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Social Factors that Contribute to Post-Partum Depression Among New Mothers in Pakistan

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Abstract

Postpartum Depression (PPD) is a form of depression, which occurs after women give birth. This research has studied the social factors that contribute to Postpartum Depression among new mothers in Pakistan. It explores the experiences of women during PPD and perceived coping strategies during the postpartum period and it also looks at the apparent barriers that women face to cope with Postpartum Depression.

The present study used a Descriptive Qualitative Method for research. The purposive Sampling Method has been utilized to conduct the following research. This research has been done by conducting Semi-Structured Interviews with the women who gave birth within the past 1-2 years.

The findings of this study show the experiences, measures taken to recover from PPD and the social, cultural, and familial issues that women face during their postpartum depression period. It provides complete insight into postpartum depression from a woman's point of view. It also helps to increase the awareness of the socioeconomic determinants of mental health and the importance of comprehensive, culturally sensitive mental health care and postpartum depression.

Keywords: Post-Partum Depression, Social factors, Pakistan, Women, Postnatal

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Introduction

Postpartum Depression

According to the World Health Organization (2023), depression has become a frequently occurring mental health disorder. Around 5% of adults suffer from depression worldwide. Some factors that might contribute to depression are traumatic events, unemployment, family structures, etc. (Zahidi & Jamali, 2013).

Embracing motherhood is one of the most beautiful experiences in the life of a woman. Bringing a new life to the world is the happiest feeling but for some women, it might bring stress, anxiety, and depression. Some women may feel overwhelmed after giving birth. This feeling is stated as Postpartum Depression (PPD) or Postnatal Depression (Aliani & Khuwaja, 2017). Postpartum Depression is a mood disorder that affects around 60 percent of new mothers globally (Ghaedrahmati et al, 2017). According to Aliani and Khuwaja (2017), it usually affects 10-15% of women around the globe. In Asian Countries, it affects around 63.3% of women. In Pakistan, this ratio is around 28%-63% which is the highest among all Asian Countries (Aliani & Khuwaja, 2017).

Postpartum Depression is a form of psychological disorder, which leads to depressive episodes that occur right after the birth of the baby. This depression occurs in new mothers, and it also affects their partners and the infant. Around 1 out of every 4 mothers face Postnatal issues (Yagmur & Uluko, 2010). According to UNICEF (n.d.), postpartum depression is a form of sadness and extreme anxiety that occurs between the first 2-8 weeks after birth and it can last up to one year.

Symptoms highlighted by UNICEF (n.d.) included feeling constant sadness, persistent anger, stress, crying without any reason, weeping, not being able to sleep, being scared all the time, not enjoying things that used to give pleasure and having the potential to harm themselves and newborn, etc. (Yagmur & Uluko, 2010). Some social, cultural, personal, and demographic practices may play an important part in the emergence of Postpartum Depression after giving birth.

Significance

This study is very significant as postpartum depression is a very under-investigated topic in Pakistan. It gives an in-depth overview of the social factors that add to postpartum depression among new mothers. This study also sheds light on the barriers that women face during coping with postnatal depression. Another significance of this study is that it also provides strategies that can further be used in the future to help mothers during the postpartum period.

Research Objectives

1. To examine the experiences of Postpartum Depression among new mothers.
2. To explore the social factors that cause Postpartum Depression among new mothers.
3. To investigate the perceived coping strategies of new mothers experiencing Postpartum Depression.
4. To examine the apparent barriers that mothers are facing to cope with Postpartum Depression.

Research Questions

1. What are the social factors that contribute to postpartum depression among new mothers in Pakistan?

2. How do traditional gender roles and expectations contribute to postpartum depression among new mothers in Pakistan?
3. How does the stigma surrounding mental health impact postpartum depression among new mothers in Pakistan?
4. How does the healthcare system in Pakistan address postpartum depression among new mothers?
5. Which social and cultural beliefs regarding motherhood should be addressed to cope with postpartum depression?

Literature Review

Postpartum Depression is a serious mental disorder, which develops after pregnancy in women.

Postpartum means, "The time after women give birth." Every woman who gives birth feels baby blues like scared, stress, anxiety, sadness, emptiness feeling overwhelmed, etc. for 3 to 5 days after giving birth but in some women, these feelings may persist for a longer period. If the following feelings persist for a longer period, that stage is called Postpartum Depression.

Postpartum Depression severely affects the physical and mental health of the mother. In this period women may feel unloved, they may not love or care for their children, they may feel sad most of the time and they may get angry or in some cases violent easily.

According to the Office on Women's Health, U.S. Department of Health and Human Services (2023) 1 out of 9 mothers goes through depression.

Experiences of Postpartum depression among new mothers

Women who have postpartum depression go through the fear of being judged and not being able to express their feelings properly in front of everyone (Cook et al., 2019).

Women go through different phases during PPD but the most important are suicidal thoughts, self-harm, negative emotions, somatic experiences insomnia etc., and poor social and personal lives (Atuhaire et al., 2021)

Social factors that cause postpartum depression among mothers

Social factors contributing to PPD include a preference for a male child, childbirth customs, and pressure to abide by social norms regarding pregnancy and child-rearing. socio-economic factors, ethnicity, and qualification, etc. (Pinem & Effendy, 2019)

Coping strategies of new mothers experiencing Postpartum depression

Literature has highlighted that when faced with PPD women usually employ emotion-focused or avoidance coping strategies. The most prominent strategy utilized by women is religious coping. Women rarely employ active coping strategies like a problem-focused approach to seeking help for PPD (Gutiérrez-Zotes et al., 2016).

Methodology

Research Design

The Following study is based on “Descriptive Qualitative Research Design” Descriptive means interpretive form of study (Lambert & Lambert 2012). This design has been utilized to conduct this research. Descriptive research is used where a researcher needs to find information about a specific event. This design works best where less information is available about an event or thing. While using the following research design I have conducted semi-structured interviews. I have collected data for my research through interviews.

Conceptualization

Depression

According to WHO (2023), depression is a mental health disorder. It is a consistent form of sadness, lack of interest, constant tiredness, and lack of interest. Around 5% of people in the world suffer from depression. It is mostly found in underdeveloped or developing countries in the lower or middle class.

Postpartum Depression

According to Yagmur & Uluko (2010), Postpartum Depression is a form of psychological disorder, which leads to depressive episodes that occur right after giving birth. This depression occurs in new mothers, and it affects their partners and their newborn babies. It is a unipolar depressive disorder, which occurs during the first 4-6 weeks after giving birth to a child (Yagmur & Uluko 2010).

According to UNICEF (n.d), postpartum depression is a form of sadness and extreme anxiety that occurs between the first 2-8 weeks after birth and it can lead to one year.

Mental Health

According to WHO (2022), mental health means the well-being of your mind. Mental Health means the productivity of your mind. When mental health disturbs individuals, they are likely to develop psychological disorders. Mental health is a psychological disorder, which affects the functioning of a person's mind.

Mental Stigma

Mental stigma is the response of disapproval by society to individuals suffering from mental health (Caldwell-Harvey & Zoppi, 2020).

Access and Sampling

The population for the following survey is Middle-Class Women. The following survey studies the struggles of Middle-Class women during the postpartum depression era. The respondents for the survey are middle-class struggling women who gave birth in the past 1-2 years.

This research uses Purposive Sampling. The purposive sampling method has been used to access information about the social factors that contribute to postpartum depression among new mothers in Pakistan.

Purposive sampling is used to fulfill the purpose of the research. It is used to gather and access information about any event (Lambert & Lambert 2012).

The respondents were accessed personally by reaching out to them. The whole purpose of the research was explained to them. Their consent was taken before starting the survey using the consent form (Appendix A). The survey was based on some pre-structured questions, which were taken in context from the literature review.

Tools

A 2 Part Survey was conducted. First socio-demographic information of the respondents was collected (Appendix B). This survey helped to analyze the relationship of the respondent with socio-demographic factors and mental health (postpartum depression). This 15-item survey only serves descriptive purposes to help better understand the findings of the semi-structured interviews. The semi-structured interviews (Appendix C) use 4 different themes that fulfill the purpose of the research. It used the fundamental themes to study the knowledge of respondents about postpartum depression and their Experiences, Social Factors, perceived coping strategies, and barriers that respondents have faced during their struggles with postpartum depression.

Ethics

According to Bryman (2012) following ethics should be followed before conducting a research survey:

1. The respondents should be explained in detail about the purpose of the study.
2. The respondents' anonymity and confidentiality should be highly considered.
3. The respondents should be allowed to withdraw from the research at any time.
4. An informed consent should be taken and signed by the respondent before starting the survey.
5. All the data provided by the respondents in this study should be kept confidential and private.
6. Any biased representation of the findings should be avoided.
7. Respondents' privacy should be preferred.

8. The anonymity of respondents should be considered.
9. No mental or physical harm should be done to any respondents.
10. The research should be done with honesty.

All these ethical considerations were kept in mind while conducting the in-depth semi-structured interviews. The ethical approval (Appendix D) was taken by the Institutional Review Board of Forman Christian College, Lahore before conducting the research

Data Analysis

Data analysis was done by using the "Thematic Data Analysis Method" (Clarke & Braun, 2013). Thematic analysis is used for qualitative study. This analysis method is used for interviews and transcripts. Common themes are found by researchers to analyze data with the thematic analysis method. There are some methods of data analysis but the most common form of analysis from this method comprises of

- Familiarization
- Coding
- Generating Themes
- Reviewing Themes
- Defining And Naming Themes
- Writing Up

Theoretical Framework

This research has used Social and Interpersonal Theory. The theory postulates that interpersonal struggles of an individual have a great influence on mental health. Whatever an individual does is because of the impact of the environment in its surroundings. Affection plays a great role in the life of any relationship. People need to be loved to maintain healthy relationships. Any sort of disturbances such as Social and Personal Problems may lead to depressive episodes (Abdollahi et al., 2016).

Postpartum depression may develop in women due to disturbances in their social life and married life. Giving birth is a very important, crucial, and life-changing event in any woman's life and if not given proper care and support, women may develop postpartum depression (Abdollahi et al., 2016).

Findings

The findings of this study are based on the experiences of the respondents about postpartum depression. This study has 20 women respondents from middle-class backgrounds who shared their personal experiences during their postpartum period via in-depth interviews. The sociodemographic characteristics of respondents are mentioned in Table 1.

The major themes found during the study are as follows:

- 1- Experiences of women and personal struggles of women during postpartum depression.
- 2- Social factors that contribute to postpartum depression among new mothers.
- 3- Apparent barriers to coping strategies of women experiencing postpartum depression.

Table 1

Demographic Characteristics

Age	Frequency	Percentage
18-23	5	25%
24-28	13	65%
29-33	2	10%
34-38		
Respondent Qualification		
Matriculation	7	35%
Intermediate	6	30%
Bachelors	6	30%
Masters/M.Phil.	1	5%
Marital Status		
Married	17	85%
Divorced	2	10%
Separated	1	5%
Widowed		
Respondent Working Status		
Employed		
Un-Employed	7	35%
	13	65%
Family type		
Nuclear Family	3	15%
Joint Family	13	65%

Extended Family	1	5%
Single Mother Family	3	15%
Religion		
Islam	20	100%
No. of children		
1-2	13	65%
2-4	5	25%
5-6	2	10%
Gender of Newborn Child		
Boy	6	30%
Girl	14	70%
Non-Binary		
Breastfeeding		
Yes	6	30%
No	14	70%
Husband Occupation		
Government Job	5	25%
Private Job	11	55%
Own Business	1	5%
Other	2 (has no husband)	
Family/Household Income		
20000-40000	1	5%
40000-60000	5	25%
60000-80000	4	20%
80000-100000	8	40%
No Income	2	5%
Clinically Diagnosed with any Health Issue		
Yes	3	15%
No	17	85%

Experiences and Personal Struggles of Women during Postpartum Depression:

Defining Postpartum Depression

Most of the women respondents perceived that postpartum depression is some kind of mental health issue or disorder that they experience during or after pregnancy, but they did not have proper knowledge about it. Many of them emphasized the fact that it not only affects them mentally or emotionally but also takes a toll on the physical well-being of an individual. Some respondents also stated it is stress caused by family and societal pressure.

One respondent stated, “It is a serious mental illness that is not much addressed it affects women who have given birth”. (Respondent 3)

It is perceived that postpartum depression is a serious mental illness that affects women who have given birth. This respondent also highlighted the fact that this is a kind of mental illness that is not much addressed.

Many of the women respondents shared their struggles with PPD and highlighted the emotional and psychological challenges they faced during their postpartum journey. Most of the respondents stated that they used to feel overwhelmed, they used to feel exhausted, and they used to have anxiety, depression, low mood, and constant sadness.

Lack of Awareness

There was a general lack of awareness of the exact concept of PPD.

One woman quoted “I did not get much to think about it as I never knew about it but yes, I felt like killing myself and not wanting to take anything anymore.” (Respondent 5)

Respondent No. 5 stated that she was not aware that she had any mental illness, but she felt like harming herself because of being exhausted she emphasized the fact that she was fed up with everything.

Some respondents stated that it was difficult for them to bond with their baby. Few other respondents also perceived that the arrival of the baby was supposed to be a source of joy but for them, it brought a sense of profound distress and pressure. They stated that they had this feeling of not being a good mother.

One respondent explained it in her statement:

My experience with PPD was very tough. I remember I used to feel so overwhelmed, I used to cry a lot, and I struggled a lot to connect with my baby. Simple things and tasks felt like mountains, and I often used to feel like I was not a good mother. (Respondent 7)

A large number of women respondents stated that postpartum depression is not only emotional and psychological, but it also affects physical health. Few of the respondents stated that they used to feel weak and fragile and had pervasive fatigue. Some women's responses reflect the sense of isolation and lack of support. It highlights the importance of comprehensive mental health care support during and after pregnancy.

Personal Struggles

The majority of the respondents shared their struggles during the postpartum period. They stated that they have faced many challenges during their pregnancy such as societal pressure of giving birth and taking care of a baby all alone, trying to be a good mother. Some respondents also stated that they felt weak, fragile, and isolated after pregnancy.

A respondent shared her experience and struggle after pregnancy she stated:

After I delivered my baby at first, I felt like I was numb as I had a C-section so I was under anesthesia and also didn't know how to react but when I came back home from the hospital I started feeling like the baby was a huge burden on me. I had to do house chores and take care of my baby all day and that too alone. So, I struggled a lot sometimes it used to happen when the baby started crying I would also cry with him. I couldn't just gather myself to take whatever life was given to me. I used to have severe migraine, I always seemed like I was lost somewhere. (Respondent 8).

The respondent stated that initially, she did not feel anything but eventually as time passed she felt physically and mentally lost. She stated that she had to take care of her baby all alone she had no support from anyone in taking care of her baby, which made everything difficult for her.

Respondents also shared that their relationships with their families, husbands, and children were impacted during their postpartum period.

One respondent shared about her abusive relationship during PPD saying “My husband was abusive towards me during my postnatal periods as he is from a conservative background so he wanted me to give birth to a son but I gave birth to a girl, so he was abusive.” (Respondent 17)

The study gives a brief look into the genuine encounters and individual experiences of women with PPD. For some, PPD is seen as an emotional wellness issue that can strike during or after pregnancy, even though there is not much information available about the disease. These respondents highlight that it does not simply negatively affect their psychological health but also puts strain on their actual well-being. The majority of the women shed light on the mental struggles that they suffered during their post-pregnancy journeys, They explained feelings like overpowering fatigue, uneasiness, sadness, and low moods. Some respondents described the battle to bond with their newborns/infants and the feeling of not being capable enough as mothers.

It is seen that PPD is not simply a psychological trial; it is likewise an actual fight, leaving new mothers frail and never-ending exhausted. There are accounts featuring the absence of help and solace. They additionally uncover the individual difficulties faced during pregnancy and post-pregnancy.

Social Factors that contribute to Postpartum Depression among new mothers

Social factors that influence PPD

When asked about the social factors that might add to postpartum depression, the majority of the respondents shared their social struggles and experiences, which put them into depression.

Sharing their experiences majority of the women complained that Postpartum Depression (PPD) can be impacted by various social factors that influence women's well-being during and after pregnancy. These elements incorporate a lack of social support, societal pressure to meet certain expectations regarding pregnancy and behavior, gender inequality, discrimination, the social stigma surrounding mental health and motherhood, strained relationships, the struggle to balance work life and family life, being criticized, feeling guilty, and financial strains or low socioeconomic position.

Further social factors explained by respondents include, isolation and inequality, and being treated badly which contributes to feelings of incapability and worthlessness might add fuel to the symptoms of PPD. These social factors have proved to promote a lack of understanding and lack of support for women during Postpartum Depression.

Lack of social support

One respondent quoted:

I had to go through a lot of social challenges like I was not given the amount of care and love that I felt I deserved during or after my pregnancy. I used to do loads of house chores during my pregnancy. I delivered my baby via C-section but was not given much time to rest regain myself and heal from everything. (Respondent 1)

Women perceived that they were not given proper support, love, and care during or after their pregnancies. Respondent 1 stated that she needed time to rest and heal.

One working mother shared her socioeconomic position and her experience during pregnancy:

I felt like I was isolated as a working woman I used to work till my 7th month of pregnancy and in those 7 months I stopped going to any events or functions and get-togethers because after work I was always tired. (Respondent 4).

The majority of the respondents shared their struggles and stated that they have felt alone, and isolated, ***Preference son***

Women respondents stated that they faced discrimination and gender inequality.

One woman who gave birth to four girls shared her experience she quoted:

I was discriminated against not by men but by women the other pregnant women used to stay away from me because they were afraid if they were with me they would also give birth to a girl.
(Respondent 5)

This statement of respondent 5 proves that due to social stigma, women can be isolated from others.

Summing up the social factors one respondent stated:

If I speak with utmost honesty women at every step have to face social challenges, especially in Pakistan but when you're pregnant people start seeing you differently they start expecting so much from you that you should always stay calm, don't talk negatively, don't be weak, work more, don't rest if you do all of this they baby will have these traits, etc. etc. so I have gone through all of these challenges during pregnancy. (Respondent 8)

Apparent Barriers and Coping Strategies of women experiencing postpartum depression

Apparent Barriers

The responses stated some barriers that women faced during their postpartum period. The respondents stated that they have faced different barriers while dealing with PPD. The majority of them highlighted the fact that they are made to follow different rules and regulations during and after their pregnancies. They receive little to no support and are under constant pressure from society and their families.

These women were burdened with work and they didn't get enough help. Women respondents fighting with PPD or who have fought with PPD confront the following barriers, these are the barriers confirmed by the common responses present in the interviews.. An overall absence of awareness and mindfulness about PPD frequently leaves women neglectful of their condition or its seriousness. The common social stigma related to mental health present in our

society affects women with PPD and it makes them afraid about openly about mental health. The responses of women feature critical barriers: lack of support, help, and sympathy, especially from family and social circles.

Social Barriers/Stigma

One respondent's account stated that:

Society did try to pressure me when I was pregnant. As our society is stereotypical and patriarchal it was expected that I should only give birth to a baby boy and not a girl as giving birth to a boy is considered good and auspicious. (Respondent 4)

The same respondent shared her struggle while asking for help

Yes, I talked a little about my overwhelmed feeling of not wanting to have a baby and I was looked down on like I was some creature from another world. Even other women thought of me as a senseless woman. (Respondent 4)

The responses show that barriers like fear of judgment and cultural strains can prevent people from looking for help.

One respondent stated that because of gaining weight during pregnancy she had to deal with lots of issues

I have been through a lot during pregnancy I felt I was put under pressure. I had body image issues because I was heavy. I was body-shamed. I was made to wear loose clothes. I didn't fit into the mold of a perfect woman that society has created. Other women used to judge me. My husband also body-shamed me. I used to skip events and functions during pregnancy. I felt alone. I felt isolated. I had low mood, stress, and fear of judgment. (Respondent 8)

This account states that a woman respondent got body shamed and developed body image issues which made her afraid.

The responses of women respondents underline the dire need for expanded mindfulness and awareness, understanding, and backing systems for those respondents who are impacted.

Coping Strategies

When asked about the coping strategies women said that they used different coping methods to deal with their postpartum depression. A few women said that they did not use many explicit ways of dealing with hardship or stress, and their symptoms went away after some time. Some of the respondents talked about looking for professional assistance from specialists. The majority of them stated that they did different activities to cope with stress and depression, activities like yoga and morning strolls, to unwind their minds. Investing quality energy with family, taking part in family tasks, and learning new skills, some women stated that they cut themselves from negative people.

Some women felt that something was wrong with them and they opted for self-help to make themselves feel better.

One woman said:

Yes, I did use some strategies like morning walks, exercises, and also meeting new people. I have also started learning some new skills to keep myself busy. (Respondent 7)

A few respondents stated that they got so used to the feeling of sadness or got so busy that they did not pay attention to getting medical help but they felt something was wrong with them.

A respondent quoted:

No, I didn't use any strategy to overcome my symptoms. I got so occupied in taking care of my family that the feelings of anxiety and depression disappeared gradually (Respondent 10)

When asked whether she used any coping strategies the respondent stated:

No, I'm still figuring out what is happening to me. I'm in the middle of nowhere. (Respondent 15)

These statements relate to the first theme of this study which is lack of awareness and it also relates to the apparent barriers while experiencing PPD.

Talking about medical help, the majority of the respondents stated that they didn't take, any medical help but some respondents stated they took help.

One of the accounts stated that:

Yes, I did. I went to a psychologist. I kept myself busy with household chores. I also started stitching other people's clothes to become financially independent (Respondent 17)

Some respondents stated that they wanted to get professional help but couldn't do so because of the lack of financial independence and low socioeconomic conditions.

A respondent quotes:

No, I did not use any coping strategies. I was not financially strong so I couldn't go to a therapist or take any preventive measures (Respondent 2).

The major drawback in getting medical and mental health services was financial strain majority of the respondents showed a lack of support and financial dependency.

One of the accounts stated:

Yes, I have faced barriers like financial strain. The major barrier I felt was my children as I had no support and I had to take care of them all alone so I couldn't leave them or give myself time (Respondent 10).

Women who wanted to get help didn't receive any support they were stuck in their homes with families or their children.

Discussion

The findings of this study give comprehensive knowledge about Postpartum Depression. The in-depth interviews of 20 women give a complete perspective on the encounters of postpartum depression. The respondents portrayed PPD as a complex mental health issue that is related to the psychological/emotional and physical health of the respondents. One existing study stated that postpartum depression is a mood disorder, which is a complex mixture of behavioral, physical, and psychological changes that women experience after giving birth (Jamshaid et al., 2023).

The respondents state that PPD is misjudged and an under-addressed issue. The interviews highlighted the fact that there is a lack of awareness about PPD. Sharing their experiences women said they had anxiety, felt depressed, uneasiness, low mood, and imbalance in their life post-pregnancy. Office on Women's Health, U.S. Department of Health and Human Services (2023) also highlighted some major symptoms of postpartum depression. These symptoms include low mood, feeling overwhelmed or anxious and not feeling affection for the baby. The respondents highlighted the most essential social factors that they perceive contribute to postpartum depression including social and cultural elements, norms and beliefs, superstitions, etc. A study discovered that there is a moderate connection between general knowledge of psychological symptoms and perceived social support (Jamshaid et al., 2023).

Women also highlighted the barriers that they encountered during their struggle with PPD such as stigma, lack of social support, low socioeconomic status, lack of awareness, etc. Talking about lack of awareness in general, a study explored that a large number of women confuse their

mental illness symptoms with the side effects that they believe are normal pieces of parenthood and the result of exhaustion, individual shortcomings, or relationship challenges (Aliani, 2016).

The respondents, while sharing their experiences, also quoted some of the factors that might be adding to their postpartum depression such as no social support, low socioeconomic status, and abuse. A study confirmed that women are at risk of getting PPD if they face factors such as social stress, poverty, no or poor social support, violence and abuse, unplanned pregnancy, or risk of losing a baby (Azale et al., 2018).

Women in these interviews also talked about coping strategies that they followed on a personal level and they talked about medical help. Coping strategies are depicted as mental and physical initiatives that a person uses to deal with stress and harm (Azale et al., 2018). Women also highlighted the fact that their socioeconomic and sociodemographic conditions affected their approach to medical health providers. One study stated that most of the women in low-income or developing countries remain undiagnosed with PPD (Azale et al., 2018). The same study stated that coping strategies vary from culture to culture but the most relevant strategy a woman suffering from PPD may use is the Avoidance coping strategy (Azale et al., 2018).

Postpartum depression is a serious mental health illness that needs to be addressed because a lot of women are suffering from it. The major themes of this study are the social risk factors and experiences of women.

Limitations

This study is a small sample-based study, which included only 20 women from different parts of Lahore, Pakistan. It included only Muslim Women, which is itself a limitation because women belonging to other religions might feel some other things about PPD. Therefore, it does not

provide their perspectives. This study also shows limitations because the sample size was based on only middle-class struggling mothers it does not cover the women from other sociodemographic backgrounds.

Recommendations

The following study also explored some future implications. This study asked respondents what they feel needs to be improvised or changed. The respondents stated that there is a need for compulsory guidance and counseling of the husbands and families, provision of mental health care services in maternity hospitals, provision of persistent psychological well-being care administrations all through the pregnancy venture, and open conversations about psychological wellness will urge to lessen disgrace and stigma. Maternity clinics should incorporate emotional well-being administrations, offering pre-birth and post-pregnancy mental health services, focus on taking care of pregnant women and their prosperity, places of refuge and taking care of oneself post-birth, couple mentoring will assist with forestalling post-pregnancy anxiety, and government-supported emotional well-being camps and mentoring administrations will help women a lot.

Future Study Implications

Future studies need to explore the individual challenges women face coming from different sociodemographic backgrounds. Future studies should also explore the familial factors that might be the risk for women experiencing PPD. Men's role and awareness about mental health, stigma related to mental health, the pros and cons of mental health services available in Pakistan, and the long-term effects of PPD should be studied. There is a need to dive deeper into the cultural

and societal roots that might affect pregnant women in Pakistan. Future studies should also be on the prevention methods that can be employed to reduce the risk of PPD.

Conclusion

The following study concludes the social and interpersonal struggles of women during PPD via in-depth interviews. It highlights the main factors like experiences of women during PPD, the most important is social factors that contribute to PPD, it also gives a deep insight into barriers in PPD whether they are social barriers or personal barriers, and last but not least is coping strategies. This study holds importance because of its social and interpersonal perspective. This study emphasizes the social factors that contribute to PPD. It gives a brief insight into the lives of 20 women who had given birth in the past 1-2 years. These women are not from a strong sociodemographic background, but they have experienced symptoms of PPD post-birth. The present research has highlighted that through the awareness of family and support systems women experiencing PPD can be assisted during one of the most transformative periods of their life.

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Appendix-A: Information Sheet and Consent Form

Information Sheet

Title of Research: Social Factors that contribute to Postpartum Depression among new mothers in Pakistan.

Researcher: Esha Iqbal

Institution: Forman Christian College (A Chartered University)

Researcher Contact: 22-10642@formanite.fccollege.edu.pk

Supervisor: Tehniyat Fatima

Supervisor Contact: tehniyatfatima@fccollege.edu.pk

Invitation

You are being invited to take part in a research thesis. Before you decide to take part in the following research there are some things you might need to know before permitting to start the research, you need to know the purpose of the research and the outcomes that are required from the following research. Please take time to read the given information sheet carefully and you can ask questions to the researcher and clear your doubts before giving permission or you can take time to discuss with whoever you want to discuss and take part. Please feel free to ask questions if you have any doubts. Now you may read the following sheet. Thank You.

What is the purpose of this project?

This is a Pakistan (Lahore) based research. This research is about exploring the experiences of women during Postpartum Depression. This research will explore the social factors that are the

major cause of Postpartum Depression. This research will investigate the perceived coping strategies which mothers use to recover from postpartum depression. This research will also look at the apparent barriers that women face during postpartum depression. The following research will interview mothers who have given birth in the past 1-2 years. This research will help to raise awareness of Postpartum depression. As this is a very under-researched topic the following research will take interview 15-30 new mothers to gain good results.

Why have I been chosen as the respondent?

You have been chosen because you fit the criteria of the respondents we are searching for. You are a mother who has given birth in the past 1-2 years.

Is it compulsory to take part in this interview?

It completely depends on you if you want to take part or not. If you decide to take part a consent form will be given to you and you have to sign it and give permission to start the interview. You can choose to exit from the interview at any time and without any reason.

What will happen if I choose to take part in the following interview?

The following interview will take 30-45 minutes to complete. You will only be interviewed once by the researcher. You can opt-out at any stage of the interview. A series of questions will be asked. You can choose to not answer the questions that you feel uncomfortable answering. The following interview will be recorded for research purposes.

How will this interview benefit you?

This research will prove to be beneficial as this research will help in academic policies and debates about Postpartum Depression and will provide new information about Postpartum Depression

Will my responses be kept confidential?

All the information will be kept secretive and strictly confidential. No one will be able to identify the Respondents in the research.

Who is organizing this research?

The research is being organized by the Department of Sociology, Forman Christian College, and a Chartered University.

Is the following research ethically accepted?

This research project has been ethically reviewed by the Internal Review Board (IRB) of Forman Christian College and a Chartered University.

- This survey is for Data Collection Purposes; your responses are being collected for the research thesis.
- The research is being conducted by a student of Forman Christian College and a Chartered University from the Department of Sociology.
- You can choose to opt out of the following survey at any time when you feel uncomfortable.

Appendix-B: Sociodemographic Survey Instrument

Provide the following information before starting the survey:

1. Name: _____
2. Age: _____
3. Qualification: _____
4. Residence: _____
5. Marital Status: Married: _____ Divorced: _____ Separated: _____ Widowed: _____
6. Your working status: Employed: _____ Unemployed: _____
7. Family Type Nuclear Family: _____ Joint family: _____ Single Mother Family: _____
Extended Family: _____
8. Religion: _____.
9. No. of Children: _____
10. Gender of your Child (new-born/Infant): Boy: _____ Girl: _____ Non-Binary: _____
11. Are you Breastfeeding your child: Yes: _____ No: _____
12. Husband Employed: Government: _____ Private: _____ Other: _____ (if you don't have a husband you can skip this section)
13. Family/Household Income: _____

14. Have you given birth in the past 1-2 years Yes_____ or No_____

15. Have you been clinically diagnosed with any health issues in the past 1-2 years Yes ___ or
No___, Cannot Say _____

I hereby declare that I'm participating in this survey with my will. I was told the purpose of this
survey and I agree that my response can be used for research purposes.

Signature: _____

Date: _____

Appendix-C: Semi-Structured Interview Guide

Experiences of Participants:

1. What do you perceive by postpartum depression?
2. What were your experiences with postpartum depression (PPD)?
3. How did you feel before, during, and after your pregnancy? How has your life changed during 9 months of pregnancy and after it?
4. How did your experiences with PPD impact your relationship with your child, family, and husband?

Social Factors:

5. Did you receive any kind of support from your family, friends, and people in society during your pregnancy and after the birth of your child?
6. Which social challenges did you experience during your pregnancy or after the birth of your child?
7. How did your social and cultural beliefs, norms, and values impact your experiences during pregnancy and after pregnancy with PPD?
8. How did your socioeconomic status impact your experiences with PPD?

Barriers:

9. Did you experience any discrimination or stigma related to your mental health condition?
10. What barriers (societal pressure, no support, etc.) did you go through during or after your pregnancy?

Coping Strategies:

11. Did you have access to any mental health services or support during your pregnancy or after the birth of your child?
12. Did you face any barriers in accessing mental health services or support?
13. Did you use any coping strategies to manage your symptoms of PPD?

Recommendations:

14. How can mental health care and support be improved for new mothers in Pakistan?
15. What recommendations do you have for future research on postpartum depression in Pakistan?

Appendix-D: IRB Approval Certificate



FORMAN CHRISTIAN COLLEGE
(A CHARTERED UNIVERSITY)

INSTITUTIONAL REVIEW BOARD APPROVAL CERTIFICATE

IRB Ref: IRB-494/6-2023

Date: 22-06-2023

Project Title: Social factors that contribute to postpartum depression among new mothers in Pakistan.

Principal Investigator: Esha Iqbal

Supervisor: Ms. Shermeen Bano

The Institutional review board has examined your project in IRB meeting held on 22-06-2023 and has approved the proposed study. If during the conduct of your research any changes occur related to participant risk, study design, confidentiality or consent or any other change then IRB must be notified immediately.

Please be sure to include IRB reference number in all correspondence.

Dr. Sharon Hanook
Convener - IRB
Chairperson, Department of Statistics
Forman Christian College
(A Chartered University)
Lahore

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Appendix-E: Themes and Codes

Main Theme	Sub Theme	Codes
Experiences and Personal Struggles of Women During Postpartum Depression	Defining Postpartum Depression	<ul style="list-style-type: none"> • Serious mental illness • Not much addressed • Emotional and Psychological • Feeling overwhelmed, low mood, constant sadness, anxiety
	Lack of Awareness	<ul style="list-style-type: none"> • Lack of awareness • Self-harm/killing oneself • Overwhelmed, stressed, sad, low mood, weak, fragile, fatigued • Fed up from situations but not realizing the problem.
		<ul style="list-style-type: none"> •
	Personal Struggles	<ul style="list-style-type: none"> • Societal pressure • Struggling with baby/connecting with baby • The feeling of not being a good mother • No support • Not having solace • Physically and mentally lost
Social Factors that cause Postpartum Depression among new mothers	Social factors that influence PPD	<ul style="list-style-type: none"> • Lack of social /societal support • Societal pressures to meet certain expectations regarding pregnancy and behavior • gender inequality, discrimination • strained relationships • the struggle to balance work life and family life • being criticized

		<ul style="list-style-type: none"> • feeling guilty • financial strains or low socioeconomic position • Isolation/inequality • Being treated badly • The feeling of incapability/worthlessness • Lack of understanding/ lack of support to women. • Lack of understanding by other women • Preference of son
Apparent Barriers and Coping Strategies of women experiencing postpartum depression	Apparent Barriers	<ul style="list-style-type: none"> • Social Barriers/Social Stigma (social stigma and disgrace, lack of awareness, and lack of help and support, cultural strains, social stigma related to mental health, lack of support, help, and sympathy, especially from family and social circles), body image issues, fear of judgment, isolation, low moods
	Coping Strategies	<ul style="list-style-type: none"> • Personal Coping Strategies (meditations, keeping oneself busy) • Feeling confused about getting help (don't realize their symptoms) • Professional coping strategies (Psychologist, medication) • Financial Strain and Lack of Support (financial problems in getting help, lack of support from people)