



Solace in Melancholia: Lived Experiences of Early Adult Women Manifesting Postpartum Depression in CAMANAVA

¹Cipriano, Trixia Marie Q.; ²Bradecina, Lindzy Mae T.; ³Dela Rosa, Gem M.

^{1,2,3}Researchers, Manila Central University

INTRODUCTION

Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus (Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2017). This refers to a point in a woman's life where she appreciates the essence of being a woman – having the ability to conceive. Furthermore, this event involves a series of sentiments for an individual that encompasses the bundle of joy of having a newborn. However, pregnancy and the period after childbirth can be a vulnerable time for women (American Psychiatric Association, 2022). During this span, many mothers experience profound physiological, emotional, financial, and social changes. Some women are considered to be at an increased risk of developing mental health problems such as depression and anxiety (American Psychiatric Association, 2022).

After parturition, a woman's hormone levels drop which directly influence her mood. An addition of societal expectations and stressors contribute to the fluctuations of mood changes. This situation is referred to as having “baby blues”. It is defined as a short-lasting condition that commonly does not interfere with activities of daily living and an instance that does not require medical and urgent attention (American Psychiatric Association, 2022). Approximately 70% of new mothers experience this condition that involves symptoms such as crying for no reason, irritability, restlessness, and anxiety (American Psychiatric Association 2022). These symptoms, typically, last for about a week or two and generally resolve on their own without treatment.

On the contrary, the American Psychological Association (2008), mentioned that 1 in 7 women experience a more serious mood disorder - postpartum depression. It can last for months and even for years after childbirth and it doesn't go away on its own. Therefore, Postpartum depression (PPD) needs medical treatment. This condition also affects any woman which includes, but not limited to, women with easy or problem pregnancies, first-time mothers (primigravida) and mothers with multiple children (multigravida), married and single women, and regardless of income, age, race, or ethnicity, culture, and education.

In 2004, it was estimated that there were 126,826 cases of postpartum depression (PPD) in the Philippines. However, depression begins in the postpartum period and has been shown to lead to continued depression after one year and even behavioral problems in the child. Extremely little research has been done on the development and prevention of this disorder (Habana, M. and Santiago, M., 2020). Additionally, there is a scarcity of data in the form of statistics pertaining to the prevalence of postpartum depression (PPD) among women in rural parts of the Philippines. Only one study has investigated the prevalence of postpartum depression (PPD) among Filipino mothers. This study discovered that out of 115 women who were evaluated for PPD, 26 (22.61%) scored higher than the cut-off score of 10 in the EPDS (D'Souza, M. et al., 2019).

Although there are numerous studies conducted related to this condition, there is limited study on the phenomenological landscape of postpartum depression. Therefore, this gap in knowledge should be filled by seeking extensive insight and interpretation from a plurality of perspectives on this disorder through the exploration of the lived experiences of women with postpartum depression (Samantha Johnson, Simon Adam & Michele McIntosh, 2020).

Furthermore, there is an abundance of information regarding postpartum mood disturbance available. However, readings about the condition in non-Western settings are limited. Current records on the status of postpartum mood disturbance in the Philippines are even more inadequate (Ria Valerie D. Cabanes, MAN, RN, 2019). Another inclusion to note is that despite the existence of traditional, psychosocial, and physical intervention, there have been few women with PPD seeking professional help. Therefore, there is a significant gap in the awareness of the occurrence of postpartum depression among women. (Xichenhui Qiu, Ting Li, Qiyu Fang, Lingling Huang and Xujuan Zheng, 2022). Nevertheless, a significant gap was found related to postpartum depression among early adult women in the Philippine context.

METHOD

Study participants were early adult women residing in CAMANAVA. Sample and sampling design include snowballing technique and study participants must meet the following criteria namely: Early Adult women belonging to aged 22-40 years old, within mild levels and an interpretation of 7-13: moderate depression using the Edinburgh Perinatal/Postnatal Depression Scale, residing in CAMANAVA, physically and psychologically willing to participate

through face-to-face interviews. A total of six participants participated in the study. Data collection was conducted through a face-to-face interview and guided by an aide mémoire. Data saturation was noted in the data collection process. Colaizzi's method were utilized to analyze the data. Verification procedures were conducted through member checking and a critical friend to increase the study's rigor. To ensure the study's credibility, reflexivity, bracketing, horizontalization, and resonance were observed.

FINDINGS

The data gathered from the study regarding the lived experiences of early adults manifesting postpartum depression formulated four (4) themes, with two (2) sub themes each on the third and fourth theme: *Withdrawal from the society & norms*, *Family as a positive driving force*, *Dimension in physical and emotional well-being* with two (2) sub themes; *mental upshot and physical out turn*, and the fourth theme, *Two facets of coping mechanism* and its two (2) sub themes; *deciding to maintain balance and projection of emotions towards the other*. These themes are centered on the diverse lived experiences of the participants as they navigate through their postpartum depression symptoms. The findings highlight the participants' various struggles, including both physical and emotional anguish, the value of a support system, the mental and physical effects of postpartum depression, and each participant's optimistic perspective despite emotional weariness at the height of their condition.

Withdrawal from the Society & Norms. The study participants expressed how they kept back from enhancing their interpersonal relationships. In a way, their internal perceptions affected how they interact with the people around them such as their relatives and neighbors. Fears of being judged as inadequate mothers made it difficult for women to make authentic connections with others or to express negative feelings, increasing isolation and depression (Taylor, B. et al., 2021). Additionally, in the study conducted by Adlington et al.(2023), many women felt that they would be viewed as a bad mother that made them hide symptoms of mental health issues and often lead to self-isolation and withdrawal in return. Moreover, a sense of emotional disconnection after giving birth was observed, detachment from their previous lives before getting pregnant along with disengagement from other mothers. Furthermore, the prevalence of loneliness ranged from 32% to 100% and was found to be experienced alongside parenting difficulties, with parents feeling as if they were alone with their struggles (Kent-Maverick, J., Simonsen, S., Pentecost, R., Taylor, E., & McFarland, M., 2022).

Family as a driving force. Participants in the study expressed their feelings toward the people who served as their pillars of support as they battled their condition. The study participants frequently referred to their families as their greatest source of support; some even said that whenever they were having difficulty, they would think of their family, which encouraged them to continue to strive. There is substantial evidence that persons with more social support than those with less social support have better mental health. Results indicate that postpartum depression occurs less frequently when a mother has a larger social network. In order to prevent postpartum depression, it is recommended that the family be made aware of the crucial role that social support plays in every aspect of health care in order to prevent postpartum depression. (Vaezi, A. et al., 2018). The study participants' support system gave them the motivation to continue with their lives in spite of the difficulties they encountered after giving birth.

Dimension in Physical and Emotional Well-being. With the rapid decline of hormones in the body after birth, the emotional well-being of women are highly influenced. Women often feel changes in their mood and emotional responses. One study observed the experiences of postpartum mothers and synthesized findings among it. They were able to develop that a) The ambivalent feelings depressed mothers experience towards their babies, partners and in-laws cause distress and suffering; b) Depressed mothers experience anger and despair if they perceive imbalances between their support needs and the support they get from healthcare providers and significant others; and c) Depressed mothers experience hopelessness and helplessness resulting from their new-found motherhood and financial worries (Arja H., & Tuovi, H., 2019). Their physical well-being are also compromised in relation to how they utilize their emotions with how they perceive things and respond to day-to-day stimuli. Physical outturn is a mirror of their emotional exhaustion. Moreover, a study found that depressed mothers scored lower in the 36-items Short Form Health Survey (Sf-36) that assessed their physical functioning and role limitations due to physical health, body pains, and general perceptions of health. However, it also clarified that the severity of depressed mood is not associated with a worse physical health status, whereas a worse aerobic capacity can be a significant independent contributor to physical health status (Da Costa, D. et al., 2006).

Two facets of Coping Mechanism. The participants were able to focus on both constructive and destructive coping strategies while they battled to survive. Positive coping involves undertaking domestic duties and seeking solace to their support system, while negative coping involves directing emotions onto close relationships and children, which can lead to erratic emotional swings. Several studies have shown that spouse and familial relationship play an important role in helping women cope with stress and adopt positive health practices, which can improve maternal health (Pebryatie, E. et al., 2022).

With regard to the implication of the theme of *Withdrawal From Society and Norms*, an overly analytical and stressful mindset would make the mother feel isolated and cut off from society, which could eventually lead them to further isolate themselves—not just from those outside their home but also from their close relationships. The mother's physical, emotional, and mental health may suffer greatly if the pressures, negative thinking, and self-perception keep recurring. Given this, the moms must be assured of receiving ongoing psychological and emotional assistance as they deal with postpartum. Barangay health facilities that provide for the needs of postpartum moms as they adjust to life after giving birth may provide these supports. Additionally, the health facility needs to educate mothers about these situations and prepare them while they are still pregnant. To help the families of each mother understand why postpartum women experience mood swings and fatigue easily, they could additionally create a health teaching for each mother's family. In order to examine postpartum women' needs and everyday lives and to ensure that they were managing well despite the challenges, the staff from the barangay health centers may also check on their lives by making house visits. In the second theme entitled *family as a driving force*, It might be inferred that the family, which serves as an essential source of support, has a significant impact on how postpartum mothers manage their lives after giving birth. Early postpartum is a critical phase as it can result in a variety of mental health issues. Childbirth-related mental health complications

can have a significant effect on the entire family, with grave consequences for both parents and the newborn (e.g., difficulty bonding with the baby and starting breastfeeding, sleep and developmental problems for the child, and issues in couple relationships). Social support is a reciprocal exchange of goods or services between at least two people with the goal of enhancing the mental and physical well-being of the person receiving it. In the postpartum period, both formal and informal social support are protective factors. On one hand, social support is inversely connected with postpartum anxiety and depression and, when considered sufficient, moderates stress in parents. Social support enhances parental self-efficacy and security while facilitating bonding with the child. On the other hand, emergency visits following discharge are adversely correlated with a lack of social support. An emergency visit is more likely to occur the less help there is. Paternal negative feelings and psychological anguish were a result of a lack of support during the postpartum period (Horsch, A. et. al., 2022).

The third topic, titled "*Dimensions in Physical and Emotional Well-Being*," makes the assumption that postpartum mothers must endure mental distress and unfavorable physical effects. Preventive measures must be offered to postpartum women since, as was said in the preceding theme, they worry about a variety of pressures as they deal with postpartum. Mothers go through a variety of physical and psychological changes after giving birth. A mother's bond with her child may be significantly impacted if she is going through emotional and physical difficulties. Mothers frequently experience physical issues like rapid hormonal changes, lactation issues, postpartum pain, pain in the episiotomy region, and extreme fatigue during the postpartum period, which generally refers to the first six weeks following delivery. They also frequently experience psychological concerns like the stress of caring for a newborn and strain related to their new maternal role. The quality of life for moms is significantly impacted by these issues. Mothers may find it challenging to accept their maternal role if postpartum health issues continue. Hill and Aldag (2007) found that physical health issues such postpartum exhaustion, perineal pain, back pain, and hemorrhoids, which medical practitioners had not previously taken seriously, might have disastrous repercussions on mothers' lives. Mothers' physical and mental health are intertwined. Early postpartum maternal fatigue has a major negative impact on mothers' quality of life and is closely associated with postpartum depression. Mothers who report moderate-to-severe exhaustion, headaches, or nausea also tend to have a somewhat poor mental health status. Functional limits, depressive symptoms, and mental health issues are consistently linked to physical health issues. Additionally, mothers with a variety of physical health issues were shown to still have severe depression symptoms three months after giving birth, indicating a connection between emotional and physical health (Park, J. and Bang, K.S., 2022).

The fourth theme entitled "*Two facets of coping mechanism*" implies that while experiencing emotional turmoil and unfavorable physical effects, postpartum mothers have different ways of coping. Some postpartum mothers may have a healthy coping mechanism, such as doing household chores, in order to distract themselves from overthinking. On the other hand, some may have a negative coping mechanism, such as having fights with their partners. Avoidance as a coping strategy is more likely used by people with depression. According to Azale et al., (2018), associated with less severe symptoms are having emotion-focused and problem solving coping strategies, whereas, strongly associated with more impairment in functioning is venting emotions as their dysfunctional strategy. Additionally, in a study by Walker and Murry (2022) seven stressors were identified: overload, working mother concerns, isolated motherhood, limited supportive resources, exhaustion, parenting demands, and changes in body and sexuality. Among these stressors, coping strategies were also identified such as taking time alone or with others, managing emotions and thoughts, and maintaining a manageable workload. Thus, the importance of family support and encouragement during this time is essential in helping mothers rise above their condition. Their partners should be a part of the team to manage excess workload and stressors at home. Aside from the internal support system, external assistance from the community along with public health policies are needed in order to fully prepare and support women during the challenges that they encounter in their first postpartum year.

CONCLUSIONS

Based on the data that were evaluated and interpreted from the study, the following results were drawn, which led to the generation of four (4) main conclusions:

- a.) Postpartum women began to withdraw from society because of the severe stress that the postpartum period brought on,
- b.) Family's emotional, social, and physical support would help postpartum women cope and transition more effectively and would additionally include empowerment to strive during the postpartum time,
- c.) Their physical state reflects their level of emotional weariness, hence, if postpartum women were unable to cope, it would lead to burnout,
- d.) Postpartum women were able to concentrate on both healthy and unhealthy coping mechanisms while they struggled with everyday life.

REFERENCES

- About Pregnancy*. (2017). Eunice Kennedy Shriver National Institute of Child Health and Human Development. <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo#>
- Adlington, K., Vasquez, C., Pearce, E. et al. (2023). 'Just snap out of it' – the experience of loneliness in women with perinatal depression: a Meta-synthesis of qualitative studies. doi.org/10.1186/s12888-023-04532-2
- Akwa, A. (2015). *What is the Importance of Educating Women on Postpartum Depression?*

https://sophia.stkate.edu/msw_papers/420

Alba B.M. CE: Postpartum Depression: A Nurse's Guide. *Am. J. Nurs.* 2021;121:32–43. <https://doi.org/10.1097/01.NAJ.0000756516.95992.8e>.

Allen, M. (2018, December 19). *The SAGE encyclopedia of communication research methods*. SAGE Research Methods. <https://methods.sagepub.com/reference/the-sage-encyclopedia-of-communication-research-methods/i2620.xml>

American Psychiatric Association. (2020). *What is Peripartum Depression (formerly Postpartum)?* <https://psychiatry.org/patients-families/peripartum-depression/what-is-peripartum-depression>

American Psychological Association. (2008). *What is postpartum depression and anxiety?* <https://www.apa.org>. <https://www.apa.org/pi/women/resources/reports/postpartum-depression>

American Psychological Association. (n.d.). *Depression*. <https://www.apa.org>. <https://www.apa.org/topics/depression>

Banker, J. E., & Goldenson, D. (2023). *Clinical Application of Narrative Therapy in the Treatment of Perinatal Mood and Anxiety Disorder*. doi.org/10.1177/10664807221147023.

Barber, C.C., Middlemiss, W., & Medvedev, O. N. (2022). *Applying Rasch methodology to examine and enhance precision of the Edinburgh Postnatal Depression Scale*. doi.org/10.1016/j.jad.2022.04.009.

Barrow, J. M., Brannan, G. D., & Khandhar, P. B. (2022, September 18). *Research ethics*. National Center for Biotechnology Information. <https://www.ncbi.nlm.nih.gov/books/NBK459281/>

Bhandari, P. (2022, May 7). *Ethical considerations in research | Types & examples*. Scribbr. <https://www.scribbr.com/methodology/research-ethics/>

Bick, D. & Howard, L. (2014) *When should women be screened for postnatal depression?*

Expert Review of Neurotherapeutics, 10:2, 151-154. doi.org/10.1586/ern.09.156

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016, June). *Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation?*

https://www.researchgate.net/publication/304356584_Member_Checking_A_Tool_to_Enhance_Trustworthiness_or_Merely_a_Nod_to_Validation

Cabanes, R. (2019). *Mental health promotion program to enhance maternal adjustment among postpartum women*. <https://library.uerm.edu.ph/kohaimages/UERM/repository/Health%20Sciences%20Journal/Vol8%20No1%20January-June%202019/HSJ%20vol.8no.1%202019-63-71.pdf>

Carberg, J. (2023). *Statistics on Postpartum Depression*. <https://www.postpartumdepression.org/resources/statistics/>

Causal Inference. (2019). *What is a Cause?*

https://sphweb.bumc.bu.edu/otlt/mph-modules/ep/ep713_causality/ep713_causality3.html#:~:text=Risk%20Factors%20versus%20Causes,includes%20surrogates%20for%20underlying%20causes.

Cherry, K. (2020). *What Is the Edinburgh Postnatal Depression Scale (EPDS)?* <https://www.verywellmind.com/edinburgh-postnatal-depression-scale-5086799>

Cresswell, J. W. (2007). *Five Qualitative Approaches to Inquiry*. https://www.sxf.uevora.pt/wp-content/uploads/2013/03/Creswell_2007.pdf

Cox, J. (2019). *Thirty years with the Edinburgh Postnatal Depression Scale: Voices from the past and recommendations for the future*. doi:10.1192/bjp.2018.245

Da Costa, D., Dritsa, M., Rippen, N., Lowensteyn, I., & Khalifé, S. (2006). *Health-related quality of life in postpartum depressed women*. doi.org/10.1007/s00737-005-0108-6.

Deakin University. (2022, July 4). *LibGuides: Qualitative study design: Phenomenology*. <https://deakin.libguides.com/qualitative-study-designs/phenomenology>

De Sousa Machado, T., Chur-Hansen, A., & Due, C. (2020). *First-time mothers' perceptions of social support: Recommendations for best practice*. doi.org/10.1177/2055102919898611

Definition of experience. (n.d.). Dictionary by Merriam-Webster. <https://www.merriam-webster.com/dictionary/experience>

DeJonckheere M. & Vaughn, L.M. (2019). *Semistructured interviewing in primary care research: a balance of relationship and rigour*. Family Medicine and Community Health. doi: 10.1136/fmch-2018-000057

Dodgson, J. (2019, March 8). *Reflexivity in Qualitative Research*. SAGE Journals. <https://journals.sagepub.com/doi/abs/10.1177/0890334419830990>

Duran, E., Dang, D., & Ogburn, T. (2021). *Comparing trends of postpartum depression screening scores during and before the COVID19 pandemic*. ScholarWorks @ UTRGV. <https://scholarworks.utrgv.edu/cgi/viewcontent.cgi?article=1031&context=som9331>

- Edinburgh postnatal depression scale (EPDS). (2022.). Perinatal Services BC. [https://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-\(epds\)](https://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-(epds))
- Experience definition & meaning | Britannica dictionary. (2022). Encyclopedia Britannica. <https://www.britannica.com/dictionary/experience>
- Felman, A. (2018). *Why do signs and symptoms matter?* <https://www.medicalnewstoday.com/articles/161858>
- Filho, N., Lessa, I., Magalhaes, L., Araujo, M., Aquino, E., James, S., & Kawachi, I. (2004, October). *Social inequality and depressive disorders in Bahia, Brazil: Interactions of gender, ethnicity, and social class*. PubMed. <https://pubmed.ncbi.nlm.nih.gov/15246165/>
- Gjerdingen, D., Fontaine, P., Crow, S., McGovern, P., Center, B., & Miner, M. (2009). *Predictors of mothers' postpartum body dissatisfaction*. doi.org/10.1080/03630240903423998.
- Good Therapy. (n.d.) *Coping Mechanisms*. <https://www.goodtherapy.org/blog/psychpedia/coping-mechanisms>.
- Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017, February). *Cities and mental health*. PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5374256/>
- Gurr, D., & Huerta, M. (2007). *The Role of the Critical Friend in Leadership and School Improvement*. *Procedia - Social and Behavioral Sciences*, 106, 3084-3090. <https://doi.org/10.1016/j.sbspro.2013.12.356>
- Gutierrez-Zotes, A., Labad, J., Martín-Santos, R., García-Esteve, L., Gelabert, E., Jover, M., ..., Sanjuan, J. (2016). *Coping strategies for postpartum depression: a multi-centric study of 1626 women*. doi.org/10.1007/s00737-015-0581-5.
- Holopainen, A. & Hakulinen, T. (2019). *New parents' experiences of postpartum depression: a systematic review of qualitative evidence*. doi.org/10.11124/IBISIRIR-2017-003909.
- In, J. (2017, November 14). *Introduction of a pilot study*. PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5716817/>
- Johnson, S., Adam, S., & McIntosh, M. (2020). *The lived experience of postpartum depression: A review of the literature*. Taylor & Francis. <https://www.tandfonline.com/doi/abs/10.1080/01612840.2019.1688437?journalCode=imhn20>
- Kappel, J., Webb, L., & Wilson, M. (2019). *Does exercise improve postpartum depression symptoms?* doi.org/10.1097/EBP.0000000000000211
- Kent-Marvick, J., Simonsen, S., Pentecost, R. et al. (2022). *Loneliness in pregnant and postpartum people and parents of children aged 5 years or younger: a scoping review*. doi.org/10.1186/s13643-022-02065-5
- Kim, T.H., Connolly, J.A., & Tamim, H. (2014). *The effect of social support around pregnancy on postpartum depression among Canadian teen mothers and adult mothers in the maternity experiences survey*. doi.org/10.1186/1471-2393-14-162
- Kolb, S. M., & Hanley-Maxwell, C. (2003). Critical social skills for adolescents with high incidence disabilities: Parental perspectives. *Exceptional Children*, 69(2), 163-179. <https://doi.org/10.1177/001440290306900203>
- Kołomańska-Bogucka, D., & Mazur-Bialy, A.I. (2019). *Physical Activity and the Occurrence of Postnatal Depression-A Systematic Review*. doi.org/10.3390/medicina55090560.
- Labrague, L. J., McEnroe-Petitte, D., Tsaras, K., Yboa, B. C., Rosales, R. A., Tizon, M. M., & D'souza, M. S. (2020). Predictors of postpartum depression and the utilization of postpartum depression services in rural areas in the Philippines. *Perspectives in psychiatric care*, 56(2), 308–315. <https://doi.org/10.1111/ppc.12428>
- Lawal, S., Lawal, F., Chidi-Nebo, A., & Ogunniyi, A. (2022). "Omugwo" – preventing and managing postpartum depression. Africa Health - Home of practical and relevant health information. https://africa-health.com/wp-content/uploads/2022/05/AH-2022-04-10-PPD.pdf?fbclid=IwAR3RGpVe7hJOrzyArxH9U7SyQfMimq2j1CcW1FzXy3_heuM71L6oWEurp4E
- Lewis, B.A., Schuver, K., Dunsiger, S. et al. (2021). *Randomized trial examining the effect of exercise and wellness interventions on preventing postpartum depression and perceived stress*. doi.org/10.1186/s12884-021-04257-8
- Lilja, G., Edhborg, M., & Nissen, E. (2012). *Depressive mood in women at childbirth predicts their mood and relationship with infant and partner during the first year postpartum*. doi.org/10.1111/j.1471-6712.2011.00925.x.
- Liva, S.J., Hall, W.A., & Oliffe, J. (2021). *Reconciling relationships with physical activity: a qualitative study of women's postnatal physical activity decision-making*. doi.org/10.1186/s12884-020-03537-z
- Malmqvist, J., Hellberg, K., Möllås, G., Rose, R., & Shevlin, M. (2019, September 25). *Conducting the Pilot Study: A Neglected Part of the Research Process? Methodological Findings Supporting the Importance of Piloting in Qualitative Research Studies*. SAGE Journals. <https://journals.sagepub.com/doi/full/10.1177/1609406919878341>

- Martinez, A. B., Co, M., Lao, J., & Brown, J. S. (2020, August 20). *Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review*. PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7578164/>
- Maxwell, D., Robinson, S. R., & Rogers, K. (2018). *"I keep it to myself": A qualitative meta-interpretive synthesis of experiences of postpartum depression among marginalised women*. John Wiley & Sons. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/hsc.12645>
- Mental Health & Wellness. (n.d.) *Top 5 Reasons to Consult with a Mental Health Professional*. <https://www.urmc.rochester.edu/mental-health-wellness/seek-help.aspx>.
- Mughal, S., Azhar, Y., & Siddiqui, W. (2022). *Postpartum Depression*. <https://www.ncbi.nlm.nih.gov/books/NBK519070/>
- National Cancer Institute. (n.d.) *Dictionary of Cancer Terms*. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/risk-factor>
- NCI Dictionary of cancer terms. (n.d.). National Cancer Institute. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/postpartum>
- Nemour's Kids Health. (2020). *Postpartum depression*. Nemours KidsHealth. <https://kidshealth.org/en/parents/ppd.html>
- Park, J. & Bang, K.S. (2022). *The physical and emotional health of South Korean mothers of preterm infants in the early postpartum period: a descriptive correlational study*. doi.org/10.4094/chnr.2022.28.2.103.
- Pebryatie, E., Paek, S.C., Sherer, P., & Meemon, N. (2022). *Associations Between Spousal Relationship, Husband Involvement, and Postpartum Depression Among Postpartum Mothers in West Java, Indonesia*. doi.org/10.1177/21501319221088355.
- Philippine Statistics Authority. (2022, June 30). *Quickstat: Valenzuela city (June 2022 issue)*. Philippine Statistics Authority National Capital Region | Solid, Responsive, World Class. <https://rsoncr.psa.gov.ph/article/quickstat-valenzuela-city-june-2022-issue>
- Philippine Statistics Authority. (2022, June 30). *Quickstat: Navotas city (June 2022 issue)*. Philippine Statistics Authority National Capital Region | Solid, Responsive, World Class. <https://rsoncr.psa.gov.ph/article/quickstat-navotas-city-june-2022-issue>
- Puswati, D., & Suci, A. (2019). *The Relationship of Husband Role on Psychological Adaptation Levels of Postpartum Mother in Camar1 Arifin Achmad Hospital Riau Province*. doi.org/10.18502/kl.v4i10.3834.
- Puyat, J. H., Conaco, M. G., Natividad, J., & Banal, M. (2021, January). *Depressive symptoms among young adults in the Philippines: Results from a nationwide cross-sectional survey*. Science Direct. <https://www.sciencedirect.com/science/article/pii/S2666915320300731>
- Qi, W., Liu, Y., Lv, H. et al. (2022). *Effects of family relationship and social support on the mental health of Chinese postpartum women*. doi.org/10.1186/s12884-022-04392-w
- Qiu, X. (2022). *Online and Offline Intervention for the Prevention of Postpartum Depression among Rural-to-Urban Floating Women: Study Protocol for a Randomized Control Trial*. MDPI. <https://www.mdpi.com/1660-4601/19/13/7951>
- Quickstat: Caloocan city (June 2022 issue)*. (2022, June 30). Philippine Statistics Authority National Capital Region | Solid, Responsive, World Class. <https://rsoncr.psa.gov.ph/article/quickstat-caloocan-city-june-2022-issue-1>
- Quickstat: Malabon city (June 2022 issue)*. (2022, June 30). Philippine Statistics Authority National Capital Region | Solid, Responsive, World Class. <https://rsoncr.psa.gov.ph/article/quickstat-malabon-city-june-2022-issue>
- Reid, K.M. & Taylor, M.G. (2015). *Social support, stress, and maternal postpartum depression: A comparison of supportive relationships*. doi.org/10.1016/j.ssresearch.2015.08.009.
- Resnik, D. (2020, December 23). *What is ethics in research & why is it important?* National Institute of Environmental Health Sciences. <https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm>
- Santiago, M., & Habana, M. (2020). *Determination of the Prevalence of Postpartum Depression and Risk Factors Among Postpartum Patients at a Tertiary Government Urban Hospital Using the Edinburgh Postnatal Depression Scale-Filipino Translation (EPDS-F): A Cross-Sectional Study*. https://assets.researchsquare.com/files/rs-34244/v1_covered.pdf?c=1631835810
- Schobinger, E., Vanetti, M., Ramelet, A.S., & Horsch, A. (2022). *Social support needs of first-time parents in the early-postpartum period: A qualitative study*. doi.org/10.3389/fpsy.2022.1043990.
- Scott, A. (2002). *Merleau-ponty's phenomenology of perception*. Angelfire: Welcome to Angelfire. <https://www.angelfire.com/md2/timewarp/merleauponty.html>
- Service, R. (2009, July). *Book Review: Corbin, J., & Strauss, A. (2008). Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory (3rd ed.). Thousand Oaks, CA: Sage*. ResearchGate. https://www.researchgate.net/publication/247720888_Book_Review_Corbin_J_Strauss_A_2008_Basics_of_Qualitative_Research_Techniques_and_Procedures_for_Developing_Grounded_Theory_3rd_ed_Thousand_Oaks_CA_Sage

- Slomian, J., Honvo, G., Emonts, P., Reginster, J.Y., Bruyère, O. (2019). *Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes*. doi.org/10.1177/1745506519844044
- Srivastava, K. (2009, December). *Urbanization and mental health*. PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2996208/>
- Taylor, B.L., Howard, L.M., Jackson, K., Johnson, S., Mantovani, N., Nath, S., Sokolova, A.Y., & Sweeney, A. (2021). *Mums Alone: Exploring the Role of Isolation and Loneliness in the Narratives of Women Diagnosed with Perinatal Depression*. doi.org/10.3390/jcm10112271
- The importance of reflexivity in qualitative research — Delve*. (2022, June 7). Delve. <https://delvetool.com/blog/reflexivity>
- Torres, R.F., Baylon, M., De Jesus, V.R., Habana, A.E., & Vista, B. (2009). *Validation of the Edinburgh Postnatal Depression Scale (EPDS) among Filipino women*. Philippine Journal of Obstetrics and Gynecology 2009; 29 (1): 21-27.
- Tufford, L., & Newman, P. (2010, December). *Bracketing in Qualitative Research*. ResearchGate. https://www.researchgate.net/publication/257924681_Bracketing_in_Qualitative_Research
- Vaezi, A., Soojoodi, F., Banihashemi, A.T., & Nojomi, M. (2018). *The association between social support and postpartum depression in women: A cross sectional study*. doi.org/10.1016/j.wombi.2018.07.014.
- Vik, K., Aass, I.M., Willumsen, A.B., & Hafting, M. (2021). *Experiences with the routine use of the Edinburgh Postnatal Depression Scale from health visitors' and midwives' perspectives – An exploratory qualitative study*. doi.org/10.1016/j.midw.2021.103017.
- Vliegen, N., Casalin, S., Luyten, P., Docx, R., Lenaerts, M., Tang, E. & Kempke, S. (2013). *Hospitalization-based treatment for postpartum depressed mothers and their babies: rationale, principles, and preliminary follow-up data*. doi: 10.1521/psyc.2013.76.2.150.
- Walker, L.O. & Murry, N. (2022). *Maternal Stressors and Coping Strategies During the Extended Postpartum Period: A Retrospective Analysis with Contemporary Implications*. doi.org/10.1089/whr.2021.0134.
- Wang, S.Y., Chen, C.H., Chin, C.C., & Lee, S.L. (2005). *Impact of postpartum depression on the mother-infant couple*. doi.org/10.1111/j.0730-7659.2005.00335.x
- Wang, Z., Liu, J., Shuai, H. *et al.* Mapping global prevalence of depression among postpartum women. *Transl Psychiatry* **11**, 543 (2021). <https://doi.org/10.1038/s41398-021-01663-6>
- World Health Organization. (2011, December 1). *Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level*. https://apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf
- Wright, M., & So, N. (2022, June 1). *Pilot testing can improve your user research*. Widerfunnel. <https://www.widerfunnel.com/blog/pilot-testing-user-research/>