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ASSESSMENT OF FAMILY SUPPORT TOWARDS PREVENTING POSTPARTUM DEPRESSION IN NIGERIAN STATE UNIVERSITIES LECTURERS

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Abstract

Postpartum depression (PPD) remains a significant mental health challenge in Nigeria, particularly within academic communities where institutional pressures intersect with family responsibilities. This paper examines the role of family support in preventing depression among spouses during the postpartum period in Nigerian state universities. The study highlights how emotional, practical, and extended family support serve as protective factors. Institutional challenges such as poor funding, inadequate teaching-learning equipment, poor remuneration, and weak healthcare facilities exacerbate vulnerability. Findings suggest that strengthening family bonds alongside institutional reforms is essential for mitigating postpartum depression.

Keywords: Family support, Postpartum depression, Nigerian universities, Mental health

Introduction

A developing stage in woman's lives when postpartum depression happens is postpartum depression (PPD). Depression can manifest throughout postpartum period if treatment is not made during the time that this illness is occurring. As often there is twofold rise of incidence of depression throughout this postpartum period and if untreated would have adverse consequence for partners, child cognitive and developmental. Signs of PPD include depression, irritability, crying, insomnia, appetite changes, less interest in sex, nausea, isolation, confusion, feeling of inadequacy, self-injury, injury toward the child, suicidal and homicidal Ideation.

Postpartum depression typically occurs anytime in the first year following delivery. It is estimated to last for two to six months if timely treated. Postpartum depression is an extremely common mental health disorder that occurs after childbirth and it can cause significant negative impact on cognitive functioning and socialization on infants and children as well as well-being of spouses. World's population has an average of 17.22% (95% CI 16.00-18.51) of incidence of Postpartum Depression, where as a concern, is the large global prevalence in the low-income countries such as Nigeria (Wang et-al 2021).

Postpartum depression affects between 10–30% of Nigerian mothers (Adeponle et al., 2017). It is characterized by persistent anger, sadness, fatigue, irritability, and feelings of inadequacy that occur after childbirth. In Nigerian state universities, lecturers face dual burdens: the demands of academic workload and family responsibilities. Poor institutional support exacerbates vulnerability, making family support indispensable.

Postpartum depression (PPD) is a global mental health challenge, whose impact is particularly concerning due to, low income, poor teaching – learning facilities, poor healthcare facilities, cultural expectations, limited mental health resources, and the stigma surrounding psychological illnes, diverse reporting practices, different viewpoints on mental health issues and stigma, socioeconomic class, poverty, poor social services, deficient nutrition, elevated stress, and biological factors can all be related to this broader continuum of PPD.

This paper argues that family support is both a cultural necessity and a universal protective factor against postpartum depression. It provides a holistic assessment of how family support can prevent PPD among lecturers in Nigerian state universities. Family support encompasses emotional reassurance, practical assistance, and extended family involvement. Studies have revealed that (Owolabi et al., 2019; Pepple et al., 2024) that strong spousal empathy and extended family participation reduce depressive symptoms. However, systemic challenges such as poor funding, lack of standard teaching-learning equipment, poor remuneration, and inadequate healthcare facilities compound stress for academic staff families (Moru, 2026). Within Nigerian state universities, where academic staff and students often juggle professional and personal pressures, the role of family support becomes critical in preventing depression among spouses after childbirth.

Although the volume of studies focusing on postpartum depression has continued to rise across the globe, there are limited systematic and rigorous data which focus on either general PPD incidence, or on whether and in what ways, a family support could play a protective role in the incidence of PPD, in the population of university academia, both in pre and post- natal periods. Knowledge regarding the epidemiology of PPD has mostly been gathered from several localized areas with few studies at the national level. The aim of the present study was to address this gap and provide contemporary and sector-specific information on the prevention of postpartum depression, with recommendations in promoting the mental well-being of the mothers.

Challenges during Pregnancy

It has been established that there are challenging situations before and after birth some of which could result into maternal mental health challenge and infants' or maternal mortality. Pregnancy is surrounded by both medical and non-medical challenges. Medically, conditions like gestational diabetes, hypertension, infections, anaemia, and pre-eclampsia are leading causes of complications. Non-medical challenges include poverty, poor healthcare access, cultural stigma, lack of education, and institutional neglect (Hussein 2017), which are especially pronounced in Nigeria's state universities and public health systems.

Medical Challenges of Pregnancy

There are various medical complications that can affect both mother and child if not properly managed during pregnancy, some of which are listed below:

1) Gestational Diabetes: Caused by hormonal changes leading to insulin resistance. It increases risks of large babies, birth injuries, and neonatal hypoglycaemia.
2) Hypertension & Pre-eclampsia: High blood pressure during pregnancy can cause seizures, stroke, or maternal death if not properly managed.
3) Infections: Urinary tract infections, toxoplasmosis, and sexually transmitted infections can trigger preterm labour or congenital infections and disorders in the foetus.
4) Anaemia: this is prevalent in Nigeria due to poor nutritional behaviour. It could lead to fatigue, weakness, and higher risk of maternal mortality.
5) Obstructed Labor & Haemorrhage: Major causes of maternal death globally, especially in low-resource settings like Nigeria.
6) Miscarriage & Ectopic Pregnancy: This is an early pregnancy complication that can be life-threatening if not detected and properly managed.

Non-Medical Challenges of Pregnancy

Beyond medical risks, social and institutional factors heavily influence pregnancy outcomes:

1) Poor Healthcare Access: Many Nigerian state universities lack adequate maternal health facilities, forcing reliance on underfunded public hospitals.
2) Poverty & Poor Remuneration: Financial instability limits access to quality nutrition and healthcare.

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3) Cultural Stigma: Depression, miscarriage, or infertility are often stigmatized, discouraging women from seeking help.
4) Educational Gaps: Lack of awareness about prenatal care increases risks of preventable complications.
5) Institutional Neglect: Poor funding, inadequate teaching-learning equipment, and weak medical infrastructure in universities exacerbate stress for academic staff families.
6) Gender Inequality: Women may face limited autonomy in decision-making about their health, relying on spousal or family approval (Soukou et-al 2025).

Challenges in Nigerian State Universities

Amidst the prevailing situations in state owned universities, family support cannot be assessed in isolation; the institutional environment shapes its effectiveness. Bellow are some fundamental challenges Nigerian state's universities:

1) Academic workload: Lecturers and postgraduate students face intense schedules, leaving little time for family bonding.
2) Stigma around mental health: Depression is often dismissed as weakness, discouraging spouses from seeking help.
3) Limited counselling services: University health centres rarely prioritize postpartum mental health. These challenges can exacerbate depression if family support is weak or absent.
4) Institutional Challenges: Poor funding, remuneration, and healthcare facilities undermine resilience (Moru, 2026; Nubi, 2026).
5) Cultural Narratives: Stigma silences women, making family support the only safe refuge (Adeponle et al., 2017; Kirmayer et al., 2017)
6) Poor funding: Chronic underfunding limits resources for staff welfare and student support, leaving families without adequate institutional backing.
7) Lack of standard teaching-learning equipment: Lecturers face frustration and stress from outdated facilities, which spill over into family life.
8) Poor remuneration: Low salaries reduce financial stability, increasing spousal tension during the postpartum period. Financial instability heightens family tension (Nubi, 2026).
9) Weak medical healthcare facilities: University health centres often lack specialized maternal and mental health services, leaving families to rely solely on informal support networks. Pepple et al., (2024), (Moru, 2026) and Adeponle et al., (2017) emphasize that these structural deficiencies exacerbate vulnerability to depression.

Theoretical Review

There are three major relevant theories that are foundational to family support to prevent PPD among Nigerian state university lecturers; Social Support Theory, Berry's Acculturation Model and Institutional Theory. Social Support Theory emphasized that emotional, instrumental, informational, and appraisal support act as buffers against stress in an individual, while Berry's Acculturation Model explains the roles of cultural adaptation strategies (assimilation, integration, separation, marginalization) in university communities. A situation where an individual decides to adopt and adjust to a new cultural value and Institutional Theory highlights how organizational structures (funding, remuneration, healthcare facilities) shapes individual's psycho-social outcomes. These frameworks reveal that preventing postpartum depression among Nigerian state university lecturers requires both strengthening family bonds and reforming institutional structures.

Family Support in Preventing Postpartum Depression

Emotional support: During postpartum nursing mothers need love, compassion, reassurance, and active listening from family members to reduce feelings of isolation and helplessness. Owolabi et-

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al (2019), and O'Hara and McCabe (2013) affirmed that spousal empathy reduces isolation and validates maternal worth and self-esteem. Family support, particularly from husbands, parents, and other household members, plays an important protective role by helping mothers adapt to their new role, reducing the risk of psychological problems, and strengthening maternal confidence in caring for the baby.

Practical Assistance: Assistance with childcare, household chores, and financial responsibilities helps alleviate stress. In Nigerian culture, extended families often play major roles in postpartum care. It is traditional of some tribes in Nigeria for mothers-in-law to come to visit the nursing mothers and live with the family for period ranging from three to six months for the purpose of providing both sociological and psychological support in the first three- to six months of birth (Omugwo). In the work of Pepple et al (2024) it was established that childcare and household support alleviate fatigue, especially where poor remuneration limits access to paid help. WHO (2020) in her findings disclosed that when physical assistance is made available to nursing mothers, it helps sustain mental balance and reduced fatigue. Mothers with high family support demonstrated significantly higher breastfeeding self-efficacy and stronger mother-child bonding. Extended family involvement in providing postpartum assistance provides cultural continuity however, this is reduced in university settings dominated by nuclear families due to poor acculturation of university lecturers (Adeponle et al., 2017; Kirmayer et al., 2017). In university communities, westernisation or acculturation of the western lifestyle has keep Nigerians far away from this value, nuclear family structures dominate, making spousal support even more essential and grossly inadequate.

Social support: Social support from families and community communities can play an effective role in influencing women health and psychological conditions that can strengthen the mothers' resilience. The encouragement of community participation and relationship with her peers at the university can support mothers during pregnancy and puerperium from numerous origins: namely family: including (mother of the pregnant woman, sister, mother-in-law, or husband. Family support may contribute in preventing high mortality and morbidity of mothers and infants. Sufficient support of women's family members would also contribute in ensuring that women pass into the status of maternity safely and reasonably. However, different cultures have varied patterns for offering such support. For example, in some cultures the extended families have the dominate in communities, and they offer health and psychologically support to the mothers and their babies, and in other communities, the style of family has some obstacle to offering support.

Opinion and Reflection

I believe family support is not just a buffer but a preventive intervention against postpartum depression. In Nigerian state universities, where professional demands collide with personal responsibilities, spousal empathy and shared responsibility are vital. Without intentional family involvement, the risk of depression increases, affecting not only the mother but also the child's development and the spouses' level of productivity.

Universities should encourage family-inclusive policies, such as flexible schedules for new parents, counselling programs, and awareness campaigns. This would normalize conversations around postpartum depression and empower families to act as the first line of defense.

Conclusion

Post-partum Maternal Mental Health a Postpartum mental health refers to maternal mood states experienced after childbirth. Physical, Psychological, and social transitions experienced post-delivery may trigger depression, Anxiety, and Stress. Failure to cope with this transition leads to failure in mother-infant bonding, inadequate mother - child - interactions and impaired child's development. The mother's own extended family is a vital factor that protects mothers against post –partum mental morbidity. Their presence as supporters and sources of emotional assistance is vital for adapting mother role, reducing maternal depression and increasing maternal self-confidence. Husbands and parents as extended family members could play a significant role. Family support is the cornerstone of preventing postpartum depression in Nigerian state universities.

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Emotional presence, practical assistance, and cultural sensitivity can transform the postpartum experience from one of vulnerability to one of resilience. Strengthening family bonds in academic communities is not just a personal responsibility, it is a public health necessity.

Family support is a proven protective factor against postpartum depression in Nigeria, with studies showing that strong spousal and extended family involvement significantly reduces depressive symptoms among mothers in state university communities.

Antenatal clinics should go beyond physical health and start conversations around mental health. When pregnant women are educated about postpartum depression, they are better prepared for the emotional changes that may come after childbirth.

Routine mental health screening during pregnancy, especially for women who may be at higher risk should be incorporated into antenatal care so that early assessments can help identify red flags and equip women with coping skills ahead of time

References

1) Ababneh, A. M. T., Alrida, N., Abu-Abbas, M., Rayan, A., Abu Sumaqa, Y., Alhamory, S., & Al-Zu'bi, B. (2024). The lived experience of family support among women during and after childbirth in Jordan: A phenomenological study. *SAGE Open Nursing, 10*, 1–10. https://doi.org/10.1177/23779608241240137 (doi.org in Bing)
2) Adeponle, A., Groleau, D., Kola, L., Kirmayer, L. J., & Gureje, O. (2017). Perinatal depression in Nigeria: Perspectives of women, family caregivers and health care providers. *International Journal of Mental Health Systems, 11*(27), 1–13. https://doi.org/10.1186/s13033-017-0134-6 (doi.org in Bing)
3) Moru, A. (2026). Breaking the silence on postpartum depression in Nigeria. *21st Century Chronicle*. Retrieved from https://21stcenturychronicle.com
4) Moru, A. (2026, March 2). Breaking the silence on postpartum depression in Nigeria. *Daily Asset Online*. Retrieved from https://dailyasset.ng
5) Nubi, M. (2026). Depression as a silent killer: Clinical perspectives from Nigeria. *Daily Asset Online*.
6) Ezeakonobi, C. (2026). Personal narratives on postpartum depression in Nigeria. *Daily Asset Online*.
7) Sokou, R., Lianou, A., Lampridou, M., Panagiotounakou, P., Kafalidis, G., Paliatsiou, S., Volaki, P., Tsantes, A. G., Boutsikou, T., Iliodromiti, Z., & Iacovidou, N. (2025). Neonates at Risk: Understanding the Impact of High-Risk Pregnancies on Neonatal Health. *Medicina*, *61*(6), 1077. https://doi.org/10.3390/medicina61061077
8) Kirmayer, L. J., Adeponle, A., & Groleau, D. (2017). Cultural narratives of perinatal depression: Global perspectives. *International Journal of Mental Health Systems, 11*(27), 1–13.
9) World Health Organization. (2020). *Maternal mental health and postpartum depression: Global health perspectives*. Geneva: WHO Press.
10) O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Annual Review of Clinical Psychology, 9*, 379–407. https://doi.org/10.1146/annurev-clinpsy-050212-185612 (doi.org in Bing)
11) Hussein, J. (2017). Non-communicable diseases during pregnancy in low- and middle-income countries. *Obstetric medicine*, *10*(1), 26–29. https://doi.org/10.1177/1753495X16684709
12) Wang, Z., Liu, J., Shuai, H., Cai, Z., Fu, X., Liu, Y., Xiao, X., Zhang, W., Krabbendam, E., Liu, S., Liu, Z., Li, Z., & Yang, B. X. (2021). Mapping global prevalence of depression among postpartum women. *Translational psychiatry*, *11*(1), 543. https://doi.org/10.1038/s41398-