RESEARCH ON THE RELATIONSHIP BETWEEN SOCIAL WELFARE POLICIES AND SOCIAL DISEASES IN THE CURRENT VIETNAMESE CONTEXT

PhD. Huynh Van Khai* - Vuong Minh Phuong* - Nguyen Hanh Dung* - Nguyen Duy Hung* Nguyen Thanh Vinh* - Dang Minh Ngoc*

Abstract: ***This study synthesizes empirical evidence from both domestic and international sources to develop an analytical framework for the relationship between social protection policies and social disorders in the current Vietnamese context, including social disorders such as postpartum depression (PPD). Through systematic searching of online databases and screening according to predefined criteria, 37 studies out of a total of 96 initial studies were selected for analysis. The results show that perceived social support has a significant impact on the risk of developing PPD symptoms, with support from family and partners playing a prominent role as a crucial protective factor. However, the existing evidence remains scattered and incomplete, indicating the need for more in-depth studies to clarify the mechanisms of impact and propose appropriate intervention implications for the Vietnamese context.***

• Keywords: *postpartum depression, social support, perceived social support, symptoms.*

Date of receipt: 07th Feb., 2026
Date of receipt revision: 19th Mar., 2026
Date of delivery revision: 22th Feb., 2026
Date of approval: 30th Mar., 2026
DOI: https://doi.org/10.71374/jfar.v26.i2.67

1. Introduction

Postpartum depression (PPD) is a typical mental illness, which is defined by the development of depressive symptoms in four weeks of childbirth (Wisner et al., 2010) or in the first six postpartum weeks, as the World Health Organization (2022) claims. Despite the traditional perspective on it as an early postpartum situation, the symptoms of depression can continue well beyond this time by continuing into the first and even second years of the older child (Cornish et al., 2005). PPD has an estimated global prevalence of over one in ten women in the first year of the postnatal period and is generally considered to be the most common postnatal complication. As a result, the last few years have seen a growing interest in determining the prevalence patterns and changeable risk factors to become more effective in terms of detection and prevention methods at an early stage (Nguyen et al., 2023).

Although postpartum depression can be treated through medical or pharmacological therapies, many women remain undiagnosed or inadequately treated, particularly in developing countries such as Vietnam. Moreover, while pharmacological interventions can be effective, they are not always ideal for breastfeeding mothers because medications may pass into breast milk and potentially affect infants (Stephens et al., 2016). Consequently, preventive measures and early interventions become more feasible and appropriate strategies for managing PPD among postpartum women. In this context, social support emerges as a crucial protective factor that not only reduces the risk of developing depressive symptoms but also facilitates psychological recovery after childbirth. Empirical evidence consistently shows that low levels of social support are strongly associated with higher rates of PPD, regardless of cultural or socio-economic differences (Seymour-Smith et al., 2021).

The more recent research has been conceptualising social support in a multidimensional way making a distinction between structural sources (e.g., family members, partners, friends, and significant others) and functional components (e.g., emotional, instrumental, and informational support). This kind of differentiation enables one to further comprehend which aspects of support have the most protective properties against maternal mental health. However, despite the increasing literature on the association of social support and PPD, there is still no exhaustive synthesis of these dimensions, especially in the Vietnamese context. To cover this gap, the current systematic review is an amalgamation of Vietnamese and international research evidence to investigate the association between social support and postpartum depressive symptoms.

** National Economics University; email: khaihv@neu.edu.vn*

The research questions that guide this review are the following:

RQ1: What is the evidence of the studies exploring the connections between social support and postpartum depression?

RQ2: What are the gaps in the literature about the associations between social support and postpartum depression?

2. Research Method

2.1. Literature Search

The literature search was conducted across ScienceDirect, Web of Science, Google Scholar, MEDLINE, CINAHL, PubMed, and EBSCOhost. To maximize coverage, we also performed manual searching by screening the reference lists of relevant articles to identify additional eligible studies. The search terms were constructed around the core constructs of the review and combined using Boolean operators, including: "postpartum depression" or "postpartum depressive symptoms" and "social support" (including "perceived social support"), with limits applied for publication years (2018-2025) and language (English or Vietnamese). Studies were eligible even when a formal clinical diagnosis was not reported, provided that postpartum depressive symptoms were assessed using validated measurement instruments and aligned with the aims of the review.

All retrieved records were exported to a reference management file and duplicates were removed prior to screening. The remaining records were screened by title and abstract, and potentially eligible articles were then assessed through full-text review. After this eligibility assessment, 96 articles met the initial inclusion criteria. Because multiple papers sometimes reported results from the same underlying study, overlapping reports were merged; as a result, a final total of 37 independent studies were retained and included in the synthesis.

2.2. Inclusion and Exclusion Criteria

Table 1. Inclusion and Exclusion Criteria for Eligible Studies

Criteria	Inclusion	Exclusion
Type of publication	Peer-reviewed journal articles; studies using secondary data; indexed conference proceedings (domestic & international); national health research reports	Theses (undergraduate, master's, doctoral); non-indexed conference proceedings
Study sample	Women with childbirth experience	Men; women not yet given birth or currently pregnant; children; other populations
Research content	Relationship between two factors: social support, postpartum depressive symptoms	Relationship between other factors
Publication period	2018 - 2025	Before 2018

Source: Authors (2026)

2.3. Study Selection Process

After retrieving, all the selected studies were systematically coded based on the predetermined criteria: (1) bibliographic details; (2) sample aspects; (3) study design; (4) research purposes or hypotheses; (5) measurements of social support; (6) instruments used to measure postpartum depression and (8) key findings and estimated effects. The studies were independently screened and coded by five separate reviewers and cross-checking practices had been introduced to guarantee consistency and accuracy. The agreement of the inter-reviewers was over 99%, which means that the selection of the studies and the extraction of their data were both very reliable.

3. Results

Across the included literature, social support consistently functions as a protective factor against postpartum depressive symptoms. Such a trend is also repeatedly evident in the Vietnamese literature and also supported by the various international settings, such as South Korea (Kim et al., 2023), Japan (Yamada et al., 2020), and also multiple countries in the Middle East, Africa, and South Asia (Amer et al., 2024). The literature conceptualises social support primarily through two perspectives: structural support (sources) and functional support (types).

3.1. Structural social support

We identified 21 quantitative studies reporting longitudinal associations between perceived social support and PPD outcomes. Despite methodological variation, findings consistently show an inverse relationship between perceived social support and depressive symptoms, indicating protective and predictive potential for PPD risk.

Synthesised evidence suggests social support influences PPD through direct and indirect mechanisms. In terms of direct effects, 16 out of 21 studies recognise social support as an independent protective factor, including those that investigated confounders and validated independence. Besides that, the Multidimensional Scale of Perceived Social Support (MSPSS) is the most common instrument (12 of 21 studies). Support sources are typically grouped into (1) family, (2) significant others and (3) friends. Alternative measures largely map onto these categories; for example, the Hopkins Social Support Scale differentiates biological/in-law parents under family, while "spouse" or "intimate partner" is operationalised as significant others (Hajipoor et al., 2021). Results are synthesised below using these MSPSS-aligned sources.

(1) Family support and postpartum depression

Family support is the strongest and most consistent protective factor against PPD. Most studies report a direct inverse association between perceived family support and depressive symptom severity. Women reporting stronger support from husbands, parents, or

in-laws show significantly lower risk of developing or sustaining PPD.

Vietnamese evidence likewise suggests family relationships are critical. High agreement on "lack of family support" (94.0%) indicates its importance for psychological well-being (Vu, 2024). Adolescent mothers show 15.1% PPD prevalence without family childcare support, increasing to 22.7% with insufficient postpartum family support (Nguyen & Bui, 2024). However, non-significant findings also appear: spousal help with chores/childcare was not significantly associated with depression risk ($p > 0.05$) in Nguyen et al. (2024), and within one week postpartum, family support and internal conflict sometimes showed limited psychological association (Nguyen & Nguyen, 2023). Moreover, cross-national differences likely reflect sociocultural context and family structure (multigenerational vs nuclear). In Japan, where over 80% of child-rearing families are nuclear, lack of extended-family support may increase depression risk (Yamada et al., 2021). In China, Taiwan, Hong Kong, Singapore, and Vietnam, "doing the month" increases reliance on relatives during a 30-day confinement period (Xiao et al., 2024; Tran, 2018).

(2) Significant other support and postpartum depression

"Significant others" is the most common term that refers to husbands or intimate partners, though some studies have adopted a wider context and included anyone that they trust. Most of the studies have found a strong inverse relation between the support provided by the significant other and postpartum depression, with family support often being the most protective factor in general. The moderate negative correlations include the effect sizes reported as $r = -0.332$ ($p = < 0.01$) (Akbari et al., 2020). In addition, a series of studies have found indirect mechanisms by which significant other support has an impact on postpartum mental health. Acoba (2024) found significant mediation through stress: higher support reduced stress ($a = -0.12$, $p = 0.01$), and lower stress reduced depression ($b = 0.48$, $p = 0.000$).

When "significant others" are explicitly defined as partners, protective effects are pronounced. Yamada et al. (2021) reported that lack of partner support increased PPD risk 3.13 times (95% CI: 2.11-4.63), and Kim et al. (2023) found significant other support was negatively associated with PPD at 6-12 months postpartum, suggesting partner support may remain critical later in the first postpartum year.

(3) Friend support and postpartum depression

Friend-based support shows weaker and less consistent associations with PPD, often depending on other support sources. Several studies report non-significant associations after controlling confounders. Hajipoor et al. (2021) found negligible correlation ($r = -0.007$, $p = 0.907$), and Kim et al. (2023) found no significant relationship at any postpartum timepoint ($p > 0.05$). However, peer-based interventions suggest friend support can reduce depressive symptoms: Neill et al. (2019) reported improvements in the MSPSS "Friends" subscale strongly linked to lower depression ($r = 0.56$, $p < 0.01$), with this subscale increasing 50% more than others.

3.2. Functional social support

Nine quantitative studies examined functional social support, and all confirmed that social support protects against postpartum depressive symptoms (Zheng et al., 2022; Lee & Hung, 2022). Eight studies reported direct inverse relationships, identifying social support as both protective and predictive; risk increased substantially among women with insufficient support (Holicky et al., 2024; Pao et al., 2019). One study extended analysis using neuroimaging, showing perceived social support moderated biological risk via brain connectivity (Cheng et al., 2022).

Cohen and Wills' (1981) buffering hypothesis was seldom utilised explicitly; however, numerous studies embody its conceptual framework. Functional support is typically grouped into instrumental, emotional, and informational support, which is operationalised by instruments such as MOS-SSS (Pao et al., 2019) and BSSS (Zyrek et al., 2024).

(1) Instrumental support and postpartum depression

Instrumental (tangible) support includes practical assistance such as household chores, childcare, and financial help. Evidence shows strong inverse associations with PPD risk; women with low instrumental support have roughly three times higher odds of depressive symptoms (aOR = 3.1) (Holicky et al., 2024). Higher instrumental support is associated with lower stress at six months and reduced likelihood of positive PPD screening (OR = 0.67) and postpartum anxiety (OR = 0.64) (White et al., 2023).

Effects vary by culture and demographics. Among Latina mothers, instrumental support predicted outcomes for Spanish-speaking but not English-speaking mothers (Corona et al., 2023). Pao et al. (2019) reported disparities across groups: 84.7% of White women reported high instrumental support compared to 58.7% of Asian women. Holicky et al. (2024) found higher support among married women, those with planned pregnancies, ages 30-34, and higher education; low support was more common among women under 25, with lower education, unmarried, using Medicaid, or with unplanned pregnancies. Instrumental support effects may also diminish over time: associations observed at

6 months ($p < 0.001$) were no longer significant at 12 months (Corona et al., 2023).

(2) Emotional support and postpartum depression

Emotional support includes empathy, reassurance, encouragement, and listening. It is consistently associated with reduced PPD risk (Pao et al., 2019). Holicky et al. (2024) discovered that insufficient partner emotional support correlated with a 2.5-fold increase in the risk of depressive symptoms. Emotional support may show sustained protective effects even when other supports decline. In Latina samples, emotional support diminished stress at both 6 months ($p = 0.01$) and 12 months ($p = 0.01$), whereas instrumental and informational support ceased to be significant at 12 months (Corona et al., 2023).

Interaction effects suggest emotional support is particularly protective when instrumental support is low: emotional support reduced PPD risk (OR = 0.48, 95% CI = 0.36-0.63) and bonding disorders (OR = 0.49, 95% CI = 0.34-0.71) specifically among those reporting low instrumental support (White et al., 2023). Cultural moderation patterns are similar to instrumental support; effects were stronger for Spanish-speaking mothers ($B = -0.04$, $p = 0.002$) and for recent immigrants, diminishing with longer residency (Corona et al., 2023).

(3) Informational support and postpartum depression

Informational support involves advice, guidance, and referrals to specialised services. It generally acts as a protective factor, though effects appear weaker and time-sensitive. Informational support was associated with reduced perceived stress at six months postpartum ($p = 0.03$) among Latina women, but effects were moderated by years in the U.S.; significant associations appeared primarily among mothers who had lived in the U.S. for less than eight years (Corona et al., 2023). Park et al. (2021) reported informational support had the weakest inverse correlation with PPD ($r = -0.27$; $p < 0.001$). Long-term sustainability is uncertain, as informational support was not significantly associated with distress at 12 months (Corona et al., 2023).

4. Discussion

This systematic review identifies modifiable protective factors against postpartum depression (PPD) that align with established theoretical frameworks, particularly the stress-coping theory (Lazarus & Folkman) and the stress-buffering hypothesis (Cohen & Wills). Across the included studies, PPD was clearly distinguished from broader perinatal depression, and postpartum psychosis was excluded, ensuring conceptual precision. The findings consistently emphasize the importance of conceptualizing social support as a multidimensional construct encompassing both structural and functional components.

Structurally, insufficient support from husbands or intimate partners and family members was associated with the highest risk of PPD in Vietnam and other Asian contexts (Nguyen et al., 2024; Yamada et al., 2020). These results suggest that interventions should prioritise strengthening close interpersonal relationships rather than relying solely on peer or community-level support. Among functional dimensions, instrumental support emerged as particularly critical during the first postpartum month, when mothers face intense practical demands related to sleep deprivation, newborn care, and cognitive overload. Interventions facilitating shared childcare, domestic assistance, and adequate maternal rest may therefore yield immediate reductions in stress and vulnerability to depressive symptoms. Emotional support also plays a vital role by enhancing maternal self-efficacy, mitigating negative self-evaluation, and reducing feelings of isolation, especially in sociocultural contexts characterised by high expectations of motherhood.

Several studies highlighted timing effects, indicating that support-based interventions should begin in late pregnancy and extend through the first three months postpartum, a period of heightened psychological vulnerability. A common decline in perceived support following hospital discharge underscores the importance of discharge planning, psychoeducation, and early follow-up initiated within healthcare settings (Kim et al., 2023; Tran, 2018). Ensuring continuity of care during the transition from hospital to home may prevent erosion of support at a critical stage. Importantly, inadequate support affects not only maternal mental health but also partner well-being, family functioning, and early child development.

Partner involvement emerged as a central determinant of maternal outcomes, as limited participation in caregiving and emotional reassurance was strongly linked to increased maternal stress and PPD risk. Effective interventions should therefore actively engage husbands or intimate partners and equip them with practical caregiving skills and emotional responsiveness (Kim et al., 2023). While support from in-laws can be beneficial, it may also generate conflict or reduce maternal autonomy, highlighting the need for family-based programs that promote communication, role clarity, and respect for maternal agency. Strengthening early postpartum support may also protect mother-infant bonding and promote favorable child developmental outcomes.

Methodological heterogeneity across studies, particularly in measuring social support, reflects broader challenges in cross-cultural research. Widely

used instruments such as the Multidimensional Scale of Perceived Social Support and the Medical Outcomes Study Social Support Survey were frequently adapted to local contexts, underscoring the need for culturally sensitive measurement tools. From a clinical perspective, these findings call for a shift from a purely structural view of support toward a functional, mother-centered approach that prioritizes the subjective experience of being supported (Acoba et al., 2024). Community-based services and digital follow-ups may help sustain support after discharge.

These implications are especially salient in Vietnam, where declining fertility rates and negative postpartum experiences may influence future reproductive decisions. Framing postpartum mental health support as essential family infrastructure rather than solely individual care may enhance acceptability and effectiveness. Addressing gaps in instrumental support may also require collaboration with employers and policymakers to expand parental leave, workplace lactation support, and childcare provision.

5. Limitations of the review

Several limitations should be considered. First, methodological heterogeneity limited comparability and prevented meta-analysis. Studies used more cross-sectional designs, EPDS cut-offs, follow-up periods, and more than ten social support instruments. This heterogeneity limited subgroup comparisons and moderator analyses. Cross-sectional dominance also restricts causal inference and limits control of confounders such as pre-pregnancy mental health, socioeconomic conditions, culture, and obstetric complications.

Second, publication bias is possible because null findings are less likely to be published; thus, protective effects may be overestimated. Searches were limited to peer-reviewed English and Vietnamese publications, excluding grey literature and potentially relevant work in non-indexed Vietnamese journals or other languages.

6. Future research

Future research should prioritise (1) longitudinal designs to clarify bidirectional social support-PPD relationships and determine when social support functions as risk factor versus symptom; (2) deeper focus on functional support, which appears more consistently protective, and examination of how dimensions interact over postpartum stages (Kent-Marvick et al., 2022); (3) systematic reviews with sufficient homogeneity enabling subgroup analyses by design, culture, severity, and postpartum timing; (4) culturally tailored intervention trials in Vietnam targeting family support enhancement; and (5) advanced statistical approaches (structural equation modelling, mediation analysis, propensity score matching) to improve confounding control and strengthen causal inference.

Conclusion: Overall, the reviewed literature consistently indicates that social support is protective against postpartum depressive symptoms through both structural and functional mechanisms. Family and partner support emerge as the most influential structural sources, while instrumental support shows strong short-term associations and emotional support demonstrates sustained protective effects. Despite increasing attention to these relationships, Vietnamese evidence remains limited and methodologically heterogeneous. Future research should prioritise culturally validated longitudinal studies and intervention testing to strengthen evidence-based approaches targeting family support systems, particularly during the first three postpartum months.

References:

Acoba, E. F. (2024). Social support and mental health: the mediating role of perceived stress. Frontiers in Psychology, 15, 1330720. https://doi.org/10.3389/fpsyg.2024.1330720

Amer, S. A., Zaitoun, N. A., Abdelsalam, H. A., Abbas, A., Ramadan, M. S., Ayal, H. M., Ba-Gais, S. E. A., Basha, N. M., Allahham, A., Agyenim, E. B., & Al-Shroby, W. A. (2024). Exploring predictors and prevalence of postpartum depression among mothers: Multinational study. BMC Public Health, 24(1), 1308. https://doi.org/10.1186/s12889-024-18502-0

Cantero-García, M., Escribano, N. P., Rueda-Extremera, M., & Arco, Y. a. H. (2024). Buffering effect of perceived social support during postpartum Depression: a Systematic review. Zenodo (CERN European Organization for Nuclear Research). https://doi.org/10.5281/zenodo.14286552

Cheng, B., Roberts, N., Zhou, Y., Wang, X., Li, Y., Chen, Y., Zhao, Y., Deng, P., Meng, Y., Deng, W., & Wang, J. (2022). Social support mediates the influence of cerebellum functional connectivity strength on postpartum depression and postpartum depression with anxiety. Translational Psychiatry, 12(1), 54. https://doi.org/10.1038/s41398-022-01781-9

Cornish, A., McMahon, C., Ungerer, J., Barnett, B., Kowalenko, N., & Tennant, C. (2005). Postnatal depression and infant cognitive and motor development in the second postnatal year: The impact of depression chronicity and infant gender. Infant Behavior and Development, 28(4), 407-417. https://doi.org/10.1016/j.infbeh.2005.03.004

Corona, K., Yang, T., Dunton, G., Toledo-Corral, C., Grubbs, B., Eckel, S. P., Johnston, J., Chavez, T., Lerner, D., Lurvey, N., Al-Marayati, L., Habre, R., Farzan, S. F., Breton, C. V., & Bastain, T. M. (2023). The role of social support and acculturation factors on postpartum mental health among Latinas in the MADRES pregnancy cohort. Journal of Immigrant and Minority Health, 26(1), 72-80. https://doi.org/10.1007/s10903-023-01542-w

Hajipoor, S., Pakseresht, S., Niknami, M., Roshan, Z. A., & Nikandish, S. (2021). The relationship between social support and postpartum depression. Journal of Holistic Nursing and Midwifery, 31(2), 93-103. https://doi.org/10.32598/jhnm.31.2.1099

Holicky, A., Horne, A., & Bennett, A. C. (2024). Low Social Support is Associated With Postpartum Depression Symptoms Among Illinois Postpartum Women. Birth, 52(2), 320-328. https://doi.org/10.1111/birt.12889

Kim, S., Kim, D. J., Lee, M., & Lee, H. (2023). Association of social support and postpartum depression according to the time after childbirth in South Korea. Psychiatry Investigation, 20(8), 750-757. https://doi.org/10.30773/pi.2023.0042

Lee, L., & Hung, C. (2022). Women's trajectories of postpartum depression and social support: A repeated-measures study with implications for evidence-based practice. Worldviews on Evidence-Based Nursing, 19(2), 121-129. https://doi.org/10.1111/wvn.12559

Nguyen, A. T., Nguyen, K. D., Le, H. M., Nguyen, T. D., Meyrowitsch, D. W., Bygbjerg, I. C., Søndergaard, J., Nguyen, H. T. T., Vinter, C. A., Linde, D. S., Gammeltoft, T. M., & Rasch, V. (2024). Social support and symptoms of antenatal depression among women screened for gestational diabetes mellitus: A cross-sectional study in Northern Vietnam (the VALID II study). PLoS ONE, 19(12), e0314608. https://doi.org/10.1371/journal.pone.0314608

Nguyen, H. T. H., Hoang, P. A., Ly, T. K., DO, Taylor-Robinson, A. W., & Nguyen, T. T. H. (2023). Postpartum depression in Vietnam: a scoping review of symptoms, consequences, and management. BMC Women S Health, 23(1), 391. https://doi.org/10.1186/s12905-023-02519-5

Nguyễn, V. K., & Bùi, M. C. (2024). Tỷ lệ trầm cảm sau sinh và các yếu tố nguy cơ ảnh hưởng ở sản phụ tuổi vị thành niên. Tạp Chí Phụ Sản, 22(4), 43-48. https://doi.org/10.46755/vjog.2024.4.1746

O'Neill, P., Cycon, A., & Friedman, L. (2019). Seeking social support and postpartum depression: A pilot retrospective study of perceived changes. Midwifery, 71, 56-62. https://doi.org/10.1016/j.midw.2019.01.003

Pao, C., Guintivano, J., Santos, H., & Meltzer-Brody, S. (2018). Postpartum depression and social support in a racially and ethnically diverse population of women. Archives of Women S Mental Health, 22(1), 105-114. https://doi.org/10.1007/s00737-018-0882-6

Seymour-Smith, M., Cruwys, T., & Haslam, S. A. (2021). More to lose? Longitudinal evidence that women whose social support declines following childbirth are at increased risk of depression. Australian and New Zealand Journal of Public Health, 45(4), 338-343. https://doi.org/10.1111/1753-6405.13099

Trần, T. N. (2018). Thực trạng trầm cảm và hành vi tìm kiếm hỗ trợ ở phụ nữ mang thai, sau sinh tại huyện Đông Anh, Hà Nội [PhD Dissertation]. Hanoi Medical University.

Vũ, T. T. H., Hà, T. T., Ngô, T. T. H., Lê, T. T. H., & Nguyễn, T. H. (2024). Nghiên cứu sự hiểu biết của thai phụ về trầm cảm sau sinh tại Bệnh viện Phụ Sản Hà Nội. Tạp Chí Y Học Việt Nam, 537(2). https://doi.org/10.51298/vmj.v537i2.9211

White, L. K., Kornfield, S. L., Himes, M. M., Forkpa, M., Waller, R., Njoroge, W. F. M., Barzilay, R., Chaiyachati, B. H., Burris, H. H., Duncan, A. F., Seidlitz, J., Parish-Morris, J., Elovitz, M. A., & Gur, R. E. (2023a). The impact of postpartum social support on postpartum mental health outcomes during the COVID-19 pandemic. Archives of Women S Mental Health, 26(4), 531-541. https://doi.org/10.1007/s00737-023-01330-3

Xiao, Y., Cui, Y., Li, F., Zeng, W., Rozelle, S., Shi, C., Xu, J., Shi, J., Li, G., & Jiang, F. (2024). The mediating effect of family support in the relationship between socio-economic status and postpartum depressive symptoms. BMC Public Health, 24(1), 3374. https://doi.org/10.1186/s12889-024-20849-3

Yamada, A., Isumi, A., & Fujiwara, T. (2020). Association between Lack of Social Support from Partner or Others and Postpartum Depression among Japanese Mothers: A Population-Based Cross-Sectional Study. International Journal of Environmental Research and Public Health, 17(12), 4270. https://doi.org/10.3390/ijerph17124270

Zheng, J., Gao, L., Li, H., & Zhao, Q. (2022). Postpartum depression and social support: A longitudinal study of the first six months as parents. Journal of Clinical Nursing, 32(11-12), 2652-2662. https://doi.org/10.1111/jocn.16351