden and exhaustion, which can translate into increased levels of anxiety and postpartum depression (Pertwi et al., 2021).

Beyond emotional support, the practical component of family support is equally crucial in shaping the maternal postpartum experience. Assistance with newborn care, feeding, hygiene, and household management can provide significant relief, allowing mothers to regain energy and establish a more balanced routine. However, the way this assistance is provided is key to its effectiveness. A study by Rao et al. (2020) found that mothers whose family members had received some form of neonatal care training were more willing to delegate tasks, resulting in better physical recovery and lower mental overload. However, when support is perceived as intrusive or when imposed parenting methods do not align with maternal preferences, family relationships may become conflictive, generating household tension. In this regard, the willingness and sensitivity of family members to respect maternal decisions play a crucial role in fostering a harmonious postpartum environment.

In addition to the emotional and practical aspects of family support, cultural influences also shape how mothers perceive and experience support during this stage. In many societies, postpartum care and parenting practices are deeply rooted in

traditions that may conflict with contemporary motherhood models. Studies have shown that in migrant communities, the perception of family support can be affected by tensions between traditions from the country of origin and the expectations of the host environment. Contreras-García et al. (2017) found that Latina mothers in the United States who successfully integrated postpartum rituals with the practices of their new environment exhibited lower anxiety levels and better maternal adaptation. This suggests that family support should not only address mothers' practical and emotional needs but also consider cultural factors that influence the maternal experience.

The role of technology in postpartum support has gained increasing relevance in recent years, particularly with the rise of digital platforms offering guidance and virtual support networks. The ability to access specialized information, share experiences with other mothers, and receive guidance through apps and online communities has redefined traditional support mechanisms. A recent meta-analysis found that 68% of mothers using postpartum mental health applications reported that these resources complemented family support and provided them with a space for validation and emotional containment (Hanach et al., 2024). However, the digital divide remains a significant barrier, particularly in contexts where internet access and electronic devices are limited. While technology represents a potentially valuable tool for strengthening postpartum support, its effectiveness depends on its integration with existing community support networks (Mulyani & Suryaningsih, 2023).

Analyzing maternal perceptions of postpartum family support is essential to understanding the dynamics that facilitate or hinder maternal recovery and newborn integration into the family environment. Literature has consistently highlighted that, although family presence is important, the quality of support provided and maternal perception of that support are key determinants of the postpartum experience. Emotional validation, respectful practical assistance, cultural sensitivity, and access to technological resources shape the perception of family support and significantly influence maternal health. Given these findings, it is crucial to develop intervention strategies that consider mothers' subjective experiences and promote support models that address their actual needs.

In this regard, the present study aims to provide empirical evidence on the significance of family support from the maternal perspective, contributing to the design of policies and programs that strengthen maternal and child well-being and optimize postpartum support networks. The complexity of maternal perception of postpartum family support involves emotional, practical, cultural, and technological factors, which dynamically interact in shaping the maternal experience. While literature has emphasized the relevance of family support in reducing postpartum depression symptoms (Beck, 2001; Dennis & Dowswell, 2013) and facilitating a healthier transition to motherhood (Shorey & Chan, 2020), gaps remain in understanding how mothers interpret and evaluate this support in relation to their expectations and specific needs.

Maternal subjectivity regarding received support is a critical aspect requiring further exploration, particularly in contexts where family dynamics, sociocultural changes (Stern & Kruckman, 1983), and access to digital resources (Lupton, 2020) may alter traditional support structures. Based on this issue, this study seeks to analyze the postpartum family support experience from a comprehensive perspective, addressing maternal perception of received support and its impact on parental role adaptation and emotional health. The following research objectives will guide a detailed analysis of the factors influencing this experience and generate insights that contribute to designing strategies to optimize postpartum support across different contexts, including evidence-based interventions (Schmied et al., 2017) and culturally sensitive approaches.

3. Materials and Methods

The main objective of this study is to analyze the experience of family support during the postpartum period, considering its perceived importance, the different forms of support provided, and its impact on both the mother and the newborn. To achieve this, the study sets out three specific objectives: (1) to examine mothers' perceptions of the significance of family support and the key aspects they consider essential during this period, (2) to assess the adequacy of the support received in relation to unmet needs and its emotional impact on mothers, and (3) to explore potential tensions or conflicts arising from family involvement during the postpartum phase.

The study employs a quantitative approach, which allows for the systematic measurement of variables related to maternal perceptions of postpartum family support. This approach enables the transformation of subjective experiences into structured data, facilitating the identification of patterns and relationships through statistical methods (Creswell & Creswell, 2018). The choice of a quantitative design is justified by the need to objectively analyze participants' responses while ensuring the findings are generalizable within the study's context. As highlighted by Hernández-Sampieri et al. (2022), the quantitative paradigm provides a rigorous framework for comparing predefined variables, such as the sufficiency of support received and its emotional impact, thereby ensuring accuracy in the interpretation of complex social phenomena. The research follows an exploratory-correlational design. The exploratory component responds to the limited body of research on postpartum family support in Ecuador, necessitating an initial investigation to identify key dimensions and refine research questions (Stebbins, 2001). The correlational component, in turn, examines associations between relevant variables, such as perceptions of support adequacy and sociodemographic factors, without establishing direct causal relationships (Cohen et al., 2013). This combined approach offers a comprehensive understanding of the phenomenon under study and provides a foundation for future explanatory research in the field of social sciences (Babbie, 2021).

Data were collected using a structured 23-item survey, which underwent a rigorous validation process by a panel of experts. The instrument was divided into three thematic sections: seven questions related to sociodemographic characteristics, three questions assessing the perceived importance of family support, and thirteen questions exploring specific aspects of the postpartum experience, including the duration of support, perceived adequacy, unmet needs, and interpersonal conflicts. The content validity of the survey was confirmed by an interdisciplinary panel of experts in maternal health and research methodology, achieving a Content Validity Index (CVI) of 0.89, which exceeds the acceptable threshold of 0.75 (Boateng et al., 2018). A pilot test involving 30 participants facilitated refinements to three survey items and enabled the calculation of reliability using Cronbach's alpha ($\alpha = 0.84$), indicating a high level of internal consistency (Taber, 2018). The sample size was determined based on a 95% confidence level and an 8% margin of error, which are standard parameters for exploratory studies in social sciences. These values ensured a balance between statistical precision and feasibility, allowing for the identification of significant trends without requiring an excessively large sample. Given an estimated population of postpartum mothers in Quito, Cuenca, and Guayaquil ($N = 128$), a minimum sample of 119 participants was calculated, later expanded to 128 to account for potential exclusions. The final selection of participants followed a non-probabilistic convenience sampling strategy, prioritizing sociodemographic diversity and adhering to the following inclusion criteria: being a mother, having experienced the postpartum period within the last five years, and residing in one of the three selected cities. The inclusion of Quito, Cuenca, and Guayaquil was justified by their representativeness as urban centers with diverse cultural and socioeconomic characteristics, which enriched the variability of the data (Etikan et al., 2016).

The data collection process took place between October and December 2024 through Microsoft Forms designed to ensure accessibility, confidentiality, and secure recording of responses. This study is conducted for academic and research purposes, ensuring the confidentiality and anonymity of the information provided. In compliance with the Personal Data Protection Law, all data have been processed anonymously, with no identifying information collected or stored. Additionally, all necessary technical, organizational, and legal measures have been implemented to safeguard the integrity of the information. The sole purpose of data collection is academic, and the information will not be used for any other purpose. The collected data were compiled into a structured database, where categorical variables (e.g., marital status, educational level) were assigned numerical values, and Likert-type scales (ranging from 1 = "not important" to 5 = "very important") were used to quantify perceptions. The data were processed using R Studio version 4.3.1, prioritizing the retention of all cases to maintain the integrity of the original sample ($N = 128$). This approach ensured that natural variations in responses, including partially incomplete data, were managed through conservative imputation techniques, thereby preserving statistical representativeness and aligning with principles of robust data analysis in social research (Allison, 2001).

To address the proposed objectives, non-parametric statistical tests were employed. First, chi-square tests were applied to examine associations among categorical variables. Significant relationships were identified between maternal educational level and the frequency of received support ($\chi^2 = 25.32$, $*p^* = 0.0031$), as well as between marital status and the duration of postpartum accompaniment ($\chi^2 = 262.87$, $*p^* < 0.00001$). Additionally, a relevant association was observed between socioeconomic status and the emergence of familial tensions ($\chi^2 = 11.98$, $*p^* = 0.0074$). Furthermore, Spearman's rank correlation coefficient was utilized to analyze correlations between ordinal-scaled perceptions, such as the adequacy of support and its emotional impact, given the ordinal nature of the employed scales. These statistical outcomes contextualize the implemented analytical procedures and underscore the appropriateness of the study's exploratory-correlational framework.

4. Results

4.1. Family support during the postpartum period

The statistical analysis using the chi-square test revealed a statistically significant relationship between maternal educational level and the likelihood of receiving family support during the postpartum period ($\chi^2 = 25.32$, $p = 0.0031$). Unlike other sociodemographic variables such as age, marital status, occupation, and economic situation, educational level emerged as a key determinant in the availability of support during this stage.

The findings indicate that mothers with higher educational attainment (university or postgraduate level) received more frequent and prolonged support compared to those who had only completed primary or secondary education. This difference suggests that mothers with greater educational backgrounds may have access to more structured support networks, either because they have fostered a stronger culture of planning within their family environment or because their families possess a level of education that enables them to recognize the significance of postpartum support.

Furthermore, highly educated mothers tend to have broader access to information on maternal and infant health, as well as a clearer understanding of the critical role that family support plays in postpartum recovery. Their prior knowledge regarding the importance of emotional and practical assistance may have influenced their relatives' willingness to provide support during this critical stage. In contrast, mothers with lower educational attainment may have faced difficulties in raising awareness within their social environment about the necessity of postpartum support, which could explain the lower levels of assistance they received.

The figure 1, titled "Correlation Between Educational Level and Family Support," demonstrates a positive relationship between educational attainment and the likelihood of receiving support. The upward trend suggests that as the educational level increases, the frequency of family support also rises.

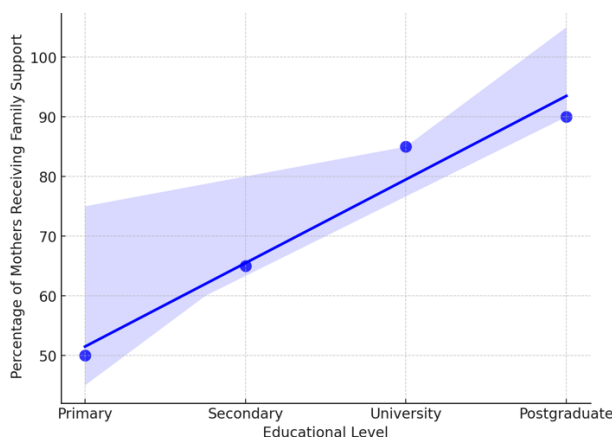


Figure 1 Correlation Between Educational Level and Family Support.

The figure 2, "Distribution of Family Support by Educational Level," is a boxplot illustrating the variability in the amount of support received according to educational level. It reveals that mothers with lower education levels exhibit greater dispersion in the values, with some receiving very little support, whereas mothers with higher education levels tend to receive more uniform and consistent support. This reinforces the idea that educational attainment influences not only the probability of receiving support but also its stability and consistency.

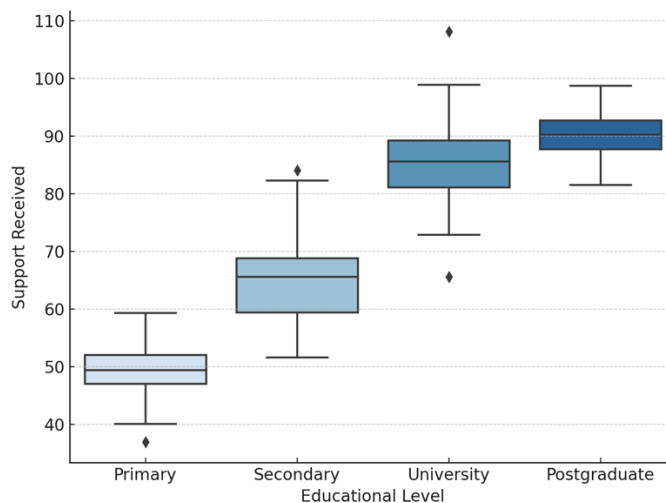


Figure 2 Distribution of Family Support by Educational Level.

4.2. Sufficiency of Postpartum Support in Relation to the Emotional Impact of Companion Presence

The chi-square analysis revealed a highly significant correlation between the mother's marital status and the duration of family support received during the postpartum period ($\chi^2 = 262.87, p < 0.00001$). This finding suggests that married or cohabiting mothers receive longer-lasting support compared to those who are single, reinforcing the idea that family structure influences the availability of support during this stage.

Married and cohabiting mothers tend to receive support for a greater number of days, as their partners play a fundamental role in sharing childcare responsibilities and postpartum assistance. The presence of a partner in the household ensures continuous support, which reduces the mother's workload and facilitates a more effective recovery process. In contrast, single mothers rely more on extended family members, whose support may be more intermittent and time-limited.

Another key factor is access to external resources. Married or cohabiting mothers may receive additional support not only from their partners but also from both sides of the family, expanding their support network. On the other hand, single mothers may face greater barriers to obtaining prolonged assistance, particularly if their families experience financial difficulties or lack a close support network.



On the figure 3, "Correlation Between Marital Status and Support Duration," illustrates the relationship between marital status and the average duration of received support. It is evident that married and cohabiting mothers receive significantly more days of companionship, whereas single mothers experience a shorter average duration of support.

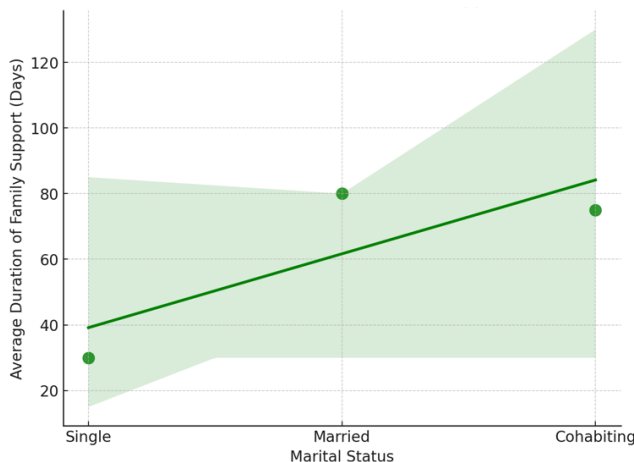


Figure 3 Correlation Between Marital Status and Support Duration.

On the figure 4, "Distribution of Family Support Duration by Marital Status," is a boxplot representing the variability in support duration according to marital status. The data show that single mothers exhibit a high degree of variability in the amount of support received, whereas married and cohabiting mothers have a more homogeneous and consistent distribution in terms of support duration. This finding suggests that the lack of stability in the support received by single mothers could have implications for their emotional well-being and the health of their babies.

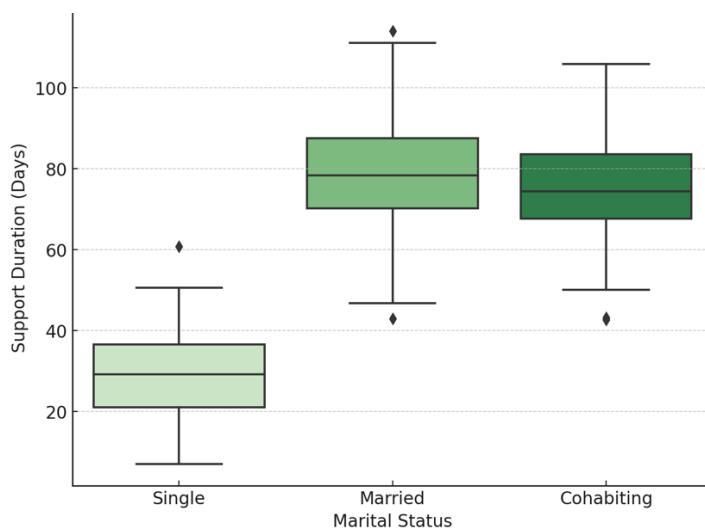


Figure 4 Distribution of Family Support Duration by Marital Status.

4.3. Companionship and Family Tensions in the Postpartum Period

The statistical analysis revealed a significant relationship between the mother's economic situation and the presence of family tensions during the postpartum period ($\chi^2 = 11.98, p = 0.0074$). This result suggests that economic difficulties can be a determining factor in the level of conflict within the family unit, particularly during a stage of high emotional and physical demand such as the postpartum period.

Mothers with low incomes reported a higher frequency of family tensions, which could be explained by the additional financial pressure faced by families in this condition. Financial uncertainty, difficulty in covering basic expenses, and the lack of resources to hire external support can generate stress and frustration within the household, thereby increasing the likelihood of conflicts.

In contrast, families with middle and high incomes have greater access to support resources such as professional caregivers, psychological counseling, or maternal wellness services. This can help alleviate emotional burdens and allow for a more equitable distribution of family responsibilities, ultimately reducing the incidence of conflicts within the household.



On the figure 5, "Correlation Between Economic Situation and Family Conflicts," demonstrates a clear negative relationship between economic stability and the presence of family conflicts. The data indicate that mothers with low incomes experience higher levels of tension, whereas mothers with higher incomes report significantly fewer conflicts.

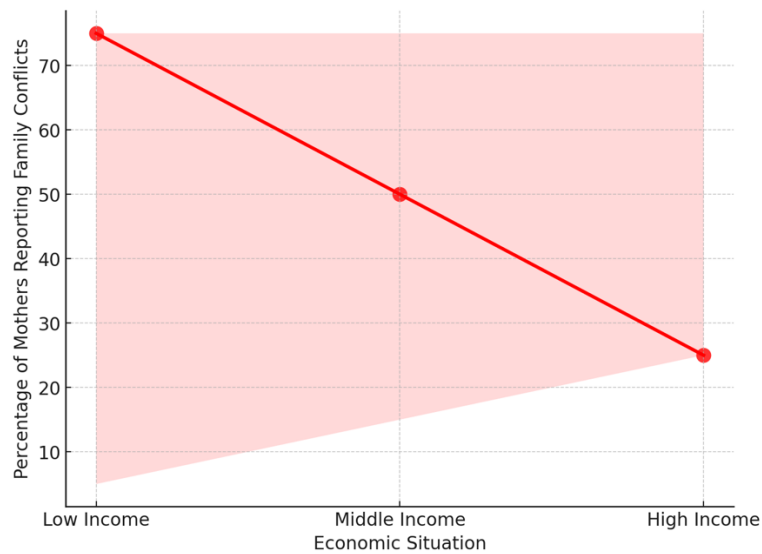


Figure 5 Correlation Between Economic Situation and Family Conflicts.

In contrast, figure 6, "Distribution of Family Conflicts by Economic Situation," presents a boxplot illustrating the dispersion of family conflicts based on economic status. The data reveal that low-income families exhibit a high degree of variability in conflict levels, whereas high-income families show lower variability and reduced tension levels.

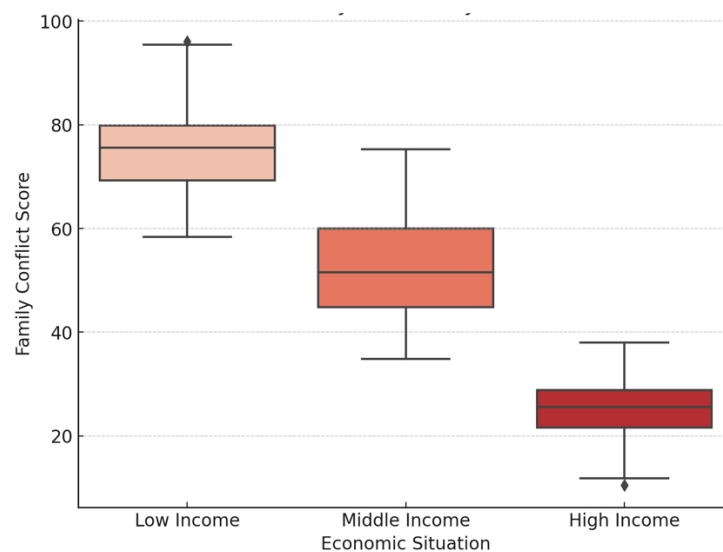


Figure 6 Distribution of Family Conflicts by Economic Situation.

5. Discussion

The findings of this study confirm the significance of family support in the maternal postpartum experience, aligning with previous literature that highlights the role of social support in a mother's emotional and physical recovery (Smith et al., 2018; Barimani & Vikström, 2015). The results indicate that the perception of companionship is not solely determined by its objective presence but also by the quality, duration, and adequacy of the support received, consistent with studies emphasizing the importance of subjective perception in maternal well-being (Negron et al., 2013; Baghersad et al., 2019). Additionally, sociodemographic factors such as educational level, marital status, and economic situation influence the experience of companionship, supporting previous research that has identified disparities in access to and perception of postpartum support (Reid & Taylor, 2015; Rao et al., 2020).

The findings corroborate trends previously documented in the literature on the impact of familial support during the postpartum period, also introduce interpretative nuances that can be analyzed through the lenses of Social Support Theory and Attachment Theory. For instance, the observation that mothers with higher educational attainment receive more

consistent and sustained support may be explained by the informational and instrumental dimensions of House's (1981) model. These women likely have greater access to family planning resources and perinatal services, thereby strengthening their support networks. Concurrently, this perceived sense of control and security could foster a more stable bond with the newborn, as proposed by Bowlby (1969), reducing the risk of affective dysregulation or anxiety episodes.

Consequently, while this study confirms the effects of familial support on maternal emotional health, it also highlights the necessity of interpreting this phenomenon through a theoretical-contextual lens that incorporates structural inequalities, cultural conditions of motherhood, and emerging modes of relational engagement. Future research should advance toward mixed-methods models that integrate quantitative indicators and qualitative narratives, capturing the subjective nuances of support, particularly in contexts of economic precarity or migration, where traditional support frameworks may fragment.

Particularly, regarding specific objective 1, while existing literature recognizes the impact of social support on maternal health (Xie et al., 2010; Pertiwi et al., 2021), fewer studies examine how educational level specifically influences the quantity and quality of received support. Previous research has suggested that education can affect access to postpartum information and the ability of mothers to seek support (Barimani & Vikström, 2015), which could explain the findings of this study. However, gaps remain in the literature regarding how this phenomenon varies across different socioeconomic and cultural contexts.

For specific objective 2, the literature has also indicated that single mothers may compensate for the absence of a partner through support from family members or community networks. The experience of single mothers in this study, which did not reflect a clear compensatory mechanism from extended networks, prompts a re-examination of familial support beyond the nuclear family unit. Previous research has shown that emotional voids caused by the absence of a partner may be mitigated by relatives or community organizations (Contreras-García et al., 2017); however, this pattern was not strongly replicated in our sample. This discrepancy underscores the need to account for contextual sociocultural and economic factors, such as the ability to mobilize extended networks, geographic proximity of family members, or work-related demands during the puerperium.

Regarding Specific Objective 3, prior research has demonstrated that financial instability can increase anxiety, reduce a family's capacity to provide continuous support, and generate tensions in parenting (Soltani et al., 2015). The findings of this study reinforce these conclusions, showing that economic precariousness affects not only the amount of support received but also the quality of family interactions, increasing the likelihood of household conflicts. This highlights the need to develop intervention strategies that combine emotional support with financial assistance to mitigate the effects of economic stress on the postpartum maternal experience.

The findings of this study confirm the importance of family support during the postpartum period but also reveal inequalities in its availability and quality based on sociodemographic factors. While previous literature has extensively documented the benefits of family support for maternal health, there remains a gap between the availability of support and mothers' perceived needs. The quality of companionship depends not only on its existence but also on its alignment with the mother's expectations and demands. It is concerning that certain groups, such as mothers with lower educational attainment, single mothers, or those with low incomes, face additional barriers to receiving adequate support. This study provides evidence of the need for differentiated postpartum support policies that address the specific characteristics of each population group and reduce inequities in access to maternal support networks.

6. Conclusions

The most relevant finding related to Specific Objective 1: Perception of the Importance of Family Support is the positive correlation between the mother's educational level and the likelihood of receiving family support. The results show that mothers with higher educational attainment (university or postgraduate) received more frequent and prolonged companionship compared to those with lower levels of education. This finding suggests that education plays a key role in raising awareness about the importance of postpartum support and in the ability to establish structured support networks.

Regarding Specific Objective 2: Sufficiency of Received Support and Its Emotional Impact, the study found a significant relationship between the mother's marital status and the duration of postpartum support. Married and cohabiting mothers received support for significantly longer periods than single mothers, highlighting the structural role of a partner in the distribution of responsibilities and the maintenance of the family support network. This finding aligns with previous studies showing that the presence of a partner reduces the risk of postpartum depression and facilitates maternal adaptation (Dennis & Dowswell, 2013; Schmied et al., 2017).

For Specific Objective 3, the analysis of the relationship between economic status and family tensions revealed that mothers with low incomes reported a higher frequency of family conflicts compared to those with financial stability. This finding is consistent with existing literature, which identifies economic stress as a risk factor for maternal mental health and family harmony (Reid & Taylor, 2015; Negron et al., 2013).

One of the main challenges in this study was the difficulty in collecting complementary qualitative data, which limited the ability to explore the subjective experience of postpartum support in greater depth. To advance the understanding of postpartum companionship, future research should include more diverse samples, considering regional and cultural differences in the perception of postpartum support. Additionally, qualitative methodologies such as interviews and focus

groups should be integrated to gain deeper insight into mothers' subjective experiences and to complement findings obtained through quantitative methods.

It is also essential to explore targeted interventions, such as support programs for single mothers or those in economically vulnerable situations, and to assess their effectiveness in reducing family tensions and improving maternal emotional health.

Another promising avenue for research is the analysis of the role of technology in postpartum support, particularly the impact of digital applications and online networks on mothers' experiences. Given the increasing accessibility of digital tools in maternal and infant health, it is crucial to investigate to what extent these resources can complement or substitute traditional family support and what barriers exist for their effective implementation.

Acknowledgment

We would also like to express our sincere gratitude to Dr. Fernando Moreno for his crucial role in facilitating the sample collection, which was instrumental in carrying out this study.

7. Declarations

7.1. Ethical considerations

This study was conducted in accordance with ethical principles under Ecuadorian legislation. All participants provided the required informed consent at the outset of the survey. Data were collected anonymously and stored with security measures, in compliance with the Organic Law on Personal Data Protection of Ecuador. As no clinical interventions were performed and no sensitive information was collected, the study was exempt from requiring formal approval by a bioethics committee.

7.2. Use of artificial intelligence (AI)

The authors declare that the generative artificial intelligence (AI) tool GPT 5.4. Pro was used exclusively for language editing and/or grammatical improvement. The use of AI did not influence the scientific content, study design, data analysis, data interpretation, results, or conclusions of the manuscript. Full responsibility for the content remains with the authors.

7.3. Conflict of Interest

The authors declare no conflicts of interest.

7.4. Funding

This research did not receive any financial support.

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