

Relationship Between Perceived Stress Levels and Perceived Social Support in Early Motherhood

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Abstract—The postnatal period involves physical recovery, emotional changes and new caregiving responsibilities that can increase stress, particularly when mothers feel inadequately supported. This study examined the relationship between perceived stress levels and perceived social support during early motherhood. A quantitative design was used. Through non-probability convenience sampling, 34 mothers with at least one child aged 0–24 months completed an online questionnaire comprising the Perceived Stress Scale (PSS-10) and the Multidimensional Scale of Perceived Social Support (MSPSS). Data were analysed in jamovi (version 2.6) using descriptive statistics, the Shapiro–Wilk test of normality and Pearson’s product-moment correlation. The mean perceived stress score was 22.40 (SD = 5.30) and the mean perceived social support score was 5.18 (SD = 1.19). A very weak negative correlation was found between perceived stress and perceived social support ($r = -.133$); however, it was not statistically significant ($p = .454$), and the null hypothesis was therefore retained. The findings suggest that perceived social support alone may not account for differences in stress in this sample, and that maternal stress should be understood within the wider context of early motherhood. Larger and more diverse samples, mixed-methods designs and comparisons across stages of early motherhood are recommended for future research.

Index Terms—Early motherhood, MSPSS, Perceived social support, Perceived stress, Postnatal mothers, PSS-10

I. INTRODUCTION

The postnatal period is an important transitional phase in a woman’s life, marked by physical recovery, hormonal fluctuations, emotional changes and adjustment to caring for a newborn. Although rewarding, motherhood can also bring sleep deprivation, breastfeeding difficulties, concerns about

the infant’s health, financial responsibilities and changes in family relationships. These demands can increase stress, particularly when mothers feel inadequately supported by those around them.

Perceived social support is an individual’s subjective belief that emotional, informational and practical help is available from family, friends, partners and significant others. Unlike received support, which is the help actually given, perceived support reflects whether a person feels cared for, understood, valued and able to seek help. A mother may therefore live with family and receive practical assistance yet still feel emotionally isolated or unable to express her concerns. Adequate support may reassure mothers, reduce isolation and strengthen confidence in their maternal abilities, whereas inadequate perceived support may make everyday challenges seem harder to manage. The present study examines whether postnatal mothers who perceive greater social support also report lower stress.

A. Background of the Study

Motherhood is one of the most fulfilling experiences in a woman’s life, but it also brings physical, social and psychological challenges that call for appropriate medical and social support. The postpartum period begins with birth and ends when a woman has adapted to a new stage of life and taken full control of her responsibilities as a mother (Bryner, 2020). Although it brings joy, pride and gratitude, it is also frequently stressful because of childcare responsibilities, worries about the child, financial issues, lack of rest and complicated family relationships (Bryner, 2020). These challenges can lead to emotional exhaustion, loss of self-confidence and psychological disorders, affecting the mother’s well-being, quality of parenting and family dynamics.

Most studies highlight the mediating role of perceived social support in helping women adapt and reduce stress after childbirth (Bhatia et al., 2021; Mishra et al., 2017; Ribeiro et al., 2021), although perceived support can vary with family relationships, social and cultural backgrounds and economic status. Understanding this relationship can help medical professionals and social workers provide high-quality postpartum care and develop evidence-based treatment for postpartum depression and family-centred care programmes.

B. Theoretical Background of the Study

Traditional postpartum practices remain common in India and other Asian countries, where a new mother often lives with her parents or is supported by relatives (Bhadra, 2015), although urbanisation, migration and changing social attitudes have altered many of these practices. Indian studies link women's postpartum state to social and demographic factors. Upadhyay et al. (2017) found differences in the prevalence of postpartum depression across studies, with higher prevalence among urban than rural respondents, suggesting the influence of sociocultural characteristics. Kamath et al. (2021) and Neelakanthi et al. (2021) reported lower rates among middle-class women, but Bhattacharya (2021) cautions that middle-class women are often unwilling to address mental health issues or seek professional help and may conceal their problems instead. While many studies examine the prevalence, risk factors and consequences of postpartum depression, few explore the relationship between social support and stress in postpartum women, even though understanding support mechanisms is crucial for helping women adapt after childbirth.

C. Need and Significance of the Study

The postpartum period is increasingly recognised as a high-risk time requiring comprehensive medical care and social support. Despite advances in maternity care, little is known about women's psychological state after childbirth in developing countries, where mental disorders often remain undiscovered and untreated because of social and cultural factors, including the stigma that discourages many middle-class women from seeking help. Although postpartum depression has been studied extensively,

the relationship between perceived social support and stress has received far less attention. Because social support plays a critical role in coping after childbirth, understanding it can help healthcare providers and social workers identify vulnerable groups and develop individualised, family-centred and community-based interventions, while adding to the existing body of knowledge.

II. REVIEW OF LITERATURE

A. Review of Previous Literature

1) Theoretical perspectives on social support and stress

Cohen and Wills (1985) proposed the buffering hypothesis, according to which social support protects individuals from the adverse effects of stressful experiences by helping them appraise situations as more manageable and by providing resources for coping; support may also promote belonging, security and positive self-evaluation independently of stress. Lazarus and Folkman's (1984) transactional model similarly holds that stress arises when perceived demands exceed the resources available to manage them. For postnatal mothers, reassurance from a partner or family member may ease uncertainty about infant care, while help with household tasks may allow rest and recovery. These perspectives lead us to expect an association between perceived support and stress, although support helps only when it meets the mother's actual needs, and maternal health, socioeconomic conditions, relationship quality and personal coping strategies may also influence stress.

2) Perceived social support and its measurement

Zimet et al. (1988) developed the Multidimensional Scale of Perceived Social Support (MSPSS) to assess perceived support from family, friends and significant others, recognising that individuals may perceive different levels of support from different sources. Zimet et al. (1990) later reported evidence supporting its reliability and three-factor structure across populations. This is relevant to postnatal mothers: family may help with household tasks and childcare, partners may offer emotional reassurance and shared responsibility, and friends may provide companionship, yet the presence of these people does not guarantee that a mother feels supported. Researchers must therefore ensure that the instrument

suits the language, culture and population studied, and distinguish perceived support from the assistance actually received.

3) Parenting stress and the role of emotional support
Williamson et al. (2013) studied 153 mothers of toddlers aged 16–21 months and found that negative affect mediated the association between life adversity and parenting stress. Emotional support moderated the link between adversity and negative affect, whereas practical support showed no significant direct or moderating effect. The findings highlight the importance of the quality and type of support. However, because the participants were mothers of toddlers rather than mothers in the immediate postnatal period, and the outcomes were parenting stress and negative affect rather than general perceived stress, the study offers supporting rather than direct evidence for the present research question.

4) Perceived social support and postpartum stress
Wang et al. (2023) examined 406 postnatal women from six hospitals in Nantong, China, and found a significant negative association between perceived social support and postpartum stress, with marital satisfaction and maternal–infant attachment acting as mediators. The study is particularly relevant because it examines the same two variables as the present research, and it suggests that relationship quality and emotional experience matter alongside practical assistance. However, convenience sampling from one region limits generalisability; the observational design cannot show whether support lowers stress or whether less-stressed mothers perceive their support more positively; and differences in family involvement, expectations of motherhood and access to healthcare call for caution across cultures.

5) Protective role and cultural context of social support

In the postnatal period, emotional support (listening, acknowledging difficulties and offering reassurance), informational support (guidance on infant care, breastfeeding and recovery) and practical support (sharing household and childcare tasks) may help mothers manage new demands (Cohen & Wills, 1985). Yet support is not always perceived positively: unsolicited advice, criticism, unrealistic expectations or family conflict may increase stress, so the perceived quality of relationships may matter as much as the presence of a support network. Culture also shapes support. In many Indian families,

relatives actively help with childcare, but this may not feel supportive if it brings conflict, pressure to meet traditional expectations or limited autonomy over infant-care decisions. Mothers in nuclear families or living away from extended family may depend more on partners, friends, healthcare professionals and community networks, and socioeconomic status, employment, financial pressure and access to maternal healthcare may also affect support. Findings from China or the United States may therefore not fully reflect the experiences of mothers in India.

6) Overall synthesis

Taken together, theory (Cohen & Wills, 1985; Lazarus & Folkman, 1984) and empirical evidence (Williamson et al., 2013; Wang et al., 2023) support an association between perceived social support and maternal stress. The studies, however, differ in their populations, measures and objectives, and emotional, informational and practical support may operate differently.

B. Critical Review of Literature

The literature has both strengths and limitations. First, the buffering hypothesis and the transactional model offer complementary explanations of why support may lower stress, but theory alone cannot establish the strength or direction of the relationship among postnatal mothers. Second, studies conceptualise stress differently: general perceived stress, parenting stress and postpartum distress are related but distinct, so stress must be clearly defined and measured with an appropriate instrument. Third, the type of support may matter; emotional support appeared protective in Williamson et al. (2013), but this does not establish that it is universally more effective than practical support. Fourth, cross-sectional and observational designs identify associations but not causality, and longitudinal studies controlling for confounding variables would provide stronger evidence. Fifth, maternal age, parity, socioeconomic status, infant health, sleep quality, marital satisfaction and previous psychological difficulties may influence both stress and perceived support. Finally, findings from international samples may not generalise to the present population because of differences in family structures, caregiving practices, social expectations and healthcare access. The literature therefore supports investigating this

relationship with careful measurement, contextual interpretation and cautious conclusions about causality.

C. Research Gap

Further investigation is justified for several reasons. Existing studies were conducted on international populations, such as mothers of toddlers (Williamson et al., 2013) and postnatal women in China (Wang et al., 2023), and may not generalise to the present population. Much research on maternal well-being focuses on depression, anxiety or parenting stress, which overlap with clearly defined stress but are not interchangeable with it. The help a mother receives may differ from how supported she feels, so perceived support should be measured directly rather than inferred from family presence. Observational studies cannot establish whether support influences stress or the reverse, so clearly defined criteria, standardised instruments and suitable statistical analyses are needed. Finally, findings from mothers of older children may not represent the early postnatal period, which must be precisely defined. The present study addresses these gaps by examining whether higher perceived social support is associated with lower stress among postnatal mothers in the selected population, with the aim of informing family involvement, emotional support and maternal mental health services.

III. METHODOLOGY

A. Research Problem

Early motherhood involves many changes and responsibilities that may affect a mother's stress and emotional well-being, and mothers may perceive different levels of support from family, friends and significant others. Previous research, including Williamson et al. (2013) and Matvienko-Sikar et al. (2025), has examined support and stress in early motherhood extending up to two years after childbirth. Although the World Health Organization (WHO, 2022) focuses on the first six weeks after childbirth for routine postnatal care, responsibilities such as feeding, diapering, introducing solid foods, monitoring developmental milestones and managing daily chores continue through the first two years. The

present study therefore includes mothers of children up to two years old.

B. Aim and Objectives

The study aimed to examine the relationship between perceived stress levels and perceived social support among postnatal mothers, specifically whether varying levels of perceived stress are associated with differences in perceived social support. As previous studies have often examined these variables separately, it sought to provide a quantitative understanding of both within the same study. The objectives were to:

- 1) Empirically measure levels of perceived stress and perceived social support in early motherhood.
- 2) Evaluate the relationship between perceived stress levels and perceived social support in early motherhood.
- 3) Determine statistically significant differences in perceived stress levels and perceived social support.

C. Hypotheses

Null Hypothesis (H_0): There is no statistically significant relationship between perceived stress levels and perceived social support during early motherhood.

Alternative Hypothesis (H_1): There is a statistically significant relationship between perceived stress levels and perceived social support during early motherhood.

D. Variables and Operational Definitions

The independent variable, perceived social support, is the support an individual believes is available from family, friends and other significant people. It was operationally defined as the score on the MSPSS, with higher scores indicating greater perceived support. The dependent variable, perceived stress, is the degree to which individuals perceive their life situations as stressful, unpredictable or difficult to cope with. It was operationally defined as the score on the Perceived Stress Scale (PSS-10), with higher scores indicating greater perceived stress.

E. Research Design

A quantitative, descriptive-correlational design was adopted. Numerical data were collected from mothers of children up to two years of age through two standardised self-report questionnaires, the PSS-10 and the MSPSS, without manipulating any variables, allowing systematic assessment and statistical analysis of the relationship between the two variables.

F. Sample

The target population was mothers of children up to two years of age, a period of continuing maternal adjustment and childcare responsibilities beyond the first six weeks after childbirth. Non-probability convenience sampling was used, based on the accessibility of participants and the practical requirements of the research, and 34 responses were obtained. Mothers were included if they had at least one child aged 0–24 months, were willing to participate and provided informed consent. Mothers whose children were older than 24 months, incomplete responses and responses from participants who had not given informed consent were excluded.

G. Tools Used

The Perceived Stress Scale (PSS-10) by Sheldon Cohen, Tom Kamarck and Robin Mermelstein (1983) is a 10-item questionnaire assessing the degree to which people experience their lives as stressful, unpredictable or out of control, rated on a five-point scale from 0 (Never) to 4 (Very Often). The MSPSS by Gregory D. Zimet, Nancy W. Dahlem, Sara G. Zimet and Gordon K. Farley (1988) contains 12 items measuring perceived support from family, friends and a significant other, rated on a seven-point scale from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree), with higher scores indicating greater perceived support. Both tools have been used in India: the PSS-10 showed acceptable internal consistency and reliability in a Hindi-speaking adult population in Delhi (Pangtey et al., 2020), and the MSPSS has been examined for reliability and validity in the Indian context (Sanjeev et al., 2021). Their suitability for the specific population of the present study should nevertheless be considered.

H. Procedure and Ethical Considerations

Data were collected through an online questionnaire prepared in Google Forms for mothers with at least one child aged 0–24 months. It covered demographic details, assistance with household chores, the PSS-10 and the MSPSS. Participants were informed of the nature and purpose of the study and gave informed consent before participating, ensuring that participation was voluntary. The study followed established ethical guidelines: responses were kept confidential, used strictly for academic research and processed honestly without manipulation. After collection, responses were scored according to the PSS-10 and MSPSS guidelines and categorised for the study.

I. Statistical Analysis

The data were organised and reviewed in Microsoft Excel and then analysed in jamovi (version 2.6). Descriptive statistics (mean and standard deviation) summarised both variables, and Pearson's product-moment correlation coefficient examined the type and strength of their relationship, illustrated with a scatter plot. The results were interpreted in relation to the research objective and hypotheses, in line with the descriptive-correlational design.

IV. ANALYSIS OF RESULTS

The data were analysed in jamovi. The findings are presented as descriptive statistics, normality testing and Pearson's correlation, and are reported objectively here; their interpretation follows in the next section.

TABLE I DESCRIPTIVE STATISTICS FOR PERCEIVED STRESS AND PERCEIVED SOCIAL SUPPORT

Statistic	Perceived Stress (PSS-10)	Perceived Social Support (MSPSS)
N	34	34
Missing	0	0
Mean	22.40	5.18
Standard deviation	5.30	1.19
Minimum	13	2.83
Maximum	32	7.00

Note: PSS-10 = Perceived Stress Scale–10; MSPSS = Multidimensional Scale of Perceived Social Support. The values are taken from the descriptive statistics output in jamovi.

Table I shows the descriptive statistics for the 34 participants, with no missing values for either variable. The mean perceived stress score was 22.40 (SD = 5.30), with scores ranging from 13 to 32, and the mean perceived social support score was 5.18 (SD = 1.19), with scores ranging from 2.83 to 7.00.

TABLE II NORMALITY FOR PERCEIVED STRESS AND PERCEIVED SOCIAL SUPPORT

Variable	Shapiro–Wilk (W)	p
Perceived Stress (PSS-10)	0.962	.274
Perceived Social Support (MSPSS)	0.958	.206

Note: N = 34. The Shapiro–Wilk test was used to assess the normality of the score distributions.

The Shapiro–Wilk test (Table II) showed that neither perceived stress scores (W = .962, p = .274) nor perceived social support scores (W = .958, p = .206) deviated significantly from normality, as both p-values exceeded .05.

TABLE III PEARSON'S CORRELATION BETWEEN PERCEIVED STRESS AND PERCEIVED SOCIAL SUPPORT

Variables	Pearson's r	p	N
Perceived Stress and Perceived Social Support	-.133	.454	34

Note: The significance level was set at .05.

Table III shows a very weak negative correlation between perceived social support and perceived stress among the mothers ($r = -.133$, $p = .454$, $N = 34$). As the p-value exceeds the .05 level of significance, the result does not provide evidence of a statistically significant relationship between the two variables.

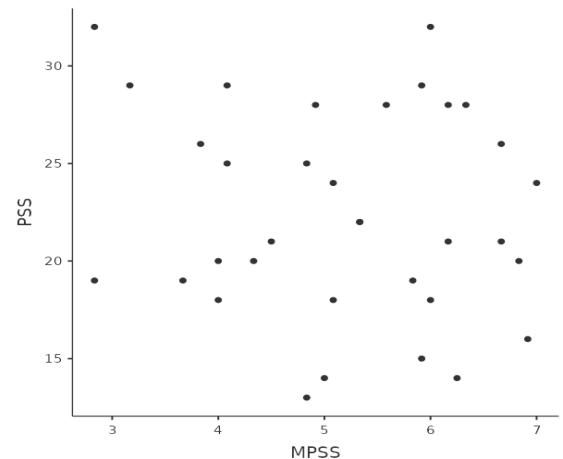


Fig. 1. Relationship Between Perceived Stress and Perceived Social Support During Early Motherhood

The scatter plot (Fig. 1) shows a weak negative pattern between perceived social support and perceived stress, consistent with the Pearson correlation ($r = -.133$), with no strong linear relationship.

V. DISCUSSION

A. Interpretation of Findings

The study examined the relationship between perceived stress and perceived social support among mothers of children aged 0–24 months. Participants reported a mean PSS-10 score of 22.40 (SD = 5.30) and a mean MSPSS score of 5.18 (SD = 1.19). These averages describe the general trend, but individual experiences may have differed, since adjusting to childcare, changed daily routines, physical recovery and family relationships are experienced according to each mother's circumstances and the resources she considers available.

The main finding was a very weak negative correlation between perceived stress and perceived social support ($r = -.133$) that was not statistically significant ($p = .454$). This indicates a slight tendency for higher support to accompany lower stress, but the data do not provide enough statistical evidence of an association in this sample, so the null hypothesis could not be rejected. This is not evidence that no relationship exists; the study simply could not demonstrate a statistically significant one.

Theory gave reason to expect an association. Cohen and Wills' (1985) stress-buffering hypothesis holds

that support helps people cope through emotional reassurance, practical resources and a sense of security, and Lazarus and Folkman (1984) describe stress as an appraisal of demands against the resources perceived to be available. One possible reason for the non-significant result is that perceived support is only one influence on maternal stress, alongside physical health, financial obligations, childcare demands, sleep difficulties, employment, family relationships and coping strategies, which were not directly examined. Moreover, available support is not necessarily helpful: practical help may not meet emotional needs, and family involvement may be seen less favourably when it brings criticism, conflict or pressure to meet expectations. Because the MSPSS did not separately assess the quality or type of support, this remains a possible interpretation rather than a conclusion drawn from the data.

The small sample of 34 is also important, as a weak relationship can be hard to distinguish from random fluctuation, and the non-significant result may reflect this particular sample rather than mothers in general. In addition, mothers of newborns and of toddlers face different challenges, and these differences were not addressed in the analysis.

B. Comparison with Previous Literature

Wang et al. (2023) found a significant negative association between perceived social support and postpartum stress among 406 postnatal women in China, mediated by marital satisfaction and mother–child attachment. The present study found the same direction but a negligible, non-significant correlation. This need not be a contradiction, since the studies differ in sample size, participant characteristics, the stress measured (postpartum stress versus perceived stress on the PSS-10) and the stage of motherhood studied, and the reasons for the difference cannot be determined. Williamson et al. (2013) highlighted the importance of emotional support for mothers of toddlers aged 16–21 months, but examined parenting stress and negative affect rather than general perceived stress, and as the present study did not analyse types of support separately, it cannot say which kind mattered most. Overall, the findings agree with previous literature on the direction of the relationship but differ in significance, and they underline the need to study mothers of children aged

0–24 months using larger samples and additional contextual factors.

C. Implications of the Study

The mean stress score indicates that stress was present among the participating mothers, but the findings do not show that providing social support reduces stress. From a clinical psychology perspective, psychologists and mental health professionals may benefit from assessing both mothers' stress and their perception of available support, including whether they feel emotionally understood, receive practical help and can discuss concerns openly. Support should be evaluated by how mothers experience it rather than by its mere availability, since having relatives nearby does not guarantee feeling supported; this can guide psychological help and community initiatives. Families and caregivers can foster a supportive atmosphere by listening without judgement, sharing childcare and domestic work and recognising the difficulties of new motherhood, although the effect of such support on stress requires further study. Future research could also consider sleep, financial obligations, childcare responsibilities, relationship quality and the type of support received.

D. Limitations of the Study

- 1) Limited sample size: only 34 mothers participated, which may have restricted the ability to detect a statistically significant relationship and limits generalisation to a larger group of mothers.
- 2) Online data collection and lack of subjective information: structured Google Forms questionnaires restricted the answers, and no interviews or open-ended questions allowed mothers to describe their feelings, experiences and problems.
- 3) Wide age span of children: caring for a newborn differs from raising a child of nearly two years, and these stage differences were not considered.

E. Scope for Further Research

- 1) Larger and more diverse samples of mothers from varied social, cultural and economic backgrounds, which may reveal relationships not detected in smaller samples.

- 2) Qualitative or mixed-methods designs combining interviews or open-ended questions with standardised scales, so that mothers can describe their feelings, challenges and support in their own words.
- 3) Comparison across stages of early motherhood, for example 0–6, 7–12 and 13–24 months, to see how perceived stress, perceived social support and their relationship change as the child develops.

VI. CONCLUSION

This study investigated how perceived social support relates to perceived stress among mothers of children aged 0–24 months. The mean perceived stress score was 22.40 (SD = 5.30) and the mean perceived social support score was 5.18 (SD = 1.19). Pearson's correlation showed a very weak negative relationship ($r = -.133$, $p = .454$) that was not statistically significant, so the null hypothesis was retained. Stress in early motherhood should therefore be understood in the wider context of mothers' lives, including the burden of child-rearing, sleep, general health, financial pressures and changing family dynamics, which this study addressed only indirectly. Despite its small sample and reliance on an online questionnaire, the study contributes to understanding perceived stress and perceived social support in early motherhood. Future research should examine their relationship at different stages of early motherhood using larger samples, qualitative methods and a wider range of personal, social and environmental variables.

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