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EXPLORING THE LIVED EXPERIENCES OF MOTHERS WITH POSTPARTUM DEPRESSION: A QUALITATIVE STUDY ON EMOTIONAL CHALLENGES AND COPING STRATEGIES

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Abstract

Postpartum depression (PPD) is a significant mental health issue affecting many new mothers, and it often remains underreported and misunderstood, especially in underdeveloped societies such as Pakistan. This qualitative study explores the lived experiences of mothers suffering from PPD, focusing on the emotional challenges they face and the coping strategies they adopt. Data was collected from thirty participants using in-depth interviews, open-ended questionaries, and focused group discussions with doctors, families, psychologists, and psychiatrists, using a qualitative exploratory research approach with the help of a convenience sampling technique. Thematic analysis was conducted to extract recurring patterns and personal narratives. The findings reveal that mothers commonly experience feelings of sadness, anxiety, isolation, guilt, and inadequacy. Social stigma, lack of family support, and cultural expectations further intensify their emotional struggles. Despite these challenges, mothers employ various coping mechanisms such as spiritual practices, peer support, emotional withdrawal, or seeking professional help. This study highlights the need for increased awareness, early diagnosis, and strong support systems for mothers experiencing Postpartum depression.

INTRODUCTION

1.1 Background

Postpartum depression (PPD) is a mental health disorder that impacts individuals such as mothers following childbirth, usually occurring in the first few weeks to months after
Delivery (Gupta et al., 2024). Postpartum depression is one of the major mental health concerns that affects a large number of women around the world.1 in 7 women may experience
postpartum depression within a year of giving birth. Along with the physical changes, emotional and hormonal changes also affect the mother's well-being (Regie P De Jesus et al., 2024).

After giving birth, mothers experience changes in mood, sadness, and sleeplessness; these
feelings are termed postpartum blues or baby blues associated with postpartum depression; about 70% of mothers experience this, and most of them recover, but 13% will experience postpartum depression (Pratiwi & Khoirunnisa, 2024). It is important to treat Postpartum depression
Immediately after delivery, if not treated, it can be severe and last for months to years (Ara Afrin et al.,

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2024). Furthermore, if left untreated, PPD can result in lasting mental health difficulties for the mother, impacting her overall quality of life and potentially creating tension within family relationships. Identifying and treating PPD is essential for ensuring mothers' and infants' health (Gupta et al., 2024).

Postpartum depression (PPD) is a major public health issue that has been demonstrated to negatively affect a mother's physical and mental health during the postpartum period (Afrin et al., 2024). During pregnancy, levels of sex hormones and glucocorticoids increase significantly, only to drop sharply at the time of delivery. This hormonal drop in the postpartum phase coincides with many women experiencing mood oscillations commonly known as the baby blues, which encompass symptoms such as mood swings, physical discomfort, fatigue, stress, irritability, and uncertainty about their role as a mother (Chechko et al., 2024). Postpartum depression also negatively affects women's daily lives, marriage life, relationships, and how they connect with their babies. It can impact children's emotions, behavior, and learning abilities (Ara Afrin et al., 2024). New mothers need strong coping skills to adjust to their new life after giving birth. It refers to the thoughts and actions people use to deal with problems inside themselves and in their surroundings; it acts as a form of self-protection (Rohmah et al., 2024). Even though more people are aware of postpartum mental health issues and their impact on mother and child, very few studies focus on the personal experiences of affected mothers and how they cope and deal (Sridhar et al., 2024).

Postpartum depression (PPD) affects 10–15% of women worldwide each year, but the rate is higher in low- and middle-income countries (LMICs) at 18.6%. Differences in culture, mental health awareness, financial conditions, nutrition, stress levels, and biology explain why these rates vary between rich and poor countries (Sridhar et al., 2024). The World Health Organization estimates that 3.0% of mothers and 10.0% of pregnant women worldwide suffer from depression annually; postpartum depression is more common in underdeveloped nations, where it can reach 19.8% to 15.6% (Jiaming et al., 2024). PPD ranges widely among Asian nations (3.5–63.3%), with Malaysia having the lowest rates (<4%) and Pakistan having some very high rates (28– 63%) (Riaz et al., 2023). According to Bhatti et al. (2024), the prevalence of postpartum depression in Pakistan ranges from 28 to 63%. Despite available medical care, many mothers feel a lack of emotional support, highlighting the need for better counseling and support systems to help them cope. The emotional challenges of postpartum depression can persist for months or years, especially in cases where mothers do not receive adequate psychological care. (Pascual et al., 2025)

PPD is a serious health issue that affects women worldwide but in traditional societies like Pakistan, it is still difficult to diagnose and treat. While the birth of a female kid may frequently be regarded with dismay or even censure from society, the birth of a male child, especially in this context, is seen as a family accomplishment and something to be proud of. Cultural practices like chilla, a 40-day postpartum time during which women are supposed to relax but instead feel alone, go hand in hand with these issues. Pakistani women's experiences with postpartum depression are influenced by cultural biases and gender roles of the society (Kayani et al., 2025). According to (Pratiwi et al., 2024), observations show that healthcare services mainly focus on the physical health of mothers and babies, while mental health services receive little attention.

1.2 Problem Statement

Postpartum depression is often overlooked, especially in poor communities where long working hours, social inequalities, and early marriages add to the problem. Additionally, many women do not have access to mental health care (Rowshan Ara Afrin et al., 2024). Postpartum depression affects 17.22% (95% CI 16.00 – 18.51) of persons globally, with a frequency of up to 15% in 80 different countries or areas the year before, according to a comprehensive assessment of the most recent research, which was based on a final analysis of 565 studies from 80 different countries or areas. Such as in Filipino women in Saudi Arabia suffer from Postpartum depression; many of these women work as domestic

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helpers or in low-wage jobs, leaving them far from their
families and Support systems. They also face language barriers, cultural differences, and limitations.

Access to mental healthcare makes Postpartum depression even more challenging to manage (De Jesus et al., 2024). Research shows that postpartum depression is more common in developing countries, where healthcare services are limited, and many mothers lack proper support after childbirth. The reported PPD rate in Ghana is 16.8%, but the actual number may be even higher due to challenges in providing standard maternal healthcare (Anita Fafa Dartey et al., 2024). Postpartum depression is among mothers in poor areas of Dhaka; their mental health struggles are often made worse by poverty, lack of support, and difficult living conditions. It shows that it is important to provide exceptional support and mental health care for these vulnerable communities (Rowshan Ara Afrin et al., 2024). According to a recent study conducted in Bangladesh, the prevalence of PPD Symptoms among postpartum moms was 29.9% (Afrin et al., 2024).

According to the findings of a study conducted in South Punjab, Pakistan, including 100 women aged 24 to 33, 88% of the participants experienced postpartum depression, and 70% of them mentioned concerns linked to pregnancy. Additionally, 70% of the participants stated that their husbands did not provide for them, and 50% stated they were economically disadvantaged (Mukhtar et al., 2025). From January to July 2022, the multicentered cross-sectional survey was carried out at HIT Hospital Taxila. Conveniently chosen EPI centers in D.G. Khan, Rawalpindi, Lahore, Faisalabad, and Sargodha provided the data. However, according to PPD case statistics, the division's reason for the depression was reported, such as a lack of social support from the husband (Bhatti et al., 2024). Mothers who received support from their spouses and family members showed fewer signs of postpartum depression than those who did not (Mukhtar et al., 2025).

Many mothers, especially in poor and developing areas, struggle with postpartum depression due to limited access to mental healthcare, social inequalities, and lack of support. However, many people do not even believe this issue exists, leaving countless mothers silent.

1.3 Research Gap

There has been a fair amount of research on postpartum depression (PPD) around the world, but there is a noticeable lack of studies that focus specifically on Pakistan. Most studies talk
about the medical side of postpartum depression but not how mothers here actually feel and deal with it. There is a real shortage of qualitative studies that delve into the lived experiences,
emotional challenges, and culturally relevant coping strategies of mothers dealing with this
condition. In Pakistan, many people do not take mental health seriously, and there are not enough services to support struggling mothers. The influence of family, social support networks, and
traditional healing methods in managing PPD is another area that has not been thoroughly explored. Because of this, many women suffer in silence. This study aims to fill this gap by
understanding the real-life experiences of Pakistani mothers with PPD, their emotional struggles, and how they cope.

1.4 Research Questions

The following are the research questions:

1. What feelings do mothers with postpartum depression have in underdeveloped countries?
2. How do mothers in underdeveloped countries deal with postpartum depression?
3. What kind of help do mothers need?
4. What is the effect of postpartum depression on family and child care?

1.5 Objectives

1. To investigate the emotional difficulties of mothers with postpartum depression (PPD).
2. To examine the coping mechanisms employed by mothers to deal with PPD.
3. To compare the effects of postpartum depression on maternal mental health and family relationships.
4. To determine support systems (family, community, healthcare) for mothers with Postpartum depression.

Frontier in Medical & Health Research

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1.6 Assumptions

- Mothers are willing to share their experiences with postpartum depression openly.
- The emotional challenges of postpartum depression differ based on personal and social backgrounds.
- Support from family and society plays a significant role in recovery.
- Many mothers do not go to doctors because of fear or lack of knowledge.

2. Literature Review

Postpartum depression (PPD) is a significant mental health issue that affects a large number of women within the early days after giving birth to a child. This period, often expected to be joyful, can instead be characterized by emotional and physical challenges (Atuhaire et al.,2021). If Postpartum depression is not understood properly, it can result in serious risks for both the mother and her baby, including harmful thoughts for oneself or the baby (Atuhaire et al.,2021). It can also affect childcare and breastfeeding (Mohd Shukri et al.,2022). This review will look at the lived experiences of mothers dealing with Postpartum depression. It will focus on their emotional struggles and how they cope with these challenges, extracting information from various studies.

Mothers with Postpartum depression often illustrate a broad range of intense emotional and physical symptoms. These symptoms may include feeling unsure of themselves, crying easily, becoming irritable, blaming themselves, and feeling unreasonable and isolated (Reloj,2024). In more critical cases, they might even think about harming themselves or attempting suicide (Atuhaire et al., 2021). These feelings are often characterized as a result of the sudden and significant changes associated with becoming a new mother (Reloj,2024). Mothers suffering from postpartum depression often report severe physical issues besides emotional challenges. These physical issues include difficulty sleeping, headaches, breast pain, not producing enough breast milk, losing weight, and feeling very tired (Atuhaire et al.,2021). These physical challenges can make their emotional distress even worse, making it difficult for them to manage their daily life (Atuhaire et al., 2021).

The experience of mothers with Postpartum depression is greatly influenced by their surroundings and financial conditions. There is also a big impact of the space where the mother lives on her Postpartum depression experience. For example, mothers living in slum areas face certain difficulties, like weak social support systems and major barriers to mental health care (Afrin et al., 2024). Their experiences highlight how limitations in access to mental health services and socioeconomic inequalities contribute to the severity of Postpartum depression (Afrin et al., 2024). Similarly, mothers in prison, also known as Postpartum Mothers Deprived of Liberty (PMDL), face distinctive and severe challenges associated with Postpartum depression. Getting proper postpartum care is necessary for them, but within prison, access to healthcare is limited for them; they also deal with the stresses of being imprisoned, which affects their overall well-being badly (Cunanan et al., 2024). The environment of the prison deeply affects their roles as mothers; these effects lead to the feelings of accepting the unavoidable problems of imprisonment, dealing with a lack of social support, struggling to raise a newborn in prison, and battling with anxiety and past trauma (Cunanan et al., 2024). Social connections play a very important role during these circumstances. For young mothers, who are a particularly susceptible group, some factors like whether they get help with child care and their age significantly affect the severity of their Postpartum depression symptoms (Bulduk et al., 2025). Poor relationships, domestic violence, especially spouse violence, and not having enough money also contribute a lot to the negative emotional experiences of mothers with Postpartum depression (Atuhaire et al., 2021).

Mothers who are experiencing difficult challenges use different ways to cope with their conditions. These coping strategies can generally be divided into three main groups: focusing on emotions, solving problems, and using religious beliefs (Reloj.,2024).

Coping strategies that focus on emotions show internal ways to manage their feelings of distress. This can include accepting their situation, which helps mothers acknowledge their feelings and present-day life circumstances (Atuhaire et al., 2021). Some mothers find peace through crying, while

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others find comfort in watching television or talking to their close friends or family members for motivation and emotional Support (Atuhaire et al., 2021).

Problem-focused coping means properly dealing with the things that cause Postpartum depression. This might involve medical treatment, which is the most important step for many people in managing their symptoms of Postpartum depression (Atuhaire et al., 2021). It also involves making tough decisions about personal lives for some people, such as attempting to break or finish marital relationships that are sources of distress for them (Atuhaire et al., 2021). Another key coping method is persistence, which shows the determinant struggle of mothers to push through their difficulties (Atuhaire et al., 2021).

Coping religiously or spiritually is very helpful for many mothers. In various studies, researchers reported relying on spirituality, including Christian, Muslim, and traditional African beliefs, to cope with their depression (Atuhaire et al., 2021). This indicates that faith and spiritual practices can give them a sense of motivation and hope, providing comfort and strength during difficult times.

For managing Postpartum depression, strong social networks are found to be very helpful. Studies show that mothers with strong social support support of their family, friends, and others have less severe Postpartum depression symptoms (Bulduk et al., 2025). This highlights the importance of strong social connections in reducing the effects of PPD, especially for susceptible groups like young mothers, who are motivated to get SupportSupport from their family, partners, friends, and neighbors, keeping in mind their cultural background (Bulduk et al., 2025).

Mothers with postpartum depression show complex experiences that are shaped by emotional, physical, social, and environmental factors. Emotional struggles during Postpartum depression include feeling insecure, irritable, and having suicidal thoughts, often made complicated by physical symptoms like sleeplessness and tiredness. Socioeconomic issues, such as poverty and limited access to healthcare, further made these challenges more intense, as seen in studies involving poor mothers (Afrin et al., 2024) and those in incarcerated settings (Cunanan et al., 2024). However, using different coping methods, mothers show great strength, including dealing with their emotions, solving problems, and relying on their spiritual beliefs. The most important role of social support support in reducing Postpartum depression symptoms (Bulduk et al., 2025) emphasizes the need for accessible and culturally sensitive support systems. More research is needed to understand the effectiveness of different coping methods and support programs for mothers with Postpartum depression in various situations.

3. Research Methodology

This study followed a qualitative approach with an exploratory research design to better understand participants' lived experiences. The research was conducted in Islamabad, Pakistan, where participants were more easily accessible and cooperative. Data was collected through in-depth interviews and open-ended questionnaires, which were used for both mothers and families to allow flexibility based on participants' comfort and availability. In addition, focus group discussions were held with healthcare professionals to gather insights from a medical and professional perspective. A total of 30 participants took part in the study, including 12 women (mothers) aged 20–40 years, 12 individuals from families (including both male and female participants) aged 20–45 years, and 6 healthcare professionals aged 22–50 years. A non-random convenience sampling technique was used to select participants willing to share their experiences voluntarily. The data collected was analyzed using thematic analysis to identify recurring patterns and meaningful themes within the participant's responses.

4. Interpretations and Analysis

The research was designed to be qualitative and exploratory; thus, thematic analysis was employed to analyze the data.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Table 4.1: Overall Distribution of Themes Identified in the Lived Experiences of Mothers with Postpartum Depression

Themes	Overall Percentages of Each theme
Emotional Challenges of Mothers with Postpartum Depression	24.989%
Societal Expectations, Cultural Norms, and Stigma	25.01%
Healthcare and medical support for postpartum depression	24.99%
Recovery and Impact on Mother-Child Bonding	25.00%
Overall Percentages	99.89%

Table 4.1 shows the overall percentage distribution of postpartum themes, with nearly equal emphasis on Emotional Challenges (24.99%), Societal Expectations (25.01%), Healthcare Support (24.99%), and Recovery and Transformation (25.00%), reflecting a balanced presence of all key areas, suggesting all aspects are critically important in understanding and addressing Postpartum Depression.

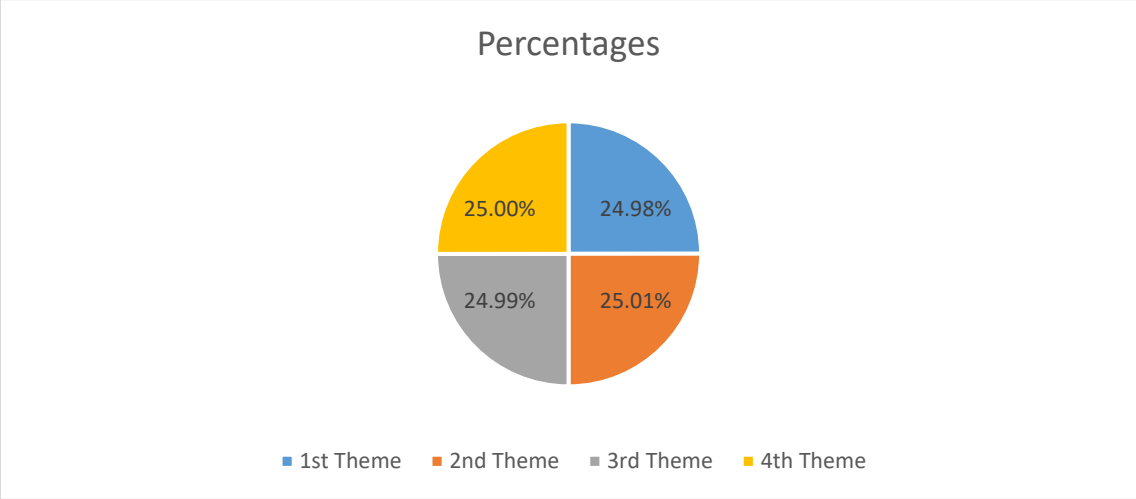

Figure 4.1: Pie Chart Representing Overall Distribution of Themes in the Lived Experiences of Mothers with Postpartum Depression

Table 4.2: Emotional Challenges of Mothers with Postpartum Depression

Themes	Societal Expectations, Cultural Norms, and Stigma			
Codes	Anxiety and Fear	Self-Harm Tendencies	Social Support (Family, Friends,)	Struggles with Breast feeding and Infant Care
Percentages	21.5%	3.1%	38.5%	36.9%
Overall Percentages	25.01%			

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Table 4.2 shows emotional challenges reported by mothers. Prominent themes include Overwhelming responsibility (20.9%), Isolation, and Pressure to be the 'Perfect Mother' (17.9%), In-Laws Expectations (14.9%) and comparison with other mothers (11.9%) highlighting deep emotional stress

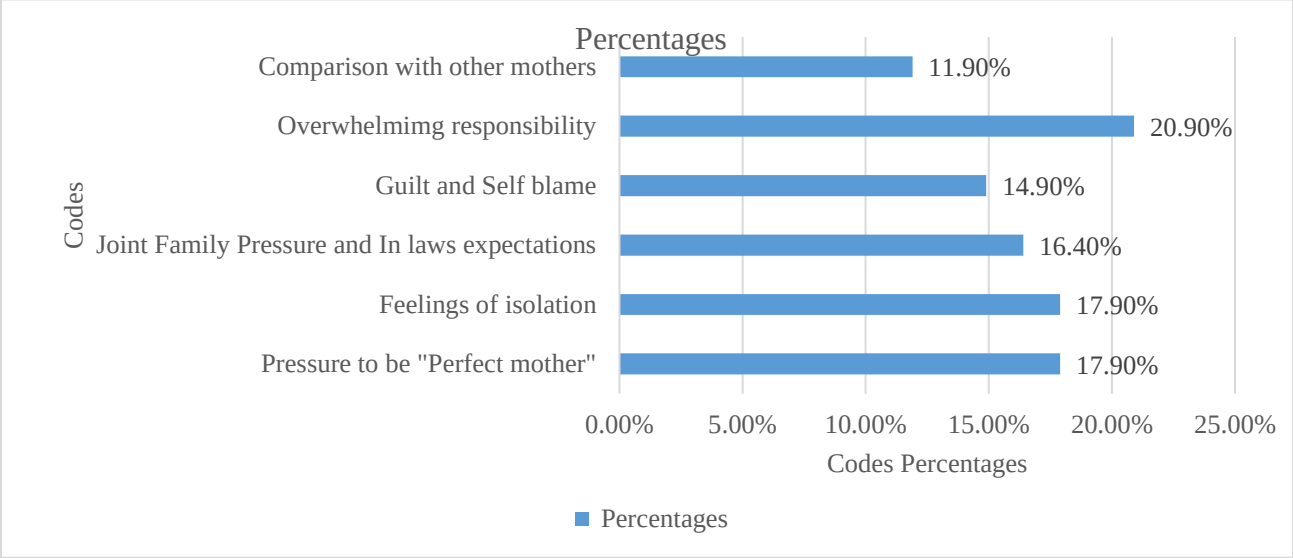

Figure 4.2: Emotional Challenges Faced by Mothers with Postpartum Depression

Table 4.3: Societal Expectations, Cultural Norms, and Stigma

Theme	Emotional Challenges of Mothers with Postpartum Depression					
Codes	Pressure to be the "Perfect Mother"	Feelings of Isolation	Joint Family Pressure & In-Laws Expectations	Guilt and Self-Blame	Over whelming Responsibility	Comparison with Other Mothers
Percentages	17.9%	17.9%	16.4%	14.9%	20.9%	11.9%
Overall Percentages	24.989%					

Table 4.3 outlines societal factors identified from family interviews. "Social Support (Family, Friends)" (38.5%) and "Struggles with Breastfeeding and Infant Care" (36.9%) were the most frequent themes. "Anxiety and Fear" (21.5%) and "Self-Harm Tendencies" (3.1%) were also noted. This underscores the impact of cultural norms and the role of social support.

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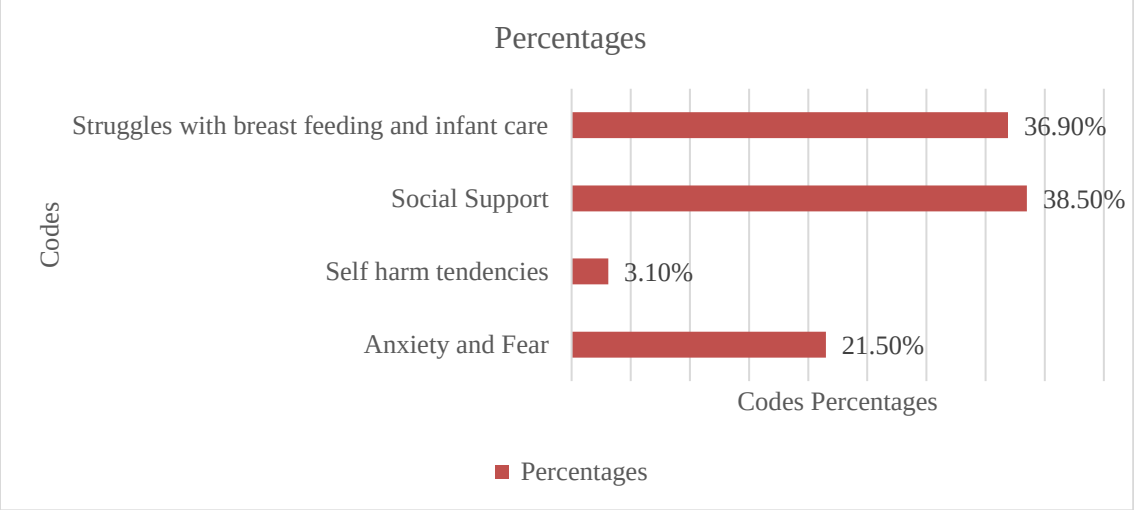

Figure 4.3: Societal Expectations, Cultural Norms, and Stigma

Table 4.4: Healthcare and medical support for postpartum depression

Theme	Healthcare and medical support for postpartum depression			
Codes	Access to professional help	Medication and treatment	Barriers to seeking care	Stigma Around Mental Health
Frequency	9	12	11	14
Percentages	19.5%	26.08%	23.9%	30.43%
Overall Percentages	24.991%			

Table 4.4 summarizes themes from psychiatrist focus groups regarding healthcare and medical support for postpartum depression. Major themes included "Stigma Around Mental Health" (30.43%) and "Barriers to Seeking Care" (23.9%). "Medication and Treatment" (26.08%) and "Access to Professional Help" (19.57%) were also discussed. These findings indicate notable challenges in postpartum mental healthcare.

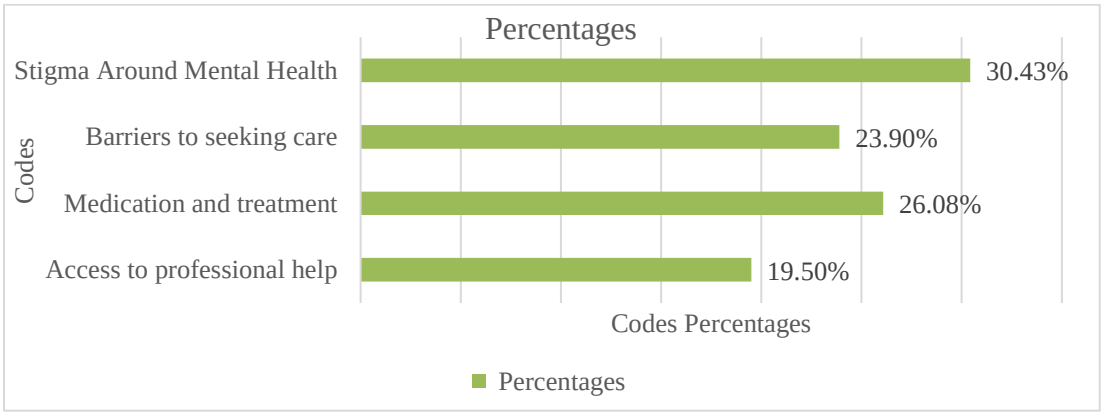

Figure 4.4: Healthcare and medical support for postpartum depression

Frontier in Medical & Health Research

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Table 4.5: Recovery and Impact on Mother-Child Bonding

Themes	Recovery and Impact on Mother-Child Bonding					
Codes	Therapy and counseling	Emotional healing	Rebuilding mother-child bond	Regaining self-identity	Avoiding baby interactions	Lack of affection
Frequency	10	13	6	8	7	10
Percentages	18.51%	24.07%	11.11%	14.81%	12.96%	18.51%
Overall Percentages	25.00%					

Table 4.5 presents themes of recovery and transformation from psychologist focus groups. "Emotional Healing" (24.07%) was the most frequent theme. Other significant aspects included "Therapy and Counseling" (18.5%), "Rebuilding Mother-Child Bond" (11.11%), "Regaining Self-Identity" (14.81%), and "Lack of Affection" (18.51%). These describe the diverse paths to recovery and challenges in mother and child bonding.

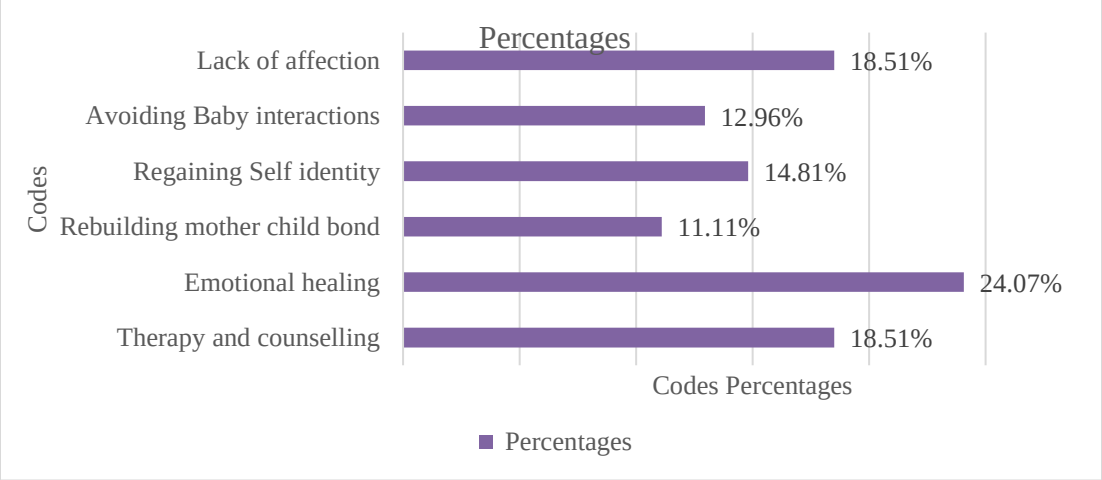

Figure 4.5: Recovery and Impact on Mother-Child Bonding

Figure 4.6: Extract (1) from Mother's Interview

Question: How did you feel about becoming a mother, and did your expectations match reality?
Answer: "I was excited and nervous at the same time. I imagined it would be magical, but the reality was far more exhausting and emotionally intense than I expected."

Question: Can you describe any feelings of pressure or expectations from family, friends, or society about being a "perfect mother"?
Answer: "Absolutely. Everyone has an opinion, about breastfeeding, sleeping routines, or even how often I hold the baby. It feels like I'm constantly being watched or judged."
Question: Have you felt isolated or

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disconnected from others since having your baby?
Answer: "Yes, especially in the early months. Friends without kids didn't understand what I was going through, and I barely had time to maintain social connections."
Question: How do you perceive the expectations of your in-laws or other family members regarding your role as a mother?
Answer: "My in-laws have certain expectations, but I try to see them as coming from a place of care and tradition. While they have their ways and opinions, they do show concern and try to help in their own way. I appreciate their involvement, even if I don't always follow their suggestions exactly."
Question: Have you experienced any pressure or criticism from your joint family regarding childcare or parenting decisions?
Answer: "Yes, but it often comes as "suggestions" that feel more like instructions. Sometimes, they mean well, but it can be overwhelming when every little decision is questioned—how I dress the baby or how long I let them nap. It makes me second-guess myself even when I feel confident."
Question: Do you often feel guilty or blame yourself for things related to your baby or parenting?
Answer: "Yes. I constantly wonder if I'm doing enough or if I did something wrong when the baby cries or falls sick. The guilt can be overwhelming."
Question: How do you compare yourself to other mothers, and do you feel like you're measuring up?
Answer: "I do compare, especially on social media. It's hard not to. I often feel like others have it more together, which makes me question myself."
Question: How do you manage caring for your baby, and do you feel overwhelmed?
Answer: "It's a juggling act. Some days I feel like I'm just surviving, not thriving. There are times I feel completely overwhelmed, especially when there's no break."
Question: Have you felt like losing your identity or sense of self since becoming a mother?
Answer: "Definitely. I sometimes don't recognize myself—my priorities, my time, even my body feel unfamiliar. I love my child, but I miss parts of who I was."
Question: Do you feel like you have a strong support system, or are you navigating motherhood alone?
Answer: "I'm grateful to have strong support from my husband. He's involved, understanding, and makes a real effort to share responsibilities. His support has made a big difference, especially during the most overwhelming moments. While others may not always be there emotionally, knowing he has my back helps me keep going."
Question: Have you sought help or talked to anyone about your feelings as a new mother?
Answer: "Yes, I've talked to my mother. She's been through it all, so speaking with her helped me feel understood and less alone. Her advice and reassurance have been comforting, especially when I've felt unsure or overwhelmed."
Question: Can you describe any emotional struggles you've faced since having your baby, such as anxiety, sadness, or mood swings?
Answer: "Yes, I've had days of intense sadness, unexplained crying, and anxiety about small things. Mood swings became a regular part of life for a while."
Question: How have your emotional experiences as a new mother impacted your relationships or daily life?
Answer: "It's affected my marriage, my friendships, even how I see myself. There's less patience, more stress, and a constant feeling of being "on." It's been a big adjustment."

Figure 4.7 Extract (2) from Family Interview

Question: Have you noticed any emotional or

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behavioral changes in the mother after childbirth? If yes, what kind?
Answer: "Yes, we noticed she became more irritated and quieter. She used to be cheerful, but after childbirth, she started getting angry over small things or just stayed silent for hours."
Question: Did she ever express sadness, fear, or being overwhelmed?
Answer: "Yes, many times she said she felt like everything was too much for her. At night, she would say she was scared and didn't know how she would manage everything. She thinks that she had a huge responsibility now."
Question: Have you seen signs of anxiety or panic in her behavior? What were they?
Answer: "Yes due to lack of energy she usually felt herself alone and helpless. Especially when it was about the baby, she felt panic and anxious. Sometimes she would suddenly start breathing fast or get restless."
Question: Has she ever mentioned feeling like a failure as a mother or not good enough?
Answer: "Yes, she often cried and said she wasn't a good mother. She compared herself with others and said she couldn't do things properly like other mothers."
Question: Did she ever isolate herself or avoid social interactions with friends or family after childbirth?
Answer: "Yes for few days after delivery she used to stay Alone and avoid social interaction. She stopped meeting guests and even close relatives. She would stay in her room most of the time and avoided talking to people, even during family gatherings."
Question: Have there been moments when she became unusually angry, irritable, or emotionally distant?
Answer: "Yes, she would get angry suddenly and then not talk to anyone for hours. Sometimes she wouldn't even respond when we asked her something."
Question: Did she ever express thoughts of harming herself or talk about not wanting to live?
Answer: "Yes, once or twice she said things like, 'Maybe it would be better if I wasn't here.' It scared us a lot, and we didn't know how to help her."
Question: How often did she cry without a clear reason, especially during the early months after delivery?
Answer: "Almost every other day. She would cry while feeding the baby or even while sitting alone. We asked her what was wrong, but she never gave a clear answer."
Question: Have you seen her struggling with breastfeeding or infant care that caused emotional distress?
Answer: "Yes, she had a lot of difficulty with breastfeeding. When the baby didn't feed properly, she would feel helpless and start crying, thinking she was doing something wrong."
Question: Did she ever express feeling unsupported or alone in her motherhood journey?
Answer: "she said many times that no one understands what she's going through. Even though we were around, she said she felt alone in everything."
Question: How did societal expectations (e.g., being a "perfect mother") affect her emotional state?
Answer: "She always felt pressure to be the ideal mother, like others in the family. She felt ashamed and blamed herself when she couldn't manage everything perfectly."
Question: What were the most common emotions she expressed about motherhood?
Answer: "Mostly sadness and tiredness. She said she loved her baby but didn't feel happy. She often said she felt lost."
Question: How did she react when she couldn't meet certain parenting or household expectations?
Answer: "She would get very upset and cry. She kept saying she had failed and that everyone must be disappointed in her."
Question: What kind of support did she seek or respond positively to during difficult emotional phases?
Answer: "She felt better when someone sat with her and just listened without judgment. Sometimes, when we helped with the baby or house chores, she seemed a bit relieved."

Figure 4.8 Extract (3) from Psychiatrist Interview

Question: What are the most common symptoms of PPD that you've observed in your practice?
Answer: "I've often seen overwhelming sadness, irritability, fatigue, and feelings of inadequacy as the most common symptoms of PPD."
Question: What are the key risk factors for

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developing PPD?
Answer: "A personal or family history of depression, lack of support, and birth complications are the biggest risk factors I notice."
Question: How can healthcare providers better support mothers with PPD?
Answer: "Listening without judgment and proactively screening for PPD can make a world of difference."
Question: What role can partners, family members, and friends play in supporting mothers with PPD?
Answer: "Partners and loved ones can help most by being present, patient, and encouraging mothers to seek help early."
Question: When do you refer mothers with PPD to specialized mental health services?
Answer: "I refer when symptoms persist, worsen, or interfere significantly with daily functioning and bonding."
Question: What preventative measures can be taken to reduce the risk of PPD?
Answer: "Education during pregnancy, building a support network, and early mental health check-ins are key."
Question: What areas of research or practice do you think are most important for improving healthcare support for PPD?
Answer: "I believe research into early identification and culturally sensitive care models is urgently needed."
Question: How does PPD affect a mother's relationship with her child, and what can be done to support their bond?
Answer: "PPD can blunt emotional connection, but with therapy and support, that bond can be gently rebuilt."
Question: What are the key differences between PPD and other postpartum mental health conditions?
Answer: "Unlike baby blues, PPD is more intense and lasts longer; it also differs from postpartum psychosis in severity and risk."
Question: What role do hormonal changes play in the development of PPD?
Answer: "Hormonal fluctuations can act as a trigger, but they often interact with psychosocial stressors."
Question: What are the benefits and risks of medication in treating PPD?
Answer: "Medications can be life-changing for some, though I always weigh benefits with potential effects on breastfeeding."
Question: How can healthcare providers balance the needs of the mother and baby when treating PPD?
Answer: "Collaborative care that includes both pediatric and maternal mental health perspectives is vital."
Question: What are the long-term effects of untreated PPD on mothers and their children?
Answer: "Untreated PPD can affect a child's emotional development and the mother's long-term well-being."
Question: What advice would you give to new mothers who are struggling with PPD?
Answer: "You're not alone, and seeking help is a brave and important first step there is healing ahead."

Figure 4.9 Extract (4) from Psychologist Interview

Question: How does postpartum depression affect the emotional bond between mother and child, and what role does emotional healing play in rebuilding this connection?
Answer: "PPD can create emotional distance, but healing through therapy helps mothers reconnect and rebuild trust with their babies."
Question: In what ways do therapy and counseling support mothers in regaining a sense of self-identity after experiencing postpartum depression?
Answer: "Therapy helps mothers rediscover who they are beyond motherhood, often reigniting self-worth and personal identity."
Question: How does postpartum depression impact the quality of family and child care, and how can recovery interventions transform these dynamics?
Answer: "PPD can strain caregiving quality, but with recovery, mothers often become more present, confident, and emotionally available."
Question: How do mothers describe their journey of transformation from emotional distress to stability after engaging in counseling or support programs?
Answer: "Many describe it as a gradual return to themselves—like "emerging from the fog" into clarity and confidence."
Question: What role do family members play in the mother's recovery process, and how can their involvement contribute to rebuilding healthy family

Frontier in Medical & Health Research

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and childcare structures?
Answer: "Family support offers emotional safety, which accelerates healing and restores healthier dynamics in the home."
Question: What specific behaviors indicate a mother's avoidance of interaction with her baby during postpartum depression?
Answer: "Avoidance can show as reduced eye contact, minimal verbal interaction, or reluctance to hold or comfort the baby."
Question: How does a lack of maternal affection during postpartum depression influence the baby's emotional and social development?
Answer: "A lack of affection may lead to attachment insecurity, affecting how the child relates to others later on."
Question: What are the emotional experiences of mothers who feel disconnected from their babies due to postpartum depression?
Answer: "Mothers often describe guilt, numbness, or feeling like they're "failing" despite trying their best."
Question: How do healthcare providers identify early signs of disrupted bonding between mothers and infants?
Answer: "We watch for disengagement, lack of emotional responsiveness, or delayed maternal reactions during checkups."
Question: What support systems or interventions help mothers re-engage emotionally and physically with their babies?
Answer: "Skin-to-skin contact, mother-infant bonding sessions, and parent-infant therapy help rekindle emotional closeness."
Question: In what ways does postpartum depression alter a mother's perception of her role and responsibilities in child care?
Answer: "PPD can distort a mother's view of herself, often leading to feelings of incompetence or emotional detachment from caregiving."

4.1 Discussions

The authoritative structure in which a male is dominant improves pressure on a new mother to freely play his role in controlling the family's responsibility when taking care of the baby (Mukhtar R et al., 2025). Many mothers with PPDs think that social expectations meet the ideal mother's role. As women try to balance their care and personal wells, this unrealistic standard leads to stress (Bhatti et al., 2024). This ideal maternity concept leads to long-term stress and emotional fatigue because there is little space for vulnerability or failure. Women who struggle to meet these expectations often recognize themselves as inappropriate and deepen their emotional riots (Mukhtar R et al., 2025). Mothers with PPDs often face an internalized pressure to play an ideal maternity role. This unrealistic expectation exacerbates inappropriate feelings, especially when you are fighting in relationships or treating children. This study pointed out that mothers often stress out when they recognize themselves as short as they are compared to good maternal social standards (Sridhar H et al., 2024). The lack of family support raised this burden, and mothers left their isolated state (Mukhtar R et al., 2025). Wine and self-approach are common among mothers with PPDs in Pakistan, often caused by cultural stigma and internalized public judgments (Bhatti et al., 2024).

For case, women are constantly criticized for giving birth to womanish children, leading to domestic disapprobation and violent tone- reproach (Mukhtar R et al., 2025). Matters with PPD frequently witness violent guilt and tone blame, particularly when they perceive themselves as failing to bond with their babies. The study notes that these passions are compounded by artistic spots girding internal health, discouraging open conversations about emotional struggles (Bhatti et al., 2024). This tone-blame was frequently compounded by fears of negatively impacting their child's development, similar to worries about passing on internal health issues or causing behavioral problems due to their emotional state (Sridhar H et al., 2024). The extended family structure, common in Pakistan, significantly impacts the mother's internal health. The lack of autonomy in decision-making, like feeding styles, childcare, or household liabilities, intensifies stress and passion for incompetence. In-laws' prospects to prioritize domestic harmony over particular well-being can discourage matters from expressing their requirements or seeking professional help (Mukhtar R et al., 2025). Women frequently face challenges over childcare practices, household duties, and indeed the gender of the invigorated, with in-laws occasionally assessing rigid prospects. This terrain

Frontier in Medical & Health Research

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fosters conflict and diminishes the mama's autonomy, enhancing passions of insulation and helplessness (Bhatti et al., 2024).

Pakistan's societal and artistic morals put unrealistic prospects on women to exceed as caregivers frequently without acceptable support. Postpartum depression (PPD) is frequently stigmatized, leading to underreporting and lack of treatment (Bhatti et al., 2024). This artistic pressure intensifies anxiety and fear as women struggle to meet societal ideals of motherhood (Mukhtar et al., 2025). Women who give birth to female children frequently face blame and reduced support from consorts and in-laws, worsening depressive symptoms. This gender bias is linked to advanced PPD rates in patriarchal societies (Bhatti et al., 2024). Painful breastfeeding, low milk force, and difficulty relating with babies are significant stressors (Pratiwi & Khoirunnisa, 2024). Lack of education about breastfeeding and postpartum care exacerbates these struggles, particularly in poor areas where healthcare access is limited (Mukhtar et al., 2025). A study in civic Pakistan set that 41.27 of women with PPD cited" lack of social support from misters" as a crucial factor (Bhatti et al., 2024).

Antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs), are commonly prescribed for postpartum depression (PPD). However, concerns about medication use during breastfeeding often deter mothers from adhering to treatment (Riaz et al., 2023). Cognitive Behavioral Therapy (CBT) and interpersonal therapy (IPT) are effective non-pharmacological treatments. These therapies address negative thought patterns and improve social support systems (Afrin et al., 2024). Screening tools like the Edinburgh Postnatal Depression Scale (EPDS) are critical for early detection. However, their implementation is inconsistent due to limited healthcare resources (Pratiwi & Khoirunnisa, 2024). Mental health stigma is pervasive, particularly in South Asia. Women fear being labeled mentally ill or unfit mothers, discouraging help-seeking (Riaz et al., 2023). In Dhaka's slums, mothers reported dismissal of their symptoms as normal hormonal changes (Afrin et al., 2024). In Pakistan and Bangladesh, patriarchal norms often prioritize male family members' decisions over women's health needs (Riaz et al., 2023). Clinics in Pakistan and Bangladesh prioritize physical health over mental health due to staff shortages (Afrin et al., 2024). Healthcare providers often lack the training to address PPD, leading to inadequate screening and referrals (Pratiwi & Khoirunnisa, 2024).

Spiritual practices that include prayer and listening to religious scholars were also highlighted as transformative for emotional regulation (Pratiwi & Khoirunnisa, 2024). PPD can disrupt mother-child bonding, but recovery often involves deliberate efforts to reconnect. It is found that mothers in Dhaka's slums struggled with bonding due to stress, societal pressures, and cultural norms, yet community support programs helped to reduce this. Recovery from PPD is a multifaceted process involving emotional healing strategies, relational repair, and regaining identity. Community support and spiritual and economic interventions are critical facilitators of transformation (Afrin et al., 2024). These findings highlight the need for multifaceted approaches to address and cope with PPD, combining medical, social, and systemic interventions.

5. Conclusion

The findings of this qualitative study explored the real-life experiences of mothers dealing with postpartum depression (PPD) and how they cope. We found that new moms with PPD face a lot of tough emotional and mental challenges, often made worse by all the big changes that come with having a baby (Reloj,2024). These challenges include feeling sad, anxious, tearful, irritable, blaming themselves, and isolated (Atuhaire et al., 2021). Some even have thoughts of harming themselves or committing suicide (Sridhar et al., 2024), while others experience physical symptoms like trouble sleeping, headaches, and low milk supply (Mohd Shukri et al., 2022). On top of that, stress at home, such as overwhelming chores and responsibilities, not having enough support, and money worries, can worsen these negative feelings (Mohd Shukri et al., 2022). A really tough situation is for incarcerated mothers with PPD, who struggle to get the healthcare they desperately need in prison, which hurts both them and their ability to be mothers (Cunanan et al., 2024).

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

The study also highlighted the many ways mothers cope with PPD. Many use emotion-focused coping (managing their feelings), problem-focused coping (dealing with the source of stress), and religious coping (Alshowkan et al., 2023). Interestingly, mothers over 40 and those with both sons and daughters tend to use more emotion-focused coping (Alshowkan et al., 2023). Other helpful strategies include spirituality, acceptance, professional therapy, medical treatment, and simply pushing through (Atuhaire et al., 2021). For milder "postpartum blues," moms often manage their emotions and make time for fun activities (Pratiwi & Khoirunnisa, 2024). It's also clear that strong support from partners, family, and friends, along with a stronger bond with their baby, helps reduce PPD symptoms (Bulduk et al., 2025). However, mothers who had a C-section might be more likely to avoid dealing with their feelings (Alshowkan et al., 2023).

5.1 Implications of Research

This research highlights the need for comprehensive support systems that understand and address the many challenges faced by mothers with PPD, including emotional, physical, and social. Healthcare providers, policymakers, and communities can create more effective and personalized help by understanding the coping strategies identified. This means providing accessible mental health services, boosting social support networks, and offering practical help to new mothers, especially those who are more vulnerable. Our findings reinforce that we need to talk openly about Postpartum depression and create a space where mothers feel comfortable seeking help without worrying about judgment or shame.

5.2 Recommendations for Future Research

For future studies, it would be great to explore how effective different coping methods are over a longer period and in different cultures and economic situations. Future work must also address gaps, such as the role of fathers and policymakers in supporting mothers with Postpartum depression. We could also dive deeper into the experiences of specific groups of mothers, like those from different ethnic backgrounds or those facing unique personal stresses, to get an even clearer picture of Postpartum depression and coping strategies. Long-term studies could track how Postpartum depression changes over time and how different treatments impact mothers, which would help us create even better practices for maternal mental healthcare.

REFERENCES

Gupta, A., Pajai, S., Gupta, A., Thakur, A. S., Muneeba, S., Batra, N., & Patel, D. J. (2024). In the shadows of motherhood: A comprehensive review of postpartum depression screening and intervention practices. Cureus, 16(2), Article e54245. https://doi.org/10.7759/cureus.54245

De Jesus, R. P., Delos Santos III, A., & Tiongaon, M. (2024). Struggling against internal turmoil: Exploring the lived realities of women who suffered from postpartum depression. Journal of Women's Healthcare & Midwifery Research, 3(3), 1-9. https://doi.org/10.47363/JWHMR/2024(3)118

Pratiwi, K., & Khoirunnisa, E. (2024). Maternal mental health: Study of coping strategies mothers with experiencing postpartum blues. Jurnal SMART Kebidanan, 11(1), 35-42. https://ojs.unkaha.com/ojsn/index.php/jskb

Afrin, R. A., Mithu, M. U., & Siddique, M. R. F. (2024). Exploring postpartum depression among mothers in Dhaka's slum areas: A qualitative study. International Journal for Multidisciplinary Research, 6(6). https://doi.org/10.36948/ijfmr.2024.v06i06.29463

Chechko, N., Losse, E., Frodl, T., & Nehls, S. (2023). Baby blues, premenstrual syndrome and postpartum affective disorders: Intersection of risk factors and reciprocal influences. BJPsych Open, 10(1), e3. https://doi.org/10.1192/bjo.2023.612

Pascual, F. A. P., Navarro, A. J. B., Mendoza, J. J., Chioco, E. M. P., Madayag, G. A. P. G., Mangulabnan, J. A., & Alday, C. L. (2025). Ina, Bakit Naaga? A lived experience of postpartum mothers with preterm infants. Proceedings Series on Health & Medical Sciences, https://doi.org/10.30595/pshms.v6i.1408

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Rohmah, Y., Fitrianur, W. L., Zuhroh, D. F., & Sari, D. J. E. (2024). The relationship between husband's support and coping with the occurrence of baby blues syndrome in postpartum mothers. Ahmar Metastasis Health Journal, 4(2), 24–27. http://journal.ahmareduc.or.id/index.php/AMHJ

Sridhar, H., Kishore, M. T., & Chandra, P. S. (2024). "Little by little, I started feeling I am unable to handle my child alone" – Lived experiences of mothers with postpartum depression and anxiety. Indian Journal of Psychiatry, 66(8), 704–713.

Riaz, N., Mahmood, H., Khan, J., Habib, M. F., Saeed, I., Minhas, A., Kazmi, S. F. Z., Saeed, M.,Khan, N., & Raisani, S. A. (2023). Association of postpartum depression with social support: Across-sectional study in a hospital setting of Rawalpindi-Islamabad, Pakistan. Pakistan Journal of Health Sciences, 4(06), 02–07. https://doi.org/10.54393/pjhs.v4i06.818

Jiaming, W., Xin, G., Jiajia, D., Junjie, P., Xue, H., Yunchuan, L., & Yuanfang, W. (2024). Psychological experience of patients with postpartum depression: A qualitative meta-synthesis. PloS one, 19(11), e0312996. DOI: 10.1371/journal.pone.0312996

Kayani, H. W., Irum, S., Hussain, A. K., Faiza, M., Majeed, A., & Nasarullah, A. (2025). Pakistani women's postpartum depression prevalence and cultural barriers. Contemporary Journal of Social Science Review, 3(1), 134–135. https://doi.org/10.59657/2997-6103.brs.25.042

Dartey, A. F., Lotse, C. W., Tackie, V., Aggrey, B., Kyerewaah, E. A., Abu, P., & Anaman, E. S. (2024). A phenomenological study on the experiences of women suffering from postpartum depression in the Ho Municipality, Ghana. SAGE Open, 6(3), 1-11. https://doi.org/10.1177/21582440241271928

Mukhtar, R., Zil E-Huma, Mohammad, N., Maqsood, M., Majeed, F., Azra, B., Urooj, T., & Iram, A. (2025). Breaking the silence: Postpartum anxiety and depression among married women in Pakistan. International Journal of Biomedical and Clinical Research, 3(1). https://doi.org/10.59657/2997-6103.brs.25.042

Abdollahi, F., Zarghami, M., & Lye, M. S. (2019). A Comparison of the Prevalence and Related Risk Factors for Post-Partum Depression in Urban and Rural Areas. Iran J Psychiatry Behav Sci., 13(2):e62558. https://doi.org/10.5812/ijpbs.62558

Atuhaire, C., Rukundo, G. Z., Brennaman, L., Cumber, S. N., & Nambozi, G. (2021). Lived experiences of Ugandan women who had recovered from a clinical diagnosis of postpartum depression: a phenomenological study. BMC Pregnancy and Childbirth, 21(1), 826. https://doi.org/10.1186/s12884-021-04287-2

Bulduk, M., Can, E. K., Can, V., & Ayşin, N. (2025). The relationship between social support and maternal attachment of adolescent mothers and postpartum depression in Turkey. BMC Pregnancy and Childbirth, 25(1), 603. https://doi.org/10.1186/s12884-025-07703-z

Cunanan, M. S., De Jesus, R. P., Carbonell, D. B., Pacetes, A. V. C., & Santillan, R. P. (2024). Custodial Shadows: Lived Experiences of Postpartum Mothers Deprived of Liberty. Journal of Womens Healthcare & Midwifery Research, 5(2), 1-13.

Mohd Shukri, N. H., Senjaya, O., Zainudin, Z., Mohamed, M., & Abdullah, F. I. S. (2022). The Associations of Breastfeeding and Postnatal Experiences With Postpartum Depression Among Mothers of Hospitalized Infants in Tertiary Hospitals. Cureus, 14(9), e29425. https://doi.org/10.7759/cureus.29425

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Reloj, J. P. D. R. (2024). The Lived Experiences of Single Mothers After Childbirth: Postpartum Depression (PPD) Stories. Diversitas Journal, 9(1), 268-288. https://diversitasjournal.com.br/diversitas_journal