



STUDY OF PSYCHOLOGICAL FACTORS LEAD TO POSTPARTUM DEPRESSION IN WOMEN

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ABSTRACT :

This study explores the psychological factors contributing to postpartum depression (PPD) among women in selected districts of Kerala. Using a descriptive research design and a convenience sample of 230 women, the research identifies key contributors such as inadequate familial support, stress from parenting, childbirth dissatisfaction, financial strain, negative body image, and low self-esteem. The findings highlight the emotional and psychological challenges women face post-delivery, emphasizing the critical need for family support, economic stability, and mental health interventions. The study underlines the multifaceted nature of PPD and calls for comprehensive care strategies to improve maternal mental health outcomes.

INTRODUCTION

The term depression originates from the Latin word 'depressio', which means sinking, reflecting the profound sense of heaviness and burden experienced by those affected. Individuals with depression often feel as though they are weighed down or emotionally submerged, struggling under the weight of their existence. Depression is classified as a mood disorder that exists on a spectrum, ranging from the normal, temporary low moods that everyone experiences in daily life to a more severe clinical syndrome. Unlike transient sadness, clinical depression is characterized by its intensity, significant duration and a cluster of symptoms that greatly impair an individual's ability to function. This condition is distinctly different from ordinary mood fluctuations, involving persistent feelings of hopelessness, loss of interest and a variety of psychological and physical symptoms that require appropriate recognition and treatment; Rivas-Acuña et al. (2011).

According to the American Psychological Association (2015), several factors can increase the risk of postpartum depression. These include a personal history of anxiety or depression, stress from major life changes like adjusting to newborn care, or looking after a baby with serious health conditions or difficult behaviors such as irregular sleeping patterns. Additional risk factors include being a first-time mother, having children at a very young or older age, facing emotional challenges like the loss of a loved one, financial difficulties, limited social support and hormonal fluctuations after giving birth.

Postpartum Depression (PPD) is a prevalent and debilitating complication of childbirth that significantly affects mothers. Unfortunately, it is frequently overlooked and underdiagnosed, resulting in many affected women not receiving the necessary care and treatment; Stewart & Vigod (2019). Postpartum depression (PPD) is a serious psychiatric condition that occurs within one year after childbirth. Postpartum depression (PPD) is influenced by a wide range of risk factors that encompass psychological, obstetric, biological, and social dimensions. Psychological variables, such as mental health history, along with obstetric risk factors and biological changes, contribute significantly to the development of PPD; Azad et al. (2019). Additionally, social factors, including the level of family support and experiences of intimate partner violence, play a critical role. Satisfaction with healthcare services during childbirth and the financial burden of high delivery costs also affect the likelihood of postpartum depression. Lifestyle factors further add to this complex interplay of risk elements, highlighting the multifaceted nature of PPD and the need for a comprehensive approach in addressing it.

Women with severe depression may exhibit unhealthy general behavior and eating habits that might affect their newborns. Moreover, maternal mental health issues also have an impact on offspring, such as adverse effects on a child's cognitive, behavioral, and emotional development; Halligan et al. (2007). Postpartum depression (PPD) is a serious mental health concern that affects many women after childbirth, often driven by a multitude of psychological stressors. One of the primary contributors is the lack of familial and social support. When women do not receive adequate emotional, practical, and psychological support from their family members or social circles, they may feel isolated and overwhelmed in their new maternal role. The gap between perceived and actual family support often exacerbates this issue, leading to increased emotional distress. Social connectedness is essential for emotional regulation, and its absence is closely linked to depressive symptoms in postpartum women; Beck (2001).

Another significant factor is chronic stress related to daily life and parenting responsibilities. Women often face overwhelming demands such as managing household duties, caring for the newborn, and, in some cases, returning to work soon after delivery. High levels of parenting stress, compounded by increased marital conflict and dissatisfaction with marriage, intensify emotional burden. When partners are unsupportive or distant, it affects the mother's psychological well-being and may increase the likelihood of developing PPD. Additionally, dissatisfaction with childbirth experiences, such as traumatic labor or unexpected medical interventions, can leave long-lasting psychological scars, further contributing to postpartum depression; Yelland et al. (2010).

REVIEW OF LITERATURE

Johanson et al. (2000) demonstrated a strong association between depressive symptoms experienced during pregnancy and the onset of postpartum depression, showing that women who exhibit prenatal depression are at a heightened risk for postnatal depressive episodes. These findings underscore the importance of early screening and timely intervention in pregnancy to help prevent or lessen the severity of postpartum mental health difficulties.

Rubertsson et al. (2005) found that 37% of women diagnosed with postpartum depression had already shown heightened depressive symptoms during pregnancy, indicating a strong connection between mental health before and after childbirth. Furthermore, 46% of those with severe postpartum depression continued to experience substantial symptoms even a year after giving birth. These results emphasize the need for early detection and ongoing mental health care for both pregnant and postpartum women.

Research by Guse et al. (2006) and Vieten and Astin (2008) showed that practicing mind body techniques like meditation, relaxation exercises, mindfulness during pregnancy positively impacted emotional well-being after childbirth. These approaches were effective in lowering stress, strengthening coping skills, fostering psychological resilience during postpartum period.

Owoeye et al. (2006) carried out a study with 252 women at a 68-bed maternity hospital in Lagos, Nigeria, to examine postpartum depression (PPD). The results highlighted major psychosocial risk factors, including unintended pregnancies, unemployment, and marital problems. The study concluded that PPD is a notable issue linked to childbirth in Nigeria and can be mitigated through improved socioeconomic conditions and the provision of affordable, accessible healthcare services.

Rojas et al. (2007) discovered that multicomponent interventions can effectively support low-income mothers experiencing depression while caring for newborns, even in settings with limited resources. However, the study indicates that these interventions need further refinement to ensure sustained adherence to treatment beyond the early stages of care.

Figueiredo and Costa (2009) showed that prenatal depression adversely affected mothers' emotional attachment to their fetus, resulting in bonding challenges. They also discovered that lower emotional involvement with the fetus during the final three months of pregnancy predicted weaker emotional connection with the infant three months postpartum.

Whisman et al. (2011) emphasized that depression and anxiety can affect multiple aspects of the postpartum period, including how well couples adjust in their relationships. Their study revealed a negative correlation between relationship adjustment and mental health, indicating that poorer relationship adjustment is linked to increased levels of depression and anxiety.

Rahman et al. (2012) examined the influence of poverty and limited empowerment on the success of a cognitive-behavioral therapy (CBT) intervention for perinatal depression in rural Pakistan. Their results identified household debt and women's lack of financial control as major contributors to persistent depression in low-income communities. The intervention, developed locally, successfully tackled these issues and led to improved outcomes for the participants.

Glavin (2013) seeks to offer an in-depth overview of postpartum depression (PND), covering its prevalence and consequences. The paper also explores the difficulties public health nurses (PHNs) face in screening for PND and presents research demonstrating the beneficial role of social support in helping new mothers recover.

Chungu (2017) used multiple regression analyses and found no significant differences in postpartum depression among groups categorized by demographic factors like employment status, age, education, previous depression, and family history of depression. The study indicates that marital status might be another important factor affecting the onset of depressive symptoms.

According to Özdemir et al. (2018) women in the postpartum period often experience various physical and psychological issues, including poor sleep quality and the development of postpartum depressive symptoms.

Prasad and Kalamullathil (2022) stressed that raising awareness about postpartum depression (PPD) can be achieved through newspapers, television, social media, and other forms of media. They also highlighted the importance of ongoing public engagement and government efforts to enhance the situation.

Zhao & Zhang (2024) found that 29.42% of postpartum women in their study met the criteria for depression, with the prevalence notably highest 39.81% among those working in commercial enterprises. Their analysis identified several factors influencing postpartum mental health in employed women, including age, individual or household income, duration of maternity leave, infant feeding practices, and the availability of postpartum care. The study concluded that women in commercial sectors face a significantly increased risk of postpartum depression, emphasizing the importance of implementing targeted strategies to address these contributing factors and help prevent PPD within this group.

Wang et al. (2025) conducted a study to evaluate the prevalence of postpartum depression (PPD) and examine the factors and interrelationships influencing PPD symptoms in postpartum women through path analysis. The study also proposed a new conceptual framework for modeling PPD in this population. Findings revealed that 18.5% of the participants (75 out of 406) exhibited symptoms of PPD. Multiple linear regression analysis identified several independent risk factors significantly associated with PPD symptoms, including maternal postpartum stress, postpartum anxiety, social support, marital satisfaction, sleep quality, and maternal postnatal attachment ($P < 0.05$). Among these, sleep quality had the strongest influence on PPD symptoms, followed by postnatal attachment, stress, social support, anxiety, and marital satisfaction. The study enhances the understanding of the complex interplay between psychosocial factors and PPD, offering valuable guidance for developing targeted interventions.

OBJECTIVE OF THE RESEARCH STUDY

- To study the psychological factors which leads to postpartum depression in women.

RESEARCH DESIGN

In the present research study, the researcher has incorporated descriptive research design to comprehensively address the objective.

SAMPLING DESIGN AND SAMPLE SIZE

In the present study, convenience sampling was employed to collect data from women residing in selected districts of Kerala. The total sample size comprised 230 women.

TOOLS USED IN THE STUDY

A questionnaire has been used to collect the information and data based on the research objectives.

ANALYSIS RELATED TO PSYCHOLOGICAL FACTORS WHICH LEAD TO POSTPARTUM DEPRESSION IN WOMEN

Table 1: Table showing the response related to psychological factors which lead to postpartum depression in women

| S. No. | Questions | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--------|---|----------------|----------------|---------------|----------------|-------------------|
| 1 | I received low support from my family during and after childbirth. | 70 (30.43%) | 82 (35.65%) | 20 (8.7%) | 31 (13.48%) | 27 (11.73%) |
| 2 | I experienced significant stress related to parenting responsibilities after childbirth. | 88 (38.26%) | 77 (33.48%) | 16 (6.96%) | 25 (10.86%) | 24 (10.44%) |
| 3 | I am dissatisfied with my overall childbirth experience. | 55 (23.92%) | 70 (30.44%) | 17 (7.39%) | 47 (20.43%) | 41 (17.82%) |
| 4 | I am dissatisfied with my current economic situation, which affects my emotional well-being. | 55 (23.92%) | 83 (36.07%) | 18 (7.83%) | 40 (17.39%) | 34 (14.78%) |
| 5 | I experienced symptoms resembling post-traumatic stress after childbirth (e.g., flashbacks, avoidance, emotional numbness). | 66 (28.7%) | 87 (37.83%) | 17 (7.39%) | 34 (14.78%) | 26 (11.3%) |
| 6 | I feel negatively about changes in my body image after childbirth. | 73 (31.74%) | 85 (36.96%) | 19 (8.26%) | 29 (12.61%) | 24 (10.43%) |
| 7 | The support I received from my family was less than what I had expected or needed. | 77 (33.48) | 90 (39.13%) | 17 (7.39%) | 26 (11.3%) | 20 (8.7%) |
| 8 | I have experienced low self-esteem during the postpartum period. | 88 (38.26%) | 81 (35.21%) | 14 (6.09%) | 26 (11.3%) | 21 (9.14%) |

Table 2: Overall ranking of psychological factors which lead to postpartum depression in women along with their respective percentages

| Rank | Factors | Agreement Percentage |
|------|---|----------------------|
| 1 | Low Self-Esteem During Postpartum Period | 73.47 |
| 2 | Support Expectations Versus Reality | 72.61 |
| 3 | Stress from Parenting Responsibilities | 71.74 |
| 4 | Negative Perception of Body Image Changes | 68.7 |
| 5 | Post-Traumatic Stress Symptoms after Childbirth | 66.53 |
| 6 | Inadequate Familial Support During and After Childbirth | 66.08 |
| 7 | Economic Dissatisfaction and Emotional Impact | 59.99 |
| 8 | Dissatisfaction with Childbirth Experience | 54.36 |

CONCLUSION

1. Inadequate Familial Support During and After Childbirth: Many women reported experiencing a lack of sufficient family support during and after childbirth. This absence of emotional or practical assistance likely contributed to heightened vulnerability to postpartum depression. While a notable

portion acknowledged inadequate support, a smaller group felt sufficiently supported, highlighting a disparity in familial involvement during this critical period. The findings underline the essential role family plays in influencing maternal mental well-being post-delivery.

2. Stress from Parenting Responsibilities: A significant number of women felt overwhelmed by the demands of parenting after childbirth. The stress of adjusting to a new role, managing infant care, and balancing household responsibilities likely contributed to emotional strain. However, a portion of respondents did not find parenting duties overly stressful, possibly benefiting from previous experience, shared responsibilities, or effective coping strategies. These contrasting experiences underscore the varied challenges new mothers face in the early postpartum phase.

3. Dissatisfaction with Childbirth Experience: More than half of the respondents expressed dissatisfaction with their overall childbirth experience. This discontent may stem from factors such as inadequate medical care, lack of support during labor, or unmet expectations. While many had negative perceptions, a considerable number reported positive experiences, suggesting variability in maternal care quality and personal resilience. These responses highlight the need for respectful, informed, and supportive childbirth practices to improve maternal satisfaction.

4. Economic Dissatisfaction and Emotional Impact: A majority of women reported that dissatisfaction with their current financial situation negatively impacted their emotional well-being during the postpartum period. Economic strain may lead to increased anxiety, insecurity, and reduced access to essential resources or services. While a sizable group was unaffected by financial concerns, the findings emphasize that economic factors significantly influence postpartum mental health, reinforcing the importance of economic stability for maternal well-being.

5. Post-Traumatic Stress Symptoms after Childbirth: Many respondents indicated experiencing post-traumatic stress symptoms following childbirth, such as emotional numbness, flashbacks, or avoidance behavior. These reactions may reflect traumatic or medically complicated births, lack of support, or unmet expectations. Though not universal, these symptoms suggest that childbirth can be a psychologically distressing experience for some women, warranting increased attention to mental health screenings and psychological support during the postpartum period.

6. Negative Perception of Body Image Changes: A considerable number of women felt unhappy about the changes in their body image after childbirth. This dissatisfaction likely stems from societal beauty standards, physical discomfort, or struggles with self-identity in the postpartum phase. While some women did not report negative body image concerns, the high rate of dissatisfaction suggests a strong need for promoting body positivity and self-compassion among new mothers to support their emotional recovery.

7. Support Expectations Versus Reality: A majority of women reported that the support they received from their families during the postpartum period fell short of their expectations. This unmet need may contribute to emotional distress, feelings of isolation, or disappointment during a critical phase of recovery. While some women felt adequately supported, the overall findings highlight the gap between what new mothers expect and what they receive in terms of emotional and practical care.

8. Low Self-Esteem During Postpartum Period: Many women acknowledged experiencing low self-esteem during the postpartum phase. Factors such as body changes, emotional exhaustion, and perceived inadequacies in parenting may contribute to these feelings. Although a smaller group did not share this sentiment, the results suggest that self-esteem is a critical psychological factor influencing maternal mental health. These insights call for supportive interventions aimed at empowering new mothers and enhancing their self-worth.

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