The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 13, Issue 3, July- September, 2025
DIP: 18.01.169.20251303, DOI: 10.25215/1303.169
https://www.ijip.in

Research Paper

Exploring the Link between Postnatal Depression and Life Satisfaction: A Comparative Analysis of Joint and Nuclear Family Structures

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ABSTRACT

This study investigates the relationship between postnatal depression (PND) and life satisfaction among women residing in joint and nuclear family systems. Postnatal depression is a prevalent mental health issue impacting the psychological well-being of mothers and the developmental outcomes of their children. Using the Edinburgh Postnatal Depression Scale (EPDS) and the Satisfaction with Life Scale (SWLS), data were collected from 120 postpartum women aged 25–35 years. Results revealed no significant statistical differences in depression levels or life satisfaction scores between the two-family structures. Despite traditional beliefs that joint families offer better emotional support, the findings challenge assumptions about family structure being a decisive factor in maternal mental health. The study underscores the need for context-sensitive occupational therapy interventions that consider the unique challenges faced by mothers in varying familial environments. This research contributes to a deeper understanding of maternal mental health in diverse cultural settings and highlights the importance of comprehensive, individualized support.

Keywords: *Postnatal Depression, Life Satisfaction, Family Structure, Joint vs. Nuclear Family and Maternal Mental Health*

The postpartum period is a vulnerable time for mothers, during which mental health challenges, particularly postnatal depression (PND), frequently emerge. These challenges are often shaped by the family environment—whether joint or nuclear. Research suggests that women face emotional and psychological stressors following childbirth, and hormonal changes during this time may contribute significantly to depressive symptoms. The rapid drop in estrogen and progesterone levels post-delivery is hypothesized to be one of the biological triggers.

While some scholars like Priest (1983) believe PND is a natural, temporary response, its intensity can be alleviated through adequate emotional support. Joint family systems may offer this support more readily due to the presence of extended family members who share caregiving roles, thereby influencing a mother's satisfaction with life more positively than in

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Received: April 12, 2025; Revision Received: August 11, 2025; Accepted: August 14, 2025

nuclear families. Social and emotional support from family members in joint households can contribute to better psychological outcomes [1][2].

Conversely, nuclear families may offer greater autonomy and privacy, but also pose challenges due to limited support structures. Life satisfaction during the postnatal phase is deeply intertwined with family support, marital satisfaction, and socio-economic conditions. The biopsychosocial model frames PND as a multifaceted condition influenced by hormonal, emotional, social, and environmental factors. Feelings of guilt, isolation, and fear of stigma are commonly reported and can vary significantly depending on the family setup [3].

Globally, PND is considered a major mental health concern. It ranges from mild postpartum blues to severe postpartum psychosis, with varying prevalence rates. The Edinburgh Postnatal Depression Scale (EPDS) is widely used to assess depressive symptoms during this period. Persistent PND can negatively impact maternal roles and hinder the child's emotional and cognitive development [4,5] .

Postpartum psychosis, which has a global prevalence ranging from 0.89 to 2.6 per 1000 births, is a severe disorder that begins within four weeks postpartum and requires hospitalization [6]. Postpartum depression can start soon after childbirth or as a continuation of antenatal depression and needs to be treated.[7] The global prevalence of postpartum depression has been estimated as 100–150 per 1000 births [8]. Postpartum depression can predispose to chronic or recurrent depression, which may affect the mother–infant relationship and child growth and development. [9,10–11] Children of mothers with postpartum depression have greater cognitive, behavioural and interpersonal problems compared with the children of non-depressed mothers. [12,13]

Postpartum depression (PPD) is the most common serious mental disorder after delivery and has become a considerable public health problem. The most common symptoms of PPD are extreme sadness, feelings of hopelessness and inadequacy, gloominess, inability to feel joy with the baby, severe anxiety, loss of appetite, poor concentration and memory, sleep disturbances, prolonged weariness, social isolation, suicidal thought and thoughts of harming the baby. PPD occurs at least four weeks after birth, [14] which differentiates it from postpartum blues, which can begin in the first or second week postpartum [15]. The World Health Organisation (WHO 2001) has recently reported that mental health problems have high prevalence worldwide, and that the management and treatment of mental disorders in primary care is a fundamental step in order to improve mental health. In this regard, developing screening tools for mental disorders is gaining more importance. The Edinburgh Postnatal Depression Scale (EPDS) (Cox et al. 1987) has been developed to assist primary care health professionals to detect mothers suffering from PND [16]. Postpartum anxiety is related to a poor parenting style [17], a reduced likelihood of breastfeeding [18,19] and a delay in the social [20] and cognitive development in children [21,22]. Persistent postpartum depression is related to an impaired functioning concerning the maternal role, and a delay in the cognitive and emotional development of children and infants [23,24].

Rationale of the Study

This research seeks to explore the relationship between postnatal depression and life satisfaction in mothers, with a comparative lens on joint and nuclear family systems. Although the clinical manifestations of PND are well-documented, less attention has been

given to how the sociocultural environment, particularly family type, influences maternal mental health outcomes. Given that India and similar contexts often include diverse family structures, understanding these dynamics is crucial for developing culturally appropriate interventions.

By focusing on life satisfaction as a psychosocial variable, the study aims to uncover how support systems—or the lack thereof—contribute to mothers' ability to cope with postpartum stress. The goal is not only to highlight differences in depression prevalence but to understand the underlying mechanisms shaped by cultural and familial contexts. Ultimately, the study strives to inform the design of more tailored mental health services that consider both individual needs and broader social frameworks.

Aims And Objectives

Aim:

- To examine the relationship between postnatal depression and life satisfaction, and compare outcomes between joint and nuclear family structures.

Objectives:

- To assess the prevalence of PND in joint and nuclear families.
- To evaluate the level of life satisfaction among mothers in both family systems.
- To compare postnatal depression scores and life satisfaction levels across family types.

Hypothesis

- **Alternative Hypothesis (H1):** There is a significant relationship between postnatal depression and life satisfaction in joint and nuclear family settings.
- **Null Hypothesis (H0):** No significant relationship exists between postnatal depression and life satisfaction across different family structures.

METHODOLOGY

A convenience sample of 120 postpartum women aged 25–35 was recruited through community and professional networks. Participants were informed about the study and provided informed consent. Inclusion criteria involved recent childbirth, willingness to complete surveys, and categorization into either joint or nuclear family. Exclusion criteria included pre-existing unrelated mental health conditions, communication barriers, or chronic illnesses affecting mental well-being. Participants completed standardized questionnaires assessing PND and life satisfaction, which took approximately 20 minutes.

Assessment Tools Used

Edinburgh Postnatal Depression Scale (EPDS): A 10-item self-report tool focused on emotional and cognitive symptoms of depression, with a score ≥10 indicating possible depression. Developed by Cox et al. (1987), it is quick to administer and widely validated.

Satisfaction With Life Scale (SWLS): Developed by Diener and colleagues (1985), this scale includes five items scored on a 7-point Likert scale, measuring overall life satisfaction without focusing on specific life domains.

DATA ANALYSIS AND RESULTS

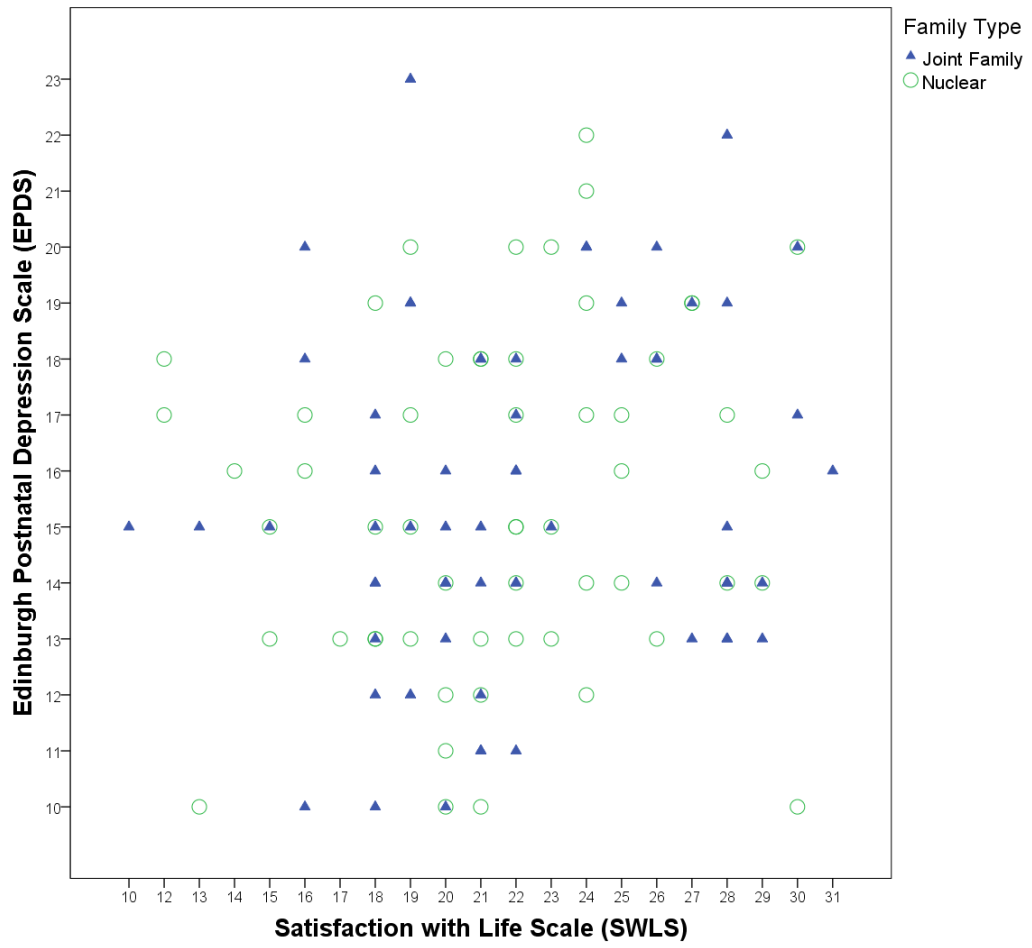
Statistical analysis was conducted using Chi-square tests and Mann-Whitney U tests to evaluate differences in postnatal depression (EPDS) and life satisfaction (SWLS) scores between joint and nuclear family groups.

Family Type Distribution: Of the 120 participants, 64 (53.3%) belonged to joint families and 56 (46.7%) to nuclear families.

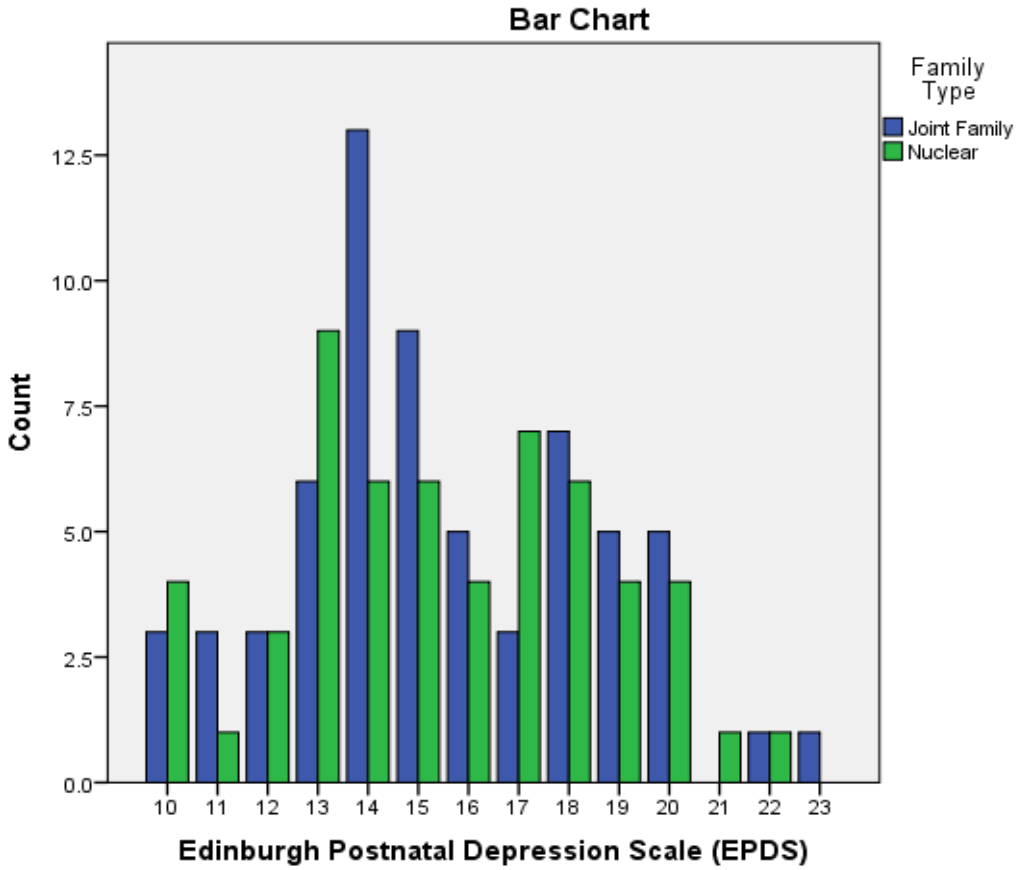
Depression Scores: EPDS scores ranged from 10 to 23, with a mean of 15.49 (SD = 3.007). No significant difference was found in depression scores between the two-family types (Mann-Whitney U = 1799, p = .970).

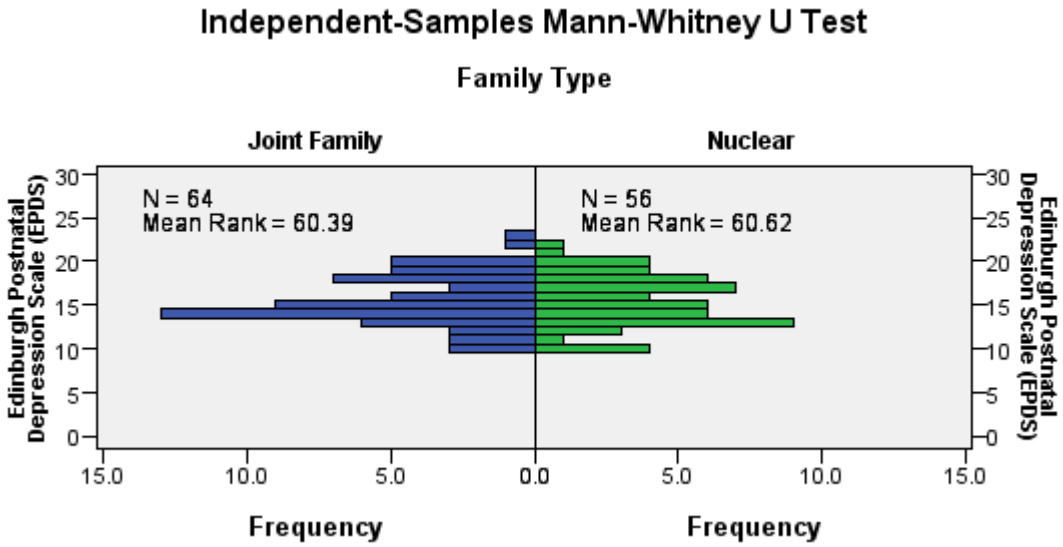
Life Satisfaction Scores: SWLS scores ranged from 10 to 31, with a mean of 21.86 (SD = 4.512). No significant difference in life satisfaction was found between joint and nuclear family participants (Mann-Whitney U = 1700.5, p = .629).

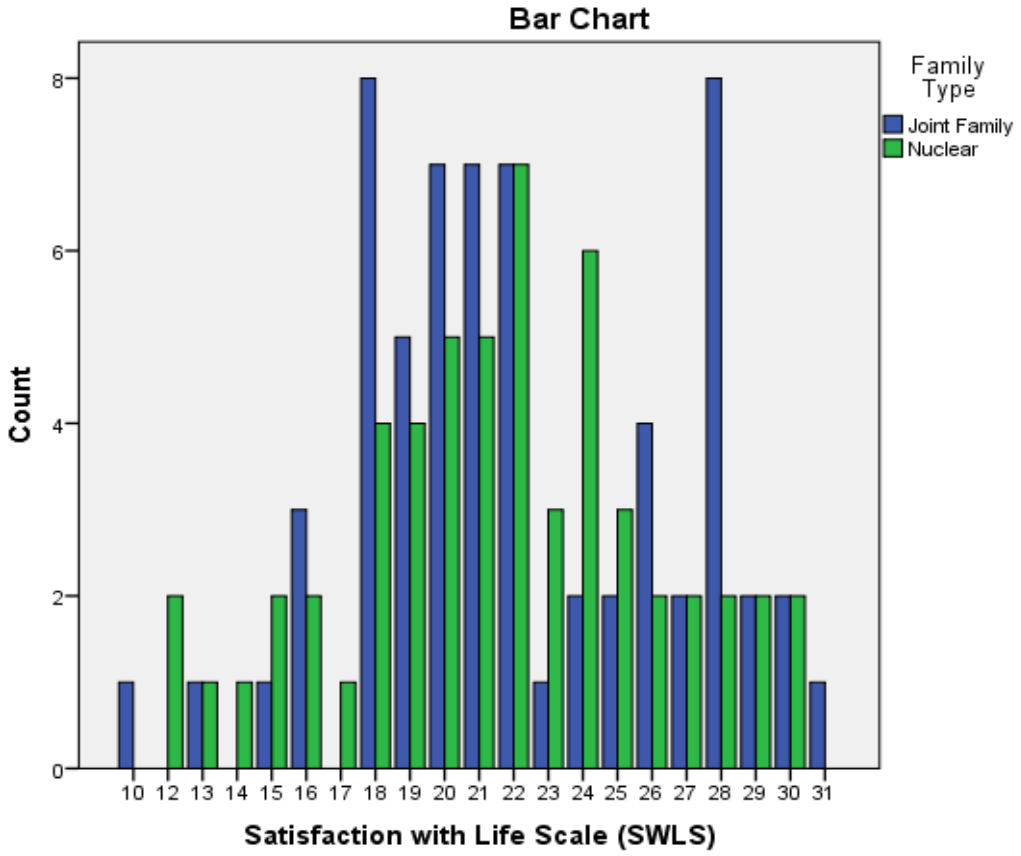
Correlation Between EPDS and SWLS: Spearman's rho showed a weak and non-significant negative correlation between depression and life satisfaction (ρ = –.169, p = .065), suggesting that higher depression may be associated with lower life satisfaction, though not at a statistically significant level.

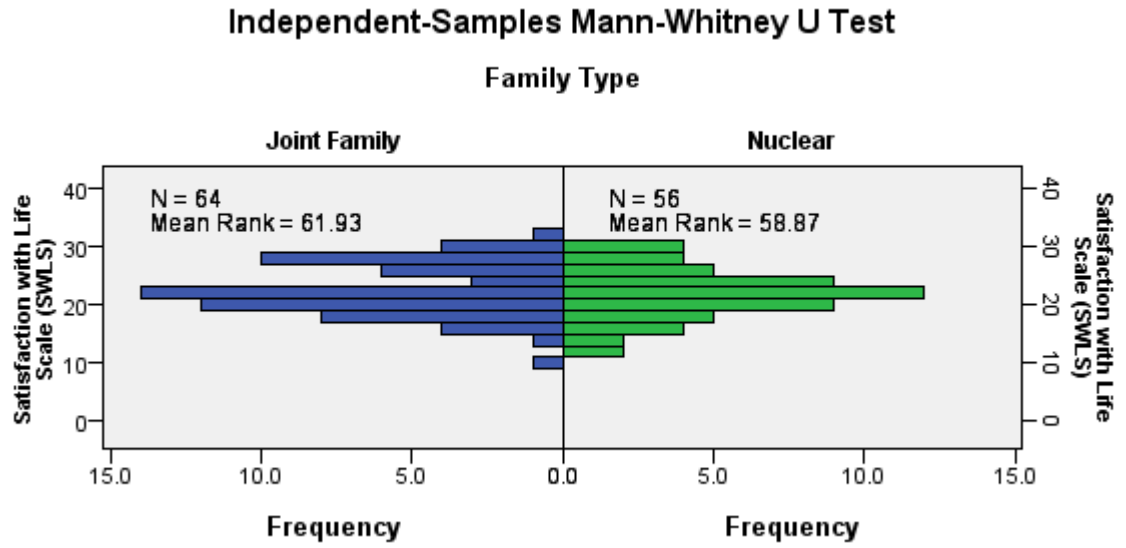


** *significant at the 0.01 level*


Bar Chart
Family Type
Joint Family
Nuclear
Count
12.5
10.0
7.5
5.0
2.5
0.0
10 11 12 13 14 15 16 17 18 19 20 21 22 23
Edinburgh Postnatal Depression Scale (EPDS)


Independent-Samples Mann-Whitney U Test
Family Type
Joint Family
Nuclear
N = 64
Mean Rank = 60.39
N = 56
Mean Rank = 60.62
Edinburgh Postnatal Depression Scale (EPDS)
30 25 20 15 10 5 0
15.0 10.0 5.0 0.0 5.0 10.0 15.0
Frequency
Frequency





DISCUSSION

A total of 120 samples were selected for the study for both nuclear family and joint family, the highest percentage data belongs to 20 to 35 years. The study aimed to explore the connection between postnatal depression and life satisfaction among mothers in joint and nuclear families. The findings suggest that neither family structure had a statistically significant impact on either PND or life satisfaction levels. This challenges traditional assumptions that joint families necessarily offer better psychological outcomes due to increased support.

The analysis of the result indicates significant findings our first formulate hypothesis was proved the score of the post-natal depression negatively correlated with the score of life and satisfaction therefore we can interpret that it appears that if there is general life satisfaction due to positive conditions in life and if there is support love affection and guidance of the husband in the time stress then women are able to manage the stress of life with supporting hand.

According to our results indicate that there is no statistical difference between SWLS among family types joint family and nuclear family in the life satisfaction and another result proved that comparison there is no statistical difference between EPDS among both joint and nuclear family systems. In second hypothesis well proved it is clear that women from nuclear family setup become more depressed then from the joint family setup in their post-natal period. Its conclusion that depression was significantly related to nuclear family hence we can say that as in joint family there is more support available and responsibilities are shared women are less susceptible to depression [25-30].

Interestingly, while no strong correlation was found, a general trend emerged where higher life satisfaction appeared linked with lower levels of depression, aligning with existing literature on the protective effects of social and emotional well-being [25].

Cultural context may explain why some women in nuclear families reported similar or even better outcomes than those in joint families—greater autonomy and reduced intergenerational conflicts may contribute positively to their mental health. However, the shared responsibilities and collective caregiving common in joint families may still serve as valuable buffers against maternal stress in many cases. Additional finding indicate that life satisfaction of joint family women is higher than nuclear family women this guidance and support provide in joint families which is missing in nuclear family [26].

The study reaffirms the complexity of PND, emphasizing that family structure alone is not a definitive predictor. Emotional support, marital satisfaction, and financial security likely play more critical roles in influencing maternal well-being.

Limitations

This study was subject to several limitations. The use of a relatively small, convenience-based sample restricts the generalizability of the findings. As no intervention was implemented, only associations—not causality—could be examined. The self-report nature of the assessment tools also carries the risk of response bias. Furthermore, potential influences such as marital satisfaction, employment status, or infant health were not controlled, which may have impacted the results

Recommendations

1. Further studies with a larger sample size should be done.
2. Scales with more reliability can be used for better results.
3. Study was a survey. The design can be changed to pre-post experimental design or comparative so that results can be seen with distinction.
4. Further studies are needed to give intervention to these subjects

Future Implications- Occupational Therapy Role

Occupational therapists (OTs) play a vital role in supporting postpartum mental health. Assessment should include not just the severity of depressive symptoms, but also the mother's functional capacity, social supports, and daily roles. In joint families, OTs can help mothers establish healthy boundaries, clarify caregiving roles, and navigate complex family dynamics. In nuclear families, interventions may focus on building parental self-efficacy, managing household duties, and strengthening partner support.

Therapeutic strategies may include cognitive-behavioral therapy, mindfulness, and behavioral activation to improve emotional regulation and engagement in meaningful activities. Psychoeducational programs involving family members can foster empathy, reduce stigma, and improve collaborative caregiving. Regular evaluations ensure that the intervention remains aligned with evolving family needs. Environmental modifications, stress management training, and parenting support should be integrated into therapy plans.

By embracing a culturally responsive, family-centered approach, occupational therapists can significantly enhance maternal well-being and prevent long-term psychosocial dysfunction for both mother and child.

CONCLUSION

In conclusion, this study has provided valuable insights into the relationship between postnatal depression (PND) and life satisfaction, while also examining how these factors differ between joint and nuclear family systems. Our findings revealed a significant negative correlation between PND severity and life satisfaction, indicating that higher levels of postnatal depression are associated with lower levels of life satisfaction among new mothers. This highlights the profound impact that PND can have on overall well-being during the postpartum period.

Furthermore, our analysis comparing joint and nuclear family systems yielded interesting results. Contrary to the null hypothesis, we found that individuals in joint families reported higher levels of postnatal depression and lower life satisfaction compared to those in nuclear families. This unexpected outcome challenges the notion that family structure alone does not significantly influence the relationship between PND and life satisfaction. While further research is needed to elucidate the underlying mechanisms driving these differences, our findings underscore the importance of considering familial context when assessing and addressing postnatal depression. Tailored interventions that account for the unique dynamics of joint and nuclear family systems may be crucial in promoting maternal mental health and enhancing overall life satisfaction during the postpartum period.

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Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Jahan, A.S. & Ali, N. (2025). Exploring the Link between Postnatal Depression and Life Satisfaction: A Comparative Analysis of Joint and Nuclear Family Structures. *International Journal of Indian Psychology*, *13*(3)*,* 1851-1860. DIP:18.01.169. 20251303, DOI:10.25215/1303.169