Cukurova Medical Journal
ÇUKUROVA ÜNİVERSİTESİ TIP FAKÜLTESİ

Cukurova Med J 2026;51(1):135-146
DOI: 10.17826/cumj.1800686

RESEARCH

Perceived partner support as a correlate of postpartum anxiety in early postpartum women in Turkish society

Türk toplumunda erken postpartum dönemdeki kadınlarda algılanan eş desteğinin postpartum anksiyete ile ilişkisi

Elif Bayrakçı Eroğlu[1,2], Burcu Çakı Döner[1], Meltem Akbaş[2]

[1]Gaziantep Islam Science and Technology University, Gaziantep, Türkiye
[2]Çukurova University, Adana, Türkiye

Abstract

Purpose: This study aimed to examine the relationship between perceived spousal support and postpartum anxiety among women in the early puerperal period in Turkish society.

Materials and Methods: A correlational design was employed with a sample of 319 women within the 0-7 days after childbirth. Data were gathered through the Sociodemographic Characteristics Form, the Scale of Perceived Spousal Support among Women in the Early Postpartum, and the Postpartum Specific Anxiety Scale.

Results: Participants scored 56.76±12.50 on The Scale of Perceived Spousal Support among Women in the Early Postpartum and 101.86±26.19 on the Postpartum Specific Anxiety Scale. Analysis revealed that as perceived spousal support increased among women, postpartum anxiety decreased (r: -0.338, p:0.0001). Regression analysis showed that perceived spousal support significantly predicted postpartum anxiety, explaining 11.5% of the variance. Furthermore, perceived spousal support and postpartum anxiety levels differed according to sociodemographic characteristics.

Conclusion: Greater perceived spousal support was associated with reduced postpartum anxiety. These findings emphasize the need for partner-oriented strategies within postpartum care to promote maternal mental health and enhance overall well-being. In this regard, it is recommended that health professionals develop training and counseling programs that involve spouses more actively in the postpartum period.

Keywords:. Maternal mental health, postpartum anxiety, puerperium, spousal support

Öz

Amaç: Bu çalışma, Türk toplumunda erken lohusalık dönemindeki kadınlarda algılanan eş desteği ile doğum sonrası anksiyete arasındaki ilişkiyi araştırmayı amaçlamıştır.

Gereç ve Yöntem: Bu korelasyon çalışması, doğumdan sonraki 0-7 gün içinde olan 319 lohusa kadınla yürütülmüştür. Veriler Tanıtıcı Bilgi Formu, Erken Lohusalık Sürecinde Algılanan Eş Desteği Ölçeği ve Postpartum Spesifik Anksiyete Ölçeği kullanılarak toplanmıştır.

Bulgular: Katılımcıların Erken Lohusalık Sürecinde Algılanan Eş Desteği Ölçeği puanı 56.76±12.50 ve Postpartum Spesifik Anksiyete Ölçeği puanı 101.86±26.19'dur. Analiz sonucunda kadınların algılanan eş desteği arttıkça doğum sonrası kaygılarının azaldığı saptanmıştır (r: -0.338, p: 0.0001). Regresyon analizi, algılanan eş desteğinin doğum sonrası kaygıyı anlamlı şekilde tahmin ettiğini ve varyansın %11,5'ini açıkladığını ortaya koymuştur. Ayrıca kadınların erken postpartum dönemde algıladıkları eş desteği ve pospartum anksiyete düzeyleri sosyodemografik özelliklere göre farklılık göstermektedir.

Sonuç: Daha yüksek algılanan eş desteği, daha düşük doğum sonrası anksiyete ile ilişkili bulunmuştur. Bu bulgular, anne ruh sağlığını korumak ve refahı iyileştirmek için doğum sonrası bakımda eş odaklı müdahalelerin önemini vurgulamaktadır. Bu doğrultuda, sağlık profesyonellerinin postpartum dönemde eşleri sürece daha aktif şekilde dâhil eden eğitim ve danışmanlık programları geliştirmesi önerilmektedir.

Anahtar kelimeler: Anne ruh sağlığı, doğum sonrası anksiyete, lohusalık, eş desteği

Address for Correspondence: Elif Bayrakçı Eroğlu, Gaziantep Islam Science and Technology University, Faculty of Health Sciences, Gaziantep, Türkiye; and Çukurova University, Institute of Health Sciences, Doctoral Student, Adana, Türkiye E -mail: bayrakcielif2@gmail.com
Received: 11.10.2025 Accepted: 14.01.2026

INTRODUCTION

The postpartum period is a complex process during which person undergo significant biological, psychological, and social changes. Known as the puerperium, this phase requires the mother to adapt to her new maternal role, adjust to hormonal changes, and cope with environmental stressors[1]. These transitions may create a foundation for the emergence of mental health problems in postpartum person. One such condition is postpartum anxiety, a psychological issue that is common but often overlooked during this period[2] Characterized by persistent worry, fear, and tension, postpartum anxiety can adversely affect both maternal and infant health and overall quality of life[3,4]. Fallon et al.[5] demonstrated that postpartum anxiety is as prevalent as postpartum depression but is frequently underdiagnosed and, consequently, undertreated. This can negatively impact mother-infant bonding and child development, potentially leading to long-term psychosocial challenges[6]. Therefore, providing psychosocial support to person during the postpartum period is a critical public health necessity, particularly in the context of women's health.

Social support is one of the key protective factors for maintaining maternal psychological well-being in the postpartum period. This support system encompasses all social relationships that make a mother feel valued and supported[7].

Social support during the postpartum period provides a general framework for empathy, love, and reassurance from her husband, mother, mother-in-law, sibling, relative, or friend[8,9]. Spousal support, which encompasses only the spouse, is one of the key support measures encompassing emotional, practical, and informational dimensions. It provides emotional support to the mother, increasing her ability to cope with stress, facilitating postpartum adaptation and the transition to the parenting role, alleviating maternal anxiety, and exerting a protective effect on maternal mental health[10,11]. Spousal support, in particular, plays a crucial role in helping women cope with the challenges of the postpartum period[10].

The estimated prevalence of postpartum depression worldwide ranges from 6.5% to 12.9% in low- and middle-income countries, and in some cases, this rate can reach even higher levels[12]. Shorey et al.[13], when prevalence was classified by geographic region, the Middle East had the highest prevalence at 26%, followed by Australia at 21%, South America at 19%, Asia at 16%, North America at 16%, Africa at 11%, and Europe at 8%. In Turkey, this rate ranged from 5% to 61.8%[14].

Recent studies have demonstrated that the uncertainty, lack of information, and fear of childbirth experienced by women during pregnancy and the postpartum period are significantly reduced through midwife and nurse-led antenatal education and professional information programs. These programs reduce postpartum depression levels for both pregnant women and their partners and increase childbirth self-efficacy[15,16]. Recent literature includes numerous studies evaluating the impact of social support on maternal psychological health during the postpartum period[17-21]. However, studies focusing specifically on spousal support in the postpartum period often explore its effects on maternal role acceptance, breastfeeding motivation, breastfeeding self-efficacy, depression, stress, lactation, and sense of security[22-26]. While studies examining the relationship between spousal support and postpartum anxiety remain limited, existing evidence suggests that strong social support significantly reduces anxiety symptoms[19]. Furthermore, spousal support is known to impact the well-being of the newborn, as well as the mother's. Studies have shown that spousal support strengthens the mother-baby bond, which is vital for the newborn's emotional and cognitive development, and prevents inadequate infant care by reducing postpartum depression and anxiety. Therefore, spousal support contributes to the baby's optimal growth and enhanced social and emotional development[20,26,28].

Given this context, investigating whether perceived spousal support during the early puerperium influences postpartum anxiety holds both clinical and societal significance. The early postpartum period, the period between 0 and 7 days after birth, is the period when physiological changes are most intense and women are most susceptible to emotional fluctuations, anxiety symptoms, and the need for social support[29,30]. Numerous studies have shown that spousal support has significant effects on maternal adjustment, infant care behaviors, and psychological well-being[19,20,27,28]. However, this period, when psychological change is most intense and social support is most needed, has generally not been addressed separately and has been evaluated within the postpartum period. Therefore, this study

targeted this critical period, when women are most vulnerable both physically and psychosocially and in greatest need of external support. This study aims to fill this gap in the literature by exploring the relationship between perceived spousal support and postpartum anxiety in postpartum person. The findings are expected to guide healthcare professionals in developing effective psychosocial interventions during the postpartum period and contribute to strengthening mental health support systems.

Within this framework, the study seeks to answer the following research questions:

1. Is there a relationship between perceived spousal support and postpartum anxiety?
2. Is there a difference in perceived spousal support based on individuals' sociodemographic characteristics?
3. Is there a difference in postpartum anxiety levels based on individuals' sociodemographic characteristics?

MATERIALS AND METHODS

Sample

This research was conducted using a cross-sectional study design. The study population consisted of individuals in the 0–7-day postpartum period. Sample size was determined using G*Power 3.1 software. based on a previous study, a power analysis was conducted using the expected confidence interval for the "Postpartum Specific Anxiety Scale," with $\alpha = 0.05$, power $(1–\beta) = 0.95$, and effect size $d = 0.1978508$[31]. The minimum required sample size was calculated as 278. The online study reached 337 people. Eighteen people who did not meet the inclusion criteria were excluded from the study. The study was completed with 319 participants.

Inclusion criteria were being within 0–7 days postpartum, speaking Turkish, being 18 years or older, and having no diagnosed psychiatric disorders. Exclusion criteria was incomplete completion of the questionnaire.

Procedure

This study adhered to the principles of the Declaration of Helsinki. Ethical approval was obtained from the Clinical Research Ethics Committee of the Cukurova University (approval date: March 7, 2025, protocol number: 153). Informed consent was obtained from all participants after providing detailed information about the study, and confidentiality and privacy principles were strictly followed.

Data were collected online between March 10, 2025, and June 8, 2025, through a structured questionnaire developed by the researchers and created using Google Forms. Random sampling was used in the data collection process. This method was preferred because it facilitated access to the research target group. The questionnaire began with an informational text informing participants that their personal information was not being collected, that their responses would only be used for scientific purposes, and that honest responses were important for the integrity of the research. Following this information, participants were asked to check a consent box indicating their voluntary participation in the study. Completing the questionnaire took approximately 20 minutes.

No personally identifiable information (name, Turkish ID number, email, etc.) was collected from participants. Thus, responses remained completely anonymous. IP addresses or location information that could reveal the identity of participants were not recorded. The survey form created by the researchers was conducted through a secure online survey platform (Google Forms) with an "https" connection. Participants' responses were stored encrypted by the survey platform and protected against unauthorized access. Only the researcher could access the collected data; access by third parties was prevented. The data was stored as an encrypted file after being downloaded to the computer, regular backups were made, and it was used only for research purposes.

Measures

Data were collected using three instruments; a Descriptive Information Form developed by the researchers, The Scale of Perceived Spousal Support among Women in the Early Postpartum (SPSSWEP), and Postpartum Specific Anxiety Scale (PSAS).

Descriptive Information Form

Developed based on a literature review this form included 8 items assessing participants' age, number of children, family structure, education level, place of

residence, employment status, income level, and presence of chronic illness[32-34].

The Scale of Perceived Spousal Support among Women in the Early Postpartum (SPSSWEP)

Developed by Şahin et al.[11], this scale consists of 16 items and 3 subscales (Emotional Support, Social Support, Physical Support). It uses a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Ten items are positively coded (items 1,2,3,4,5,6,7,11,13,16), and six are negatively coded (items 8,9,10,12,14,15). The total score ranges from 16 to 80, with higher scores indicating greater perceived support. The Cronbach's alpha was 0.87 in the original study[11]. The Cronbach's alpha value in this study is 0.908.

Postpartum Specific Anxiety Scale (PSAS)

Originally developed by Fallon et al.[5] and adapted into Turkish by Duran[4], this scale assesses anxiety specific to the postpartum period. It is a unidimensional instrument with 47 items scored on a 4-point scale (1 = Never, 4 = Almost Always), with no reverse-scored items. A total score of ≤73 indicates low anxiety, 74–100 moderate anxiety, and ≥101 high anxiety. The Cronbach's alpha for the Turkish version is 0.91[4]. The Cronbach's alpha value in this study is 0.957.

Statistical analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 27.0. Normality was assessed using skewness and kurtosis values, histograms, coefficient of variation, detrended graph, and the Kolmogorov–Smirnov test. According to Tabachnick et al.[35], skewness and kurtosis values within ±1.5 were considered indicative of normal distribution. Since the data met at least three criteria for normality (skewness and kurtosis values, histogram, and detrended graph), normal distribution was assumed.

Descriptive statistics (frequency and percentage) were used for demographic data. Independent sample t-tests were used to compare two-group categorical variables, and one-way ANOVA was used for variables with three or more groups. The LSD post-hoc test was applied to determine differences between groups following ANOVA. Pearson correlation analysis was used to assess relationships between scale scores, and simple linear regression was conducted to examine predictive effects among variables.

RESULTS

The study was completed with 319 individuals. The mean age of the participants was 26.06±5.65 years (Min: 18 years, Max: 44 years), with an average number of children of 2.43 ± 1.32. The mean age of the most recent newborn was 2.34 ± 4.13 days. The majority of the participants were literacy/primary school graduates (71.5%), belonged to nuclear families (81.8%), resided in urban areas (68.3%), had income equal to their expenses (68.7%), had no chronic illnesses (95.9%), and were unemployed (94.7%) (Table 1).

As the number of children increased, participants reported decreased levels of emotional, social, and physical support from their spouses. Notably, individuals with a literacy/primary education level had significantly lower emotional and social spousal support compared to other groups ($p < 0.05$). Participants who were unemployed perceived significantly lower emotional spousal support during the postpartum period compared to those who were employed. Additionally, individuals whose income was less than their expenses reported significantly lower levels of both emotional and social spousal support compared to other groups ($p < 0.05$) (Table 1).

As the emotional, social, and physical support provided by spouses during the postpartum period increased, participants' anxiety levels significantly decreased ($p < 0.05$) (Table 2).

A simple linear regression analysis conducted to determine the effect of spousal support on participants' postpartum anxiety revealed that spousal support had a significant impact on postpartum anxiety ($t = -6.404$; $p < 0.001$). Spousal support during the postpartum period explained 11.5% of the variance in postpartum anxiety levels among individuals ($F = 41.015$; $p < 0.001$) (Table 3).

PSAS was analyzed univariately with the independent variables of age, number of children, education level, family type, place of residence, income status, employment status, and chronic disease status. When Table 4 was examined, it was found that all independent variables were not statistically significant ($p > 0.05$) (Table 4).

Table 1. Sociodemographic characteristics of women in the early puerperium period

Sociodemographic Characteristics		n (%)	SPSSWEP				PSAS
			Emotional Support	Social Support	Physical Support	Total	
Age (Years)		319 (100)	26.06±5.65 (Min:18 – Max: 44)				
Test and Significance			r: 0.016 p: 0.774	r: -0.027 p: 0.626	r: 0.038 p: 0.496	r: 0.005 p: 0.929	r: -0.021 p: 0.710
Number of Children		319 (100)	2.43±1.32				
Test and Significance			**r: -0.164 p: 0.003**	**r: -0.178 p: 0.001**	**r: -0.148 p: 0.008**	**r: -0.190 p: 0.001**	r: 0.024 p: 0.674
Education Level	Literacy / Primary School	228 (71.5)	25.11±6.29*	20.13±5.06*	10.11±2.65	55.36±12.22*	102.43±25.44
	High School	74 (23.2)	27.60±5.87	21.55±5.81	10.89±2.86	60.05±12.65	98.68±27.85
	Bachelor's Degree and Postgraduate	17 (5.3)	27.58±6.25	22.64±4.64	10.94±3.00	61.17±12.59	107.94±28.64
Test and Significance			**F: 5.244 p: 0.006**	**F: 3.432 p: 0.034**	F: 2.683 p: 0.070	**F: 5.173 p: 0.006**	F: 1.056 p: 0.349
Family Type	Nuclear Family	261 (81.8)	26.09±6.09	20.80±5.11	10.42±2.73	57.33±12.09	101.62±25.72
	Extended Family	58 (18.2)	24.58±6.99	19.67±5.86	9.94±2.76	54.20±14.02	102.93±28.41
Test and Significance			t: 1.664 p: 0.097	t: 1.483 p: 0.139	t: 1.210 p: 0.227	t: 1.728 p: 0.085	t:- 0.343 p: 0.732
Place of Residence	Village	15 (4.7)	26.06±6.12	21.26±5.44	10.93±2.28	58.26±12.79	89.60±20.59
	District	86 (27)	25.43±6.09	20.80±4.91	10.26±2.52	56.50±11.72	103.26±25.68
	Province	218 (68.3)	25.96±6.38	20.47±5.40	10.33±2.85	56.76±12.82	102.15±26.61
Test and Significance			F: 0.232 p: 0.793	F: 0.246 p: 0.782	F: 0.382 p: 0.683	F: 0.127 p: 0.881	F: 1.789 p: 0.169
Income Level	Income Less than Expenses	79 (24.8)	24.07±7.01*	19.27±5.96*	9.87±2.98	53.22±14.80*	103.78±26.52
	Income Equals Expenses	219 (68.7)	26.36±5.88	21.08±4.85	10.47±2.63	57.92±11.20	101.21±26.62
	Income More than Expenses	21 (6.6)	26.80±6.48	20.52±6.07	10.66±2.79	58±13.98	101.38±22.22
Test and Significance			**F: 4.197 p: 0.016**	**F: 3.457 p: 0.033**	F: 1.584 p: 0.207	**F: 4.289 p: 0.015**	F: 0.282 p: 0.755
Employment Status	Employed	17 (5.3)	29.17±6.59	21.88±5.27	11.58±3.02	62.64±12.91	91.82±32.84
	Not Employed	302 (94.7)	25.63±6.22	20.52±5.26	10.27±2.71	56.43±12.41	102.42±25.72
Test and Significance			**t: 2.275 p: 0.024**	t: 1.032 p: 0.303	t: 1.936 p: 0.054	**t: 2.003 p: 0.046**	t: -1.628 p: 0.105
Chronic Disease Status	Yes	13 (4.1)	25.92±7.48	19.53±4.75	11.15±2.99	56.61±12.88	101.38±26.27
	No	306 (95.9)	25.82±6.24	20.64±5.29	10.30±2.72	56.77±12.50	101.88±26.23
Test and Significance			t: 0.058 p: 0.954	t: -0.740 p: 0.460	t: 1.091 p: 0.276	t: -0.044 p: 0.965	t:- 0.067 p: 0.947
Total		X±SD (Min-Max)	25.82±6.28 (7-35)	20.59±5.26 (6-30)	10.34±2.74 (3-15)	56.76±12.50 (20-80)	101.86±26.19 (47-177)

SPSSWEP: The Scale of Perceived Spousal Support among Women in the Early Postpartum; PSAS: Postpartum Specific Anxiety Scale. t: Student T Test, F: One-Way ANOVA Test, r: Pearson Correlation Test. * Indicates the group from which the difference originates.

Table 2. Correlations between The Scale of Perceived Spousal Support among women in the early postpartum and Postpartum Specific Anxiety Scale

Subscales	1	2	3	4	5
1. Emotional support	-	r: 0.613 p: 0.000	r: 0.590 p: 0.000	r: 0.890 p: 0.000	r: -0.230 p: 0.000
2. Social support		-	r: 0.717 p: 0.000	r: 0.886 p. 0.000	r: -0.362 p: 0.000
3. Physical support			-	r: 0.818 p. 0.000	r: -0.322 p: 0.000
4. SPSSWEP				-	r: -0.338 p: 0.000
5. PSAS					-

SPSSWEP: The Scale of Perceived Spousal Support among Women in the Early Postpartum; PSAS: Postpartum Specific Anxiety Scale; r: Pearson Correlation Test was used

Table 3. The effect of and The Scale of Perceived Spousal Support among women in the early postpartum on levels of PSAS

Scale	B	Standardized error	Beta	t	p
Invariant	142.117	6.436	-0.338	22.082	**0.000**
SPSSWEP	-0.709	0.111		-6.404	**0.000**
R: .338 R^2: .115 F: 41.015 **(p: 0.000)**					

SPSSWEP: The Scale of Perceived Spousal Support among Women in the Early Postpartum; PSAS: Postpartum Specific Anxiety Scale.

Table 4. Univariate model established with the PSAS

Variable	B	SE	Beta	t	p	CI
Univariate						
Age (Years)	-0.094	0.252	-0.021	-0.372	0.710	-0.590 to 0.403
Number of Children	0.467	1.110	0.024	0.421	0.674	-1.717 to 2.652
Education Level	-0.267	2.555	-0.006	-0.104	0.917	-5.294 to 4.761
Family Type	1.307	3.808	0.019	0.343	0.732	-6.186 to 8.799
Place of Residence	2.379	2.572	0.052	0.925	0.356	-2.680 to 7.439
Income Level	-1.811	2.772	-0.037	-0.653	0.514	-7.265 to 3.643
Employment Status	10.604	6.513	0.091	1.628	0.105	-2.211 to 23.418
Chronic Disease Status	0.498	7.430	0.004	0.067	0.947	-14.121 to 15.116

PSAS: Postpartum Specific Anxiety Scale. CI: Confidence Interval; SE: Standard Error; Significant p values are shown in bold, p<0.05.

Table 5. Univariate and multiple models established with the SPSSWEP

Variable	B	SE	Beta	t	p	CI
Univariate						
Age (Years)	0.011	0.120	0.005	0.089	0.929	-0.226 to 0.248
Number of Children	-1.791	0.520	-0.190	-3.442	**0.000**	-2.815 to -0.767
Education Level	3.731	1.201	0.172	3.105	**0.002**	1.367 to 6.095
Family Type	-3.126	1.809	-0.097	-1.728	0.085	-6.686 to 0.434
Place of Residence	-0.215	1.229	-0.010	-0.175	0.862	-2.633 to 2.204
Income Level	3.414	1.310	0.145	2.606	**0.010**	0.836 to 5.991
Employment Status	-6.213	3.102	-0.112	-2.003	**0.046**	-12.317 to -0.110
Chronic Disease Status	0.156	3.546	0.002	0.044	0.965	-6.821 to 7.133
Multiple						
Number of Children	-1.262	0.545	-0.134	-2.316	**0.021**	-2.334 to -0.190
Education Level	2.443	1.247	0.113	1.959	0.051	-0.010 to 4.897
Income Level	2.090	1.337	0.089	1.563	0.119	-0.540 to 4.720
Employment Status	-3.593	3.113	-0.065	-1.154	0.249	-9.718 to 2.531

SPSSWEP: The Scale of Perceived Spousal Support among Women in the Early Postpartum. CI: Confidence Interval; SE: Standard Error. Significant p values are shown in bold, p<0.05.

SPSSWEP was analyzed univariately with the independent variables of age, number of children, education level, family type, place of residence, income status, employment status, and chronic disease status. When Table 5 was examined, it was found that the variables of age, family type, place of residence, and chronic disease status were not statistically significant ($p > 0.05$). The variables of number of children, education level, income status, and employment status were found to be statistically significant ($p < 0.05$). In Table 5, multiple regression analysis was conducted with the independent variables of number of children, education level, income status, and employment status in SPSSWEP. When Table 5 was examined, it was seen that education level, income level, and employment status were not statistically significant in the established model ($p > 0.05$), while the number of children was found to be statistically significant ($p < 0.05$). It was found that the number of children affected postpartum spousal support by 13.4% (Table 5).

DISCUSSION

The early postpartum period is a critical phase characterized by profound physiological and psychological changes in the mother, during which psychological vulnerability peaks[41]. Anxiety, frequently encountered yet often underrecognized in this period, is marked by intense and persistent concerns regarding the newborn's health, adequacy of maternal care, and the maternal role[5]. Recent research indicates that such anxiety symptoms are exacerbated in the absence of adequate social support systems[36,37]. Social support, particularly that provided by the spouse, has been shown to significantly enhance psychological adjustment in postpartum individuals[4,5]. However, despite its significance, studies specifically examining the association between spousal support and postpartum anxiety remain limited and to date, no studies addressing this issue have been identified within the Turkish context[19]. In this regard, the present study contributes to the existing body of knowledge by examining the relationship between perceived spousal support and postpartum-specific anxiety during the early puerperium from a psychosocial perspective, providing contemporary data relevant to the literature.

Perceived spousal support in the postpartum period which encompasses emotional affirmation, tangible assistance, and attentive listening plays a protective role not only in reducing maternal stress but also in facilitating a healthier transition to parenthood[28]. These findings underscore the multidimensional nature of spousal support and suggest that it can alleviate various symptoms associated with postpartum anxiety, including fear, feelings of inadequacy, and sleep disturbances[21,37]. Consistent with prior studies, the findings of this study reveal a negative correlation between perceived spousal support and levels of postpartum anxiety. As the emotional, social, and physical support provided by spouses increased, the severity of postpartum anxiety symptoms among participants decreased. These results highlight the importance of incorporating social support—particularly spousal support—into intervention strategies aimed at mitigating postpartum anxiety, as such support appears to play a critical role in promoting maternal well-being during the postpartum transition.

Social support, as a determinant of maternal mental health in the postpartum period, is a broad construct encompassing not only support from the spouse but also from other key figures such as the mother, mother-in-law, friends, and the broader social network[38]. Some studies have demonstrated that, in addition to spousal support, support from these environmental sources exerts a positive influence on postpartum mental health outcomes[39]. These forms of support contribute to reducing maternal feelings of isolation, enhancing coping mechanisms, and serving as protective factors against psychological risks such as anxiety and depression[40]. Moreover, a combination of diverse sources of social support has been shown to be more effective in promoting postpartum psychological well-being[20]. Nevertheless, the present study's emphasis on spousal support reflects a relevant focus in contemporary society, where the nuclear family structure is predominant and broader communal support mechanisms may be limited. The finding that 81.8% of participants lived in nuclear family households, and that high levels of spousal support were reported regardless of family type, suggests that the spouse may be regarded as the primary—if not sole—source of social support in the postpartum period.

A lack of perceived spousal support during the immediate postpartum weeks may negatively impact a woman's confidence in her parenting abilities and her sense of self-efficacy[10,41]. In the present study, it was found that as spousal support increased, postpartum anxiety levels significantly decreased.

However, spousal support accounted for only 11.5% of the variance in anxiety levels. This result supports the notion that postpartum anxiety is a multifactorial phenomenon influenced by numerous variables, including hormonal changes, personality traits, previous psychiatric history, and other social support systems[42]. These findings become even more significant when considering the cultural context of Turkey. In collectivist cultures like Turkey, family members are an important source of practical and emotional support for mothers. Numerous studies in the literature consistently demonstrate that mothers in Turkey receive high levels of social support from their mothers, siblings, and other close family members in the early postpartum period. This social support is reported to be closely associated with better maternal functioning, strengthened mother-infant bonding, and increased breastfeeding self-efficacy[43,44]. Studies have shown that, unlike Turkey, individuals in Europe place greater emphasis on professional and personalized care than on extended family involvement[45]. However, while social support is considered culturally central in Turkey, it is important to note that extended family support is not always a protective factor[44,46]. Indeed, increased caregiving burden, role conflicts, decreased privacy, weakened spousal support, and interference with decision-making processes can transform social support into a source of anxiety. Therefore, it seems important for future research to analyze whether family and friend support, spousal support, or professional health services are more effective in reducing postpartum anxiety. Such an approach will allow for a more accurate assessment of the impact of cultural specificity and contribute to a more in-depth interpretation of the results.

Nevertheless, the findings of this study indicate that spousal support is one of the key determinants of 's psychological well-being during the postpartum period. Consistent with these results, Dennis and Ross[10] identified a significant association between low spousal support and increased postpartum depressive symptoms, highlighting the potential role of spousal support in elevating the risk for maternal mental health difficulties. Similarly, Leahy-Warren and McCarthy [47] reported that, regardless of its source, social support had a positive influence on mothers' psychological well-being.

According to the study findings, perceived spousal support tended to decrease as the number of children increased. Current literature supports these results. A randomized controlled trial conducted by Abbaspoor et al. [48] emphasized the critical role of spousal support in promoting maternal psychological well-being. Likewise, Ahmadpour et al.[49] noted that mothers with multiple children may experience reduced perceived social support and diminished communication with their spouses.

These findings suggest that with an increasing number of children, the distribution of familial responsibilities shifts, leaving fathers with less time to attend to the emotional and practical needs of the mother. This, in turn, may hinder their ability to maintain consistent physical and emotional support. Despite these challenges, it is imperative to acknowledge that the postpartum period represents a critical window for women's health. Intervention programs that aim to strengthen paternal involvement and enhance supportive roles during this time should be prioritized. Active engagement of fathers in the postpartum care process must be promoted to ensure the psychological well-being of mothers.

In this study, it was found that with lower levels of education (literacy or primary school only) reported significantly lower levels of perceived spousal support. Notably, emotional and social support were particularly lacking in this group compared to women with higher education levels. Similarly, a study by Şahin et al.[11] also reported that with lower educational attainment received less emotional and social support from their spouses, a finding attributed to traditional cultural roles and patterns of spousal communication. In Turkish society, the postpartum period is often characterized by involvement of extended family members—particularly mothers and mothers-in-law—in the care of the mother and newborn. Given that these caregiving responsibilities are culturally assigned to elder family members, the involvement of the spouse may be secondary. Considering that with lower educational backgrounds are generally more closely aligned with sociocultural norms, the lower levels of spousal support in this group may be understood as a culturally expected phenomenon. However, the postpartum period ideally requires the spouse to be the primary source of support for the mother. In light of this, it becomes critically important to raise awareness among spouses of with lower education levels regarding the importance of providing emotional and instrumental support during the postpartum period[11].

In addition to education, this study identified 's employment status and financial resources as key factors influencing perceived spousal support. Unemployed reported significantly lower levels of emotional support compared to employed. This disparity may reflect a power imbalance resulting from greater dependency on the spouse in non-working. Furthermore, whose income was insufficient to meet their expenses reported lower levels of both emotional and social support. This finding is consistent with existing literature, which demonstrates that economic stress negatively impacts family dynamics and spousal support[50,51]. However, to date, few studies have specifically investigated the effects of financial stress on spousal support during the postpartum period. The current findings suggest that 's economic independence may influence the balance of power within the relationship, potentially shaping both self-esteem and expectations regarding the quality of spousal support[50,51].

Moreover, this observation indicates that a husband's supportive behaviors may vary according to the woman's social status. In cultures where traditional gender roles are deeply ingrained—such as Turkey—spousal support is not merely a personal dynamic but also reflects broader structural and societal norms. Indeed, the observation that with lower education levels, those who are unemployed, or those with lower incomes report reduced spousal support suggests that deficiencies in support are not solely individuals in nature, but are also embedded within systemic social inequalities[50-51].

All the results obtained in this study demonstrate that sociodemographic variables such as age, parity, education level, family structure, and income level influence postpartum spousal support and, indirectly, anxiety. Furthermore, various studies have shown that the uncertainty and fears related to childbirth experienced by all women, especially first-time and young mothers, during pregnancy and the postpartum period, as well as inadequate spousal support and lack of knowledge about the process, are significantly reduced through midwife- and nurse-led prenatal education and professional information programs. These programs reduce postpartum depression in both pregnant women and their partners and increase childbirth self-efficacy[15,16,19]. Therefore, it is vital that such programs be conducted more frequently and made accessible to women from all walks of life to reduce women's anxiety.

A robust body of literature examining the impact of spousal support on marital relationships and women's health has shown that a supportive partner can substantially reduce maternal feelings of loneliness and facilitate a smoother adaptation to the parental role, particularly during the postpartum period[39,52]. These factors also contribute to a reduction in maternal anxiety. In this context, it is evident that postpartum healthcare services should not only address physical recovery but also actively work to strengthen social support systems and integrate partners into the continuum of postpartum care.

In the regression analysis conducted for PSAS in the study, it was found that age, number of children, education level, family type, place of residence, income status, employment status, and the presence of chronic diseases had no significant effect on postpartum anxiety levels. This finding is consistent with current literature showing that postpartum anxiety is more closely related to psychological and social processes than sociodemographic variables. Aydın Özkan et al.[53] reported that the level of social support in the postpartum period had a weak but significant relationship with anxiety, while variables such as age, education, or income had limited explanatory power. Similarly, in their study examining psychosocial predictors of the postpartum period, Henshaw et al.[54] reported that the main determinants of anxiety symptoms were relationship satisfaction, stress level, and the partner's involvement in baby care; most sociodemographic variables did not make a significant contribution.

In a regression analysis conducted for SPSSWEP, the number of children, education level, income, and employment status were found to have an impact on postpartum spousal support at the univariate level; however, in a multiple regression analysis including these variables, only the number of children remained an independent and significant predictor. This suggests that the perception of spousal support is more strongly associated with family dynamics, particularly parenting burden, than demographic factors. Indeed, Damsarsan and Ören [41] stated that spousal support is an important factor affecting maternal psychology in the postpartum period, particularly the distribution of baby care and household responsibilities, shaping the couple relationship. Furthermore, Yaksı[55] reported that social and spousal support play a critical role in reducing the risk of postpartum depression and anxiety; however, the level of this support can vary

depending on family size, caregiving burden, and the spouse's roles. The fact that the number of children explained 13.4% of the perception of spousal support in the model supports this trend in the literature. As the number of children in a family increases, the caregiving burden on the mother increases, increasing the mother's need for spousal support and directly impacting the perception of the adequacy of that support. This result suggests that spousal support is a critical element, especially for mothers with two or more children.

This study possesses several notable strengths. It is among the limited number of studies in Turkey that specifically explore the relationship between spousal support and postpartum anxiety during the early puerperium. The relatively large sample size (N = 319) enhances the reliability and statistical power of the findings, while the use of well-validated tools such as the SPSSWEP and PSAS strengthens the methodological rigor. Additionally, by incorporating cultural dimensions of postpartum support, the research provides valuable insights and contributes to the global understanding of maternal mental health.

Nevertheless, certain limitations should be acknowledged. The correlational design restricts the ability to infer causality. Conducting the study within a single geographic area may limit the generalizability of the results to other populations. Moreover, the use of self-reported questionnaires may introduce recall or social desirability bias. These limitations should be considered when interpreting the findings. Future research using longitudinal, multicenter, and mixed-method designs may provide more comprehensive and causal evidence regarding the impact of spousal support and the transition from extended families to nuclear families due to cultural change on postpartum anxiety.

The findings of this study reveal a negative relationship between spousal support and postpartum anxiety among in the postpartum period. As the levels of emotional, social, and physical support received from their spouses increased, participants reported a significant decrease in postpartum anxiety scores. Spousal support was found to account for 11.5% of the variance in anxiety levels, indicating its role as a meaningful determinant of maternal psychological well-being. When considering the sociodemographic characteristics of the participants, with lower educational levels, those who were unemployed, and those with inadequate financial resources reported lower levels of emotional and social support from their spouses. This suggests that social determinants may indirectly influence psychological well-being during the postpartum period.

These findings further underscore the importance of family-centered healthcare services. The active involvement of partners in postpartum care is essential to enhancing maternal psychological resilience, reducing the risk of anxiety, and promoting a healthier transition to parenthood. Based on the results, it is evident that postpartum services should adopt a holistic approach that addresses not only the mother but also the couple's relationship. Healthcare professionals should be encouraged to evaluate not only physical health but also family dynamics and social support systems. Raising awareness about the importance of spousal support and strengthening family-based counseling models may facilitate early detection and intervention for psychological risks such as anxiety. Furthermore, policies should be developed to promote the active involvement of partners during the antenatal and postnatal periods. Expanding access to education, counseling services, and family-centered interventions targeting partners may play a vital role in reducing psychological distress during this critical phase.

In this regard, it is crucial to take concrete steps to strengthen spousal support in clinical practice. Ensuring the active participation of spouses in postpartum education processes, implementing couple-focused counseling programs, and routinely assessing spousal support during postpartum care can be effective in supporting mothers' psychosocial well-being. For further research, multivariate research designs and longitudinal studies monitoring different time points are needed to more comprehensively understand the relationships between spousal support and postpartum psyc

Author Contributions: Concept/Design : EBE; Data acquisition: EBE, BÇD, MA; Data analysis and interpretation: EBE, BÇD, MA; Drafting manuscript: EBE, BÇD, MA; Critical revision of manuscript: EBE, BÇD, MA; Final approval and accountability: EBE, BÇD, MA; Technical or material support: EBE, BÇD, MA; Supervision: EBE, BÇD, MA; Securing funding (if available): n/a.
Ethical Approval: Ethical approval was obtained from the Research Ethics Committee of the Faculty of Medicine of Çukurova University with the decision dated 07.03.2025 and numbered 153/70.
Peer-review: Externally peer-reviewed.
Conflict of Interest: The authors declare that there are no conflicts of interest regarding the publication of this paper.
Financial Disclosure: This study did not receive any specific grant or financial support from public, commercial, or nonprofit funding agencies.
Acknowledgement: The authors gratefully acknowledge the contribution of all women who participated in the study and shared their lived experiences, which made this research possible..

REFERENCES

1. Gastaldon C, Solmi M, Correll CU, Barbui C, Schoretsanitis G. Risk factors of postpartum depression and depressive symptoms: umbrella review of current evidence from systematic reviews and meta-analyses of observational studies. Br J Psychiatry. 2022;221:591-602.
2. Ruan JM, Wu LJ. Postpartum depression and partner support during the period of lactation: correlation research and its influencing factors. World J Psychiatry. 2024;14:119-27.
3. Dennis CL, Falah-Hassani K, Shiri R. Prevalence of antenatal and postnatal anxiety: systematic review and meta-analysis. Br J Psychiatry. 2017;2105:315-23.
4. Duran S. Postpartum specific anxiety scale (PSAS): reliability and validity of the Turkish version. Perspect Psychiatry Care. 2020;561:95-101.
5. Fallon V, Halford JCG, Bennett KM, Harrold JA. The postpartum specific anxiety scale: development and preliminary validation. Arch Womens Ment Health. 2016;196:1079-90.
6. Field T. Postpartum depression effects on early interactions, parenting, and safety practices: A review. Infant Behav Dev. 2010;33:1-6.
7. Cohen S, McKay G. Social support, stress and the buffering hypothesis: A theoretical analysis. InHandbook of Psychology and Health, Vol IV (Eds A Baum, S Newman, J Weinman, R West): 253-67. New York, Routledge, 2020.
8. McLeish J, Harvey M, Redshaw M, Alderdice F. A qualitative study of first-time mothers' experiences of postnatal social support from health professionals in England. Women Birth. 2021;34:451-60.
9. Sharifipour F, Javadnoori M, Moghadam ZB, Najafian M, Cheraghian B, Abbaspoor Z. Interventions to improve social support among postpartum mothers: a systematic review. Health Promot Perspect. 2022;12:141-51.
10. Dennis CL, Ross L. Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. J Adv Nurs. 2006;56:588-99.
11. Şahin NH, Dişsiz M, Dinç H, Soypak F. Perceived spousal support among women in early postpartum period: scale development study. Journal of Anatolian Nursing and Health Sciences. 2014;17:73-9.
12. Stewart DE, Vigod S. Postpartum depression. N Engl J Med. 2016;375:2177-86.
13. Shorey S, Chee CYI, Ng ED, Chan YH, San Tam WW, Chong YS. Prevalence and incidence of postpartum depression among healthy mothers: a systematic review and meta-analysis. J Psychiatr Res. 2018;104:235-48.
14. Özcan NK, Boyacıoğlu NE, Dinç H. Postpartum depression prevalence and risk factors in Turkey: A systematic review and meta-analysis. Arch Psychiatr Nurs. 2017;31:420-8.
15. Çankaya S, Şimşek B. Effects of antenatal education on fear of birth, depression, anxiety, childbirth self-efficacy, and mode of delivery in primiparous pregnant women: A prospective randomized controlled study. Clin Nurs Res. 2021;30:818-29.
16. Athinaidou AM, Vounatsou E, Pappa I, Harizopoulou VC, Sarantaki A, Harizopoulou V. Influence of antenatal education on birth outcomes: A systematic review focusing on primiparous women. Cureus. 2024;16:e64508.
17. Güler ZB, Alkar OY. Mothers' perceptions of social support during the postpartum period: a qualitative study on psychological well-being of mothers. Gümüşhane University Journal of Health Sciences. 2021;10:973-82.
18. Kucukkaya B, Basgol S. The effect of perceived spousal support on childbirth self-efficacy on pregnant women in Turkey. BMC Pregnancy Childbirth. 2023;23:173.
19. Kim S, Kim DJ, Lee MS, Lee H. Association of social support and postpartum depression according to the time after childbirth in South Korea. Psychiatry Invest. 2023;20:750-7.
20. White LK, Kornfield SL, Himes MM, Forkpa M, Waller R, Njoroge WFM et al. The impact of postpartum social support on postpartum mental health outcomes during the COVID-19 pandemic. Arch Womens Ment Health. 2023;26:531-41.
21. Wang Y, Gu J, Zhang F, Xu X. The multiple mediation model of social support and postpartum anxiety symptomatology: the role of resilience, postpartum stress, and sleep problems. BMC Psychiatry. 2024;24:630.
22. Kızılırmak A, Calpbinici P, Tabakan G, Kartal B. Correlation between postpartum depression and spousal support and factors affecting postpartum depression. Health Care Women Int. 2021;42:1325-39.
23. He S, Yang F, Zhang H, Zhang S. Affective well-being of Chinese urban postpartum women: predictive effect of spousal support and maternal role adaptation. Arch Womens Ment Health. 2022;25:781-8.
24. Aydın R, Ay ÖP, Aktaş S. The effect of mothers' perceived spousal support in the early postpartum period on postpartum stress. STED. 2022;31:126-33.
25. Uğurlu M, Karahan N, Arslan G, Karaşahin KE. Evaluation of the correlation between spousal support, postpartum depression, and breastfeeding self-efficacy in the postpartum period. Journal of Contemporary Medicine. 2023;13:153-9.
26. Yazar M, Altuntuğ K. Postnatal sense of security of primiparous and multiparous mothers and affecting factors. Curr Psychol. 2024;43:30061-71.
27. De Waal N, Boekhorst MG, Nyklíček I, Pop VJ. Maternal-infant bonding and partner support during pregnancy and postpartum: Associations with early

child social-emotional development. Infant Behav Dev. 2023;72:101871.
28. Martin RC, Brock RL. The importance of high-quality partner support for reducing stress during pregnancy and postpartum bonding impairments. Arch Womens Ment Health. 2023;26:201-9.
29. Jeong YJ, Nho JH, Kim HY, Kim JY. Factors influencing quality of life in early postpartum women. Int J Environ Res Public Health. 2021;18:2988.
30. Takács L, Putnam SP, Monk C, Kaňková Š, Ullmann J, Abuaish S et al. The course of women's emotions from early pregnancy to the postpartum period. J Reprod Infant Psychol. 2025:1-15.
31. Yorulmaz BÇ. The effect of labor ınduction on postpartum specific anxiety scale (Master's Thesis). Aydın, Adnan Menderes University, 2022.
32. Akyıldız D, Bay B. The effect of breastfeeding support provided by video call on postpartum anxiety, breastfeeding self-efficacy, and newborn outcomes: a randomized controlled study. Jpn J Nurs Sci. 2023;20:e12509.
33. Doğan EK, Cesur B. The relationship between postpartum anxiety and maternal function in mothers. Cumhuriyet Medical Journal. 2023;45:36-47.
34. Bozkurt MA, Cesur B. The effect of the Ebe Evimde application on the self-efficacy and anxiety levels of mothers: randomized controlled trial. Digital Health. 2023;9:1-14.
35. Tabachnick BG, Fidell LS, Ullman JB. Using Multivariate Statistics, 6th ed. Boston, MA, Pearson; 2013.
36. Khademi K, Kaveh MH. Social support as a coping resource for psychosocial conditions in postpartum period: a systematic review and logic framework. BMC Psychol. 2024;12:301.
37. Yan P, Xu J. The effects of perceived social support on postpartum anxiety: A moderated mediation model. Matern Child Health J. 2023;27:1426-33.
38. Leahy-Warren P, McCarthy G, Corcoran P. First-time mothers: social support, maternal parental self-efficacy and postnatal depression. J Clin Nurs. 2012;21:388-97.
39. Razurel C, Bruchon-Schweitzer M, Dupanloup A, Irion O, Epiney M. Stressful events, social support and coping strategies of primiparous women during the postpartum period: a qualitative study. Midwifery. 2011;27:237-42.
40. Longo V, Saadati N, Karakus M. Exploring the role of extended family in child rearing practices across different cultures. Journal of Psychosociological Research in Family and Culture. 2024;2:4-12.
41. Damsarsan S, Ören B. The effect of spousal support on postpartum depression and quality of life. Clin Exp Health Sci. 2024;14:176-82.
42. O'Hara MW, McCabe JE. Postpartum depression: current status and future directions. Annu Rev Clin Psychol. 2013;9:379-407.
43. Mercan Y, Selcuk KT. Association between postpartum depression level, social support level and breastfeeding attitude and breastfeeding self-efficacy in early postpartum women. PLoS One. 2021;16:e0249538.
44. Can FG, Akış G, Solmaz E. The effect of the level of perceived social support in the postpartum period on maternal functioning and maternal attachment. J Pediatr Nurs. 2024;79:192-202.
45. Schobinger E, Horsch A, Ramelet AS. Delphi study on first-time parents' perceptions of professional support in the early postpartum period. Midwifery. 2025:104481.
46. Topçu T, Aydın R, Aktaş S. Investigating maternal perception of control and support in the postpartum period and influencing factors in childbirth: A multiple linear regression analysis model. Nurs Open. 2025;12.
47. Leahy-Warren P, McCarthy G. Maternal parental self-efficacy in the postpartum period. Midwifery. 2011;27:802-10.
48. Abbaspoor Z, Sharifipour F, Javadnoori M, et al. Evaluation of the effectiveness of a postnatal support education program for husbands in promotion of their primiparous wives' perceived social support: a randomized controlled trial. BMC Womens Health. 2023;23:139.
49. Ahmadpour P, Curry C, Jahanfar S, Nikanfar R, Mirghafourvand M. Family and spousal support are associated with higher levels of maternal functioning in a study of Iranian postpartum women. J Clin Med. 2023;12:2718.
50. Aktaş H, Aktaş E, Sal S. The effect of spousal support on family tranquility. Ondokuz Mayıs University Journal of Women's and Family Studies. 2023;3:161-84.
51. Baş M, Sari SS, Kahraman T. The mediating role of work-family conflict in the effect of financial stress level of bank employees on life satisfaction. Journal of BRSA Banking and Financial Markets. 2024;18:150-69.
52. Bain M, Park S, Zaidi A, et al. Social support and spousal relationship quality improves responsiveness among anxious mothers. Child Psychiatry Hum Dev. 2024:1-14.
53. Özkan SA, Şenol DK, Erdemoğlu Ç. The relationship between perceived social support and postpartum anxiety in postpartum women. Journal of Academic Research in Nursing. 2024;10:48-56.
54. Henshaw EJ, Cooper M, Wood T, Doan SN, Krishna S, Lockhart M. Psychosocial predictors of early postpartum depressive and anxious symptoms in primiparous women and their partners. BMC Pregnancy Childbirth. 2023;23:209.
55. Yaksı N, Save D. How do social and spousal support influence postpartum depression? Marmara Medical Journal. 2021;34:327-38.