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Experiences of Postpartum Depression in Pakistan: A Phenomenological Study

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ABSTRACT

This current study was conducted to explore the experiences of postpartum depression in Pakistan. This is not a novel phenomenon in Pakistan; however, the societal norms and taboos have stigmatized it. Therefore, the aim of this study was to explore what women in Pakistan go through while dealing with postpartum depression. Previous researches in Pakistan have not been sufficient enough to highlight the postpartum women's experiences, thus, rationalizing the need for this study. Adopting a qualitative approach, the study consisted of six participants (women residing in Lahore) who had experienced postpartum depression. The participants belonged to diverse backgrounds and with the help of in-depth semi-structured interviews, their experiences were collected. After a thorough thematic analysis, seven major themes emerged. The findings of the study shed light on the sufferings of women experiencing PPD, how their psychological, physical, and social well-being was compromised and how they managed it while overcoming the stigma of mental disorders in a country like Pakistan.

Introduction

Childbirth is a profound life event that fundamentally alters a woman's responsibilities. While it is often associated with joy, it also brings about significant challenges. New mothers may experience disruptions in their daily routines, changes in social support networks, and financial stressors, all of which can contribute to emotional and psychological distress. In some cases, these challenges can escalate into symptoms of maternal depression.

It is estimated that up to 70% of mothers experience what is commonly referred to as "baby blues" following delivery. Baby blues typically manifest as transient feelings of sadness, restlessness, and

anxiety. However, it is important to distinguish between baby blues and postpartum depression (PPD), as the latter is characterized by more severe and persistent symptoms. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), major depression qualifies as peripartum (postpartum) if onset occurs during pregnancy or within four weeks following delivery (American Psychological Association, 2013).

Postpartum depression is a significant health concern affecting women worldwide, with prevalence rates as high as 65% in some Asian countries, including Pakistan (Aliani & Khuwaja, 2017). Despite its widespread impact, PPD often goes undiagnosed, highlighting the need for greater awareness and support for maternal mental health (Stewart et al., 2003). PPD is a complex disorder with multiple contributing factors, including hormonal imbalances, lack of education, inadequate social support, financial strain, pre-existing psychological conditions, childbirth trauma, and societal stigmas (Firdaus et al., 2022).

Treatment options for PPD vary and may include pharmacotherapy, psychotherapy, neuromodulation, and hormonal therapy. Interpersonal and cognitive behavioral therapy are recommended as first-line treatments for women with mild to moderate PPD who are breastfeeding, while pharmacological interventions may be considered as a second-line option. Antidepressants are commonly prescribed and have shown efficacy in treating PPD (Sharma & Sommerdyk, 2013). Most importantly, the overall success rate for treating postpartum depression is 80%, making it essential for anyone who wants to heal (Carberg & Langdon, 2021).

Addressing PPD requires a comprehensive approach that encompasses early detection, effective intervention, and ongoing support for affected mothers. By recognizing the multifaceted nature of PPD and implementing targeted strategies, healthcare providers can play a vital role in promoting maternal well-being and improving outcomes for both mothers and their families.

Based on several types of research and psychometric tests, it can be concluded that symptoms of PPD are the same as depressive symptoms at any other time in a person’s life (Azale et al., 2018). Research was done in Sweden in 2020 that explored mothers' and fathers' lived experiences of postpartum depression. According to its findings, the majority of the mothers displayed a distressing range of emotions, including sadness, anger, guilt, feeling overwhelmed, anxiety, loneliness (Vaxjo, 2020).

Sadiq et al., (2016) have highlighted PPD as a severe psychosis as it can hamper the quality of life of women and their families, and may even result in marital breakdown. In most severe cases, women report fear of hurting themselves or their infants.

Throughout the world, women who go through severe form of PPD, can also experience suicidal ideations. A screening program of 10,000 women related to postpartum depression, indicated postpartum women who screened positive for depression had high rates of self-harm ideation (19.3%) and frequent thoughts of self-harm (3.2%) (Wisner et al., 2013). Although it is rare for mothers to kill their babies; however, momentary but recurring obsessional thoughts of harm to an infant, are commonly experienced by depressed mothers (Barr & Beck, 2008).

Ay et al., (2018) describe the determinants of PPD as ranging from depression history in the mother and her family, the education level of the mother, unplanned or multiple pregnancies, working status of mother, having multiple children, social support and financial stress etc. Itturalde et.al (2021) conducted a qualitative study with 30 pregnant or postpartum women of various ethnicities. The findings revealed that among many treatment barriers, social stigma was one of

them. Moreover, a study conducted by Khalifa et al., (2016) revealed that the strongest predictor of PPD was a history of violence among women.

A few years back, research was carried out in Karachi (city of Pakistan) to identify if there is any link between parenting stress, the interaction between mother and infant with postpartum depression, especially among working and non-working mothers. The study findings revealed that there is an increase in postpartum depression in working mothers than in non-working mothers (Ramji, Noori & Faisal, 2016). Moreover, a study was conducted in the city of Gujrat in Pakistan, to explore the mediating role of negative thoughts in postpartum depression. The findings were that negative thoughts had a positive direct effect on postpartum depression and the mother's vulnerability to postpartum depression and negative thoughts was high in the case of caesarian delivery. (Adil et al., 2021)

Also, a correlational study was done in Greece which included 145 women participants. They were also assessed using the same scales; EPDS and SF-36. The findings showed that women with postpartum depression symptoms scored 24.27% lower in quality of life and dimension of mental health, compared to those without depressive symptoms (Papamarkou et.al, 2017). Hence, the predictive factors of receiving spousal support in the postpartum period and its link with postpartum depression (PPD). The findings concluded that there is a significant inverse relationship between PPD and spousal social support. Likewise, in Pakistan, a study was conducted to examine the mediating role of the need for approval between perceived husband support and postpartum depression (Eslahi et.al, 2020).

Moreover, a cross-sectional approach was adopted with 170 women as participants. The findings revealed that perceived husband's support lowered the degree of postpartum depression (Adil et.al, 2021). Limited skills and abilities of the health care providers are a major barrier in providing adequate treatment to women. In Pakistan, current medical and nursing education is not well-equipped to emphasize the importance of emotional/mental health (Jawed et. al, 2021). Research suggests that depressed mothers may be withdrawn and disengaged, be angry, and intrusive. Moreover, research also suggests that infants of angry mothers avoid looking at or interacting with their mothers and mothers who are withdrawn from their infants as a result of PPD, their children are likely to exhibit fussy and crying behavior (Chaudron, 2016).

Research Objectives

- To explore the lived experiences of women who suffered from postpartum depression in women
- To understand the contributors of postpartum depression in Pakistani women
- To explore the coping mechanisms of women living with PPD in Pakistan.

Research Questions

Following are the questions guiding this research:

- "What are the lived experiences of women who suffered from postpartum depression in Pakistan?"
- "What are the main contributors of PPD in women of Pakistan?"
- How did Women Cope with Postpartum Depression?"

Materials and Methodology

The research design applied is transcendental phenomenology which is a philosophical investigation of experience, subjectivity, and the lifeworld (Koster & Fernandez, 2021). Moustakas (1994) defined transcendental phenomenology as a philosophical approach to qualitative research methodology seeking to understand human experience. Thus, this way deeper understanding and meaning of everyday experiences can be gained. The research design used in this research is phenomenology only because there is a phenomenon (postpartum depression in Pakistani mothers) that needs to be explored and conceptualized in terms of the lived experiences of individuals who have gone through postpartum depression themselves.

For this research, purposive sampling was carried out. Therefore, only those women were selected who had experienced PPD. The participants' availability and willingness to participate, and their ability to communicate experiences in an articulate and reflective way was also taken into account. The call for participants was mostly done on social media by posting about the details of the research to be conducted. The volunteers were selected, then after an informal conversation, they were screened and sieved out for participation based on their eligibility as sample participants. The sample of this study comprised of 7 women previously diagnosed with PPD.

The measures used whilst conducting the study are as follows:

1.A demographic sheet was developed that included close-ended questions to collect all the biodata of the participants. This helped the researcher to work around the sensitive areas of conversation. The demographic sheet also collected information about the participant's occupation, her number of pregnancies, and childbirth which further helped in analysis.

2.Before starting the main interview, screening questions were asked by the researcher. The screening guide was developed using the EPDS scale (Edinburgh Postnatal Depression Scale). These questions helped to discern the best suitable participants according to the inclusion and exclusion criteria. Semi-structured interviews were conducted using a semi-structured interview guide. Such interviews help explore the experiences of the participants systematically and comprehensively. In-depth interviews were conducted which lasted a minimum of 30 minutes to get a detailed understanding of participants' experiences.

3. The interview guide was designed after extensive research. Therefore, the questions were sound and apt as most of them were backed by existing researches (Johansson et.al, 2020; Scorza et.al, 2015; The Postpartum Stress Center, 2021). The guide contained several open-ended and close-ended questions both to know the *what and how* of the experiences. These questions were categorized into several domains that were again derived from prior researches such as understanding PPD, childbirth experience, interpersonal relationships, thought content, predictors of PPD, maternal care and work routine, barriers to the high quality of life, and management.

With the puprpose of refining interview guide, a pilot interview was conducted for the purpose of enhancing the main study. At that time, covid-19 was at its peak, the country was under lockdown and as a result of that, the interview was conducted on Zoom. The search for volunteers/participants was carried out through social media (FaceBook) and this is how the participant reached out to me. Lastly, feedback was taken from the participant, and an evaluation of the pilot study was done to improve and modify the main study.

Six participants were interviewed (Smith, 2012). The general standards of procedure were followed; taking verbal and written consent, audio recording of the interviews, and taking feedback from the participants. Generally, the interviews lasted 40 minutes to 1 hour and the participants were found through social media. Data analysis was done in accordance with Moustakas (1994) approach of transcendental phenomenology. The steps included bracketing out my own biases and judgments, developing textual and structural descriptions to understand the core meanings and words through coding process to develop themes which are common and finally reaching to the essence of these experiences.

Findings and Analysis

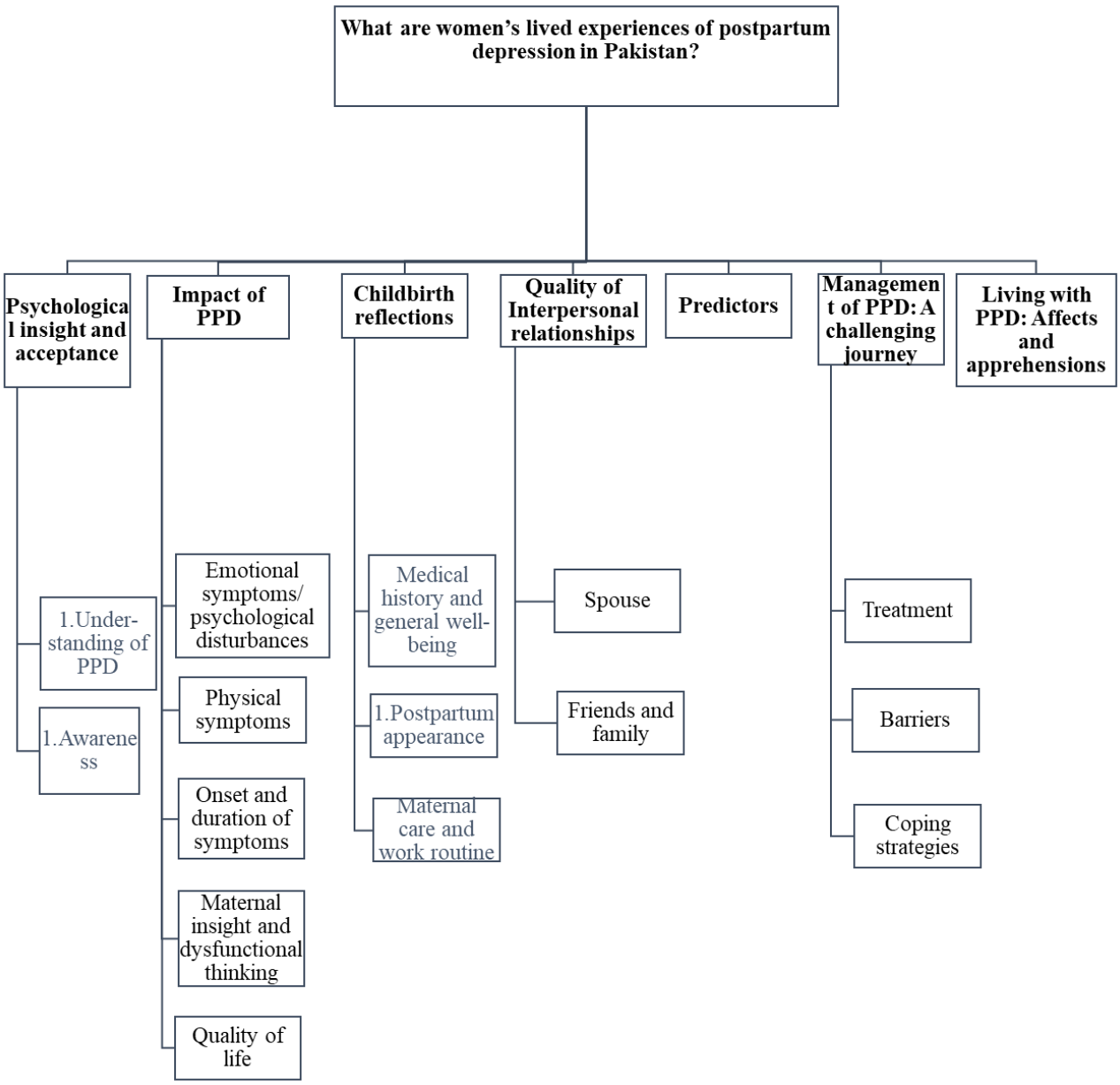
This qualitative study was conducted to explore the experiences of women who have gone through PPD in Pakistan. The responses were coded and seven major themes emerged from the present qualitative study.

The main themes of this study include:

i. Psychological insight and acceptance
ii. Impact of PPD
iii. Childbirth reflections
iv. Quality of Interpersonal relationships
v. Contributors/Intruders of PPD
vi. Management of PPD: A challenging journey
vii. Living with PPD: Affects and apprehensions

After conducting interviews, the data was transcribed and analyzed by considering the steps explained by transcendental phenomenologists. This analysis bracketing and horizontalization mainly.It also included identifying recurring and significant themes initiating undrrstanding the phenomenon deeply, which are topics, ideas, or patterns of meaning found in the data. This process includes extracting codes and significant statements from the transcripts. A deductive approach was used to formulate themes, meaning that preconceived themes were identified based on existing knowledge or theory (Caulfield, 2021). Themes and subthemes were developed according to the interview guide and transcript data, leading to the creation of a thematic map. Verbatim responses were interpreted, codes were categorized, and significant statements were matched with appropriate themes and subthemes. The analysis was further supported by literature reviews and relevant theories to provide in-depth understanding to the participants' responses.

Categories Representing the experiences of women lived with PPD in Pakistan



Discussion

The first main theme discusses the level of psychological insight of the participants and basically their understanding of PPD. Psychological insight involves recognizing a mental disorder, correctly attributing symptoms to it, and acknowledging the need for treatment (Pollak, 2021). Most of the time, patients are ignorant of the significance of their symptoms and may be reluctant towards getting treatment. The present study, however, found that the majority of the women were aware of their symptoms once receiving their diagnosis, were willingly accepting their symptoms, and were inclined towards treatment. Only one reported reluctance towards getting professional help.

Participant 3, (30 years old), did not find it difficult to accept the diagnosis of PPD as she reported, *"I don't think PPD is a disorder which can't be treated. If you go to a therapist, it will be really helpful and one can get better too."*

Primary care providers, who have the most contact with mothers post-delivery, play a crucial role in providing necessary care (Boyd, 2018). However, in Pakistan, detection of postpartum depression (PPD) is often overlooked by medical practitioners. The current study also confirms that many mothers were not informed about PPD by their primary doctors before delivery, and their symptoms were often ignored even after delivery. This ignorance delays treatment, prolonging the duration of PPD experienced by mothers and potentially affecting both mother and child in the long term.

Participant 5, (35 years old) told that not only did her doctor take her symptoms lightly, she also suggested her irrelevant solutions to overcome her symptoms.

"Not at all. I went to her and I mentioned that I'm suffering from insomnia. She never mentioned PPD or asked me anything more than that. And just said read a book before sleeping. And this is one of the best hospitals in Lahore but they don't have any such facility." (Participant 5, 35 years old).

The second main theme (Impact of PPD) and its subthemes mostly cover the psychological and physical impact of PPD on affected women. It also explores the severity of their symptoms and whether the participants experienced frequent panic or anxiety attacks. Moreover, the duration and onset of symptoms were also found. Finally, the last two subthemes talk about the participant's thought content and PPD's effect on their quality of life.

Postpartum depression or PPD can appear days or months after delivering a baby and can affect women from every background. It is categorized by anxiety, stress, loss of interest, sleep and appetite changes, crying uncontrollably, difficulty concentrating, disinterest in the baby, excessive irritability, unexplained anger, sadness, and thoughts about hurting oneself or the baby (APA, 2021).

From the results obtained, it was evident that all women experienced psychological disturbances such as anxiety, stress, crying spells, unexplained anger, fear of being alone, and irritability. Furthermore, some even had thoughts of either harming themselves or their babies.

Participant 2 (32 years old) reported: *"I would always feel depressed and left out and I would always cry at any point of the day and I (takes a long pause) could not focus"*

The feminist theory maintains that the physical trauma of and recovery from childbirth, sleep deprivation, new responsibilities, and the need to quickly master new skill sets would produce emotional disturbances in anyone (Martinez et al., 2000). Considering how women go through all such drastic changes during pregnancy, childbirth, and postpartum, it seems inevitable that some of them would develop depressive symptoms.

Besides depressive symptoms and anxiety, anger, mood swings, and irritability are also commonly found in postpartum women. Within this theme, appetite changes, sleep disturbances, and fatigue were also reported by the women experiencing PPD. Several studies have been done to assess the relationship between sleep and the severity of PPD symptoms. From a plethora of research, it was found that postpartum women frequently experience interrupted sleep and have high levels of fatigue (Okun, 2016).

Participant 3 (30) years old reported: *"It would happen often that I couldnot sleep the*

whole night and day. Sometimes, I would stay awake for more than 24 hours."

In this theme, maternal thought content is also explored and from the results, it was found that mothers going through PPD have a hard time keeping their thought content in a positive direction. Recently, a study was conducted in the city of Gujrat in Pakistan, to explore the mediating role of negative thoughts in postpartum depression. The findings were that negative thoughts had a positive direct effect on postpartum depression and the mother's vulnerability to postpartum depression and negative thoughts was high in the case of caesarian delivery. (Adil et al., 2021)

Momentary but recurring obsessional thoughts of harm to an infant, are commonly experienced by depressed mothers (Barr & Beck, 2008). Low mental health, symptoms of PPD, and GAD are associated with thoughts of self-harm (Palladino et.al, 2020). The responses also shed light on women's infanticidal thoughts. It is rare for mothers to kill their babies; however, the obsessive thoughts still had an impact on these women's mental well-being. Some of them did want to hurt their baby but never acted on it.

Participant 4, (32 ½ years old), stated that: *"I used to think about throwing my baby from the bed. I used to think I am stuck in a very difficult situation."*

During this research, changes in postpartum women's quality of life were also probed. Quality of life encompasses physical, social, psychological, and other domains of functioning. With symptoms of postpartum depression, quality of life will likely be reduced as well. Evident from the responses generated, it was found that women started to feel that their quality of life had gotten better after overcoming PPD, clearly showing how it had gone down during PPD.

"I am back to my old self which means Im happy. Im generally a happy person. So, I must say quality of life has improved because my state of mind has improved." (Participant 5, 35 years old)

In this study, it was found that women who had gone through PPD, resiliently came out of it and once they did, they made sure to be mindful about their quality of life. Resilience theory which refers to one's ability to bounce back in the face of adversity can be seen from these participant's experiences. Thus, fostering resilience in postpartum mothers is crucial in promoting positive quality of life, especially while dealing with maternal depressive symptoms (Irwin, 2014).

The third main theme briefly discusses the overall childbirth experience of the mothers. This includes their mode of delivery and their pregnancy experience. At present, studies have found that anxiety or depression during pregnancy and an unsmooth delivery process could be risk factors for PPD (Qi et.al, 2021). This suggests that sometimes women go through complications during pregnancy which could be a predictor of PPD.

In one case, the participant developed gestational diabetes and that could be one possible explanation of her symptoms of PPD. Azami et.al (2019) found that gestational diabetes could be a risk factor for PPD. In addition, another participant had a long history of miscarriages. She had four miscarriages in past before experiencing PPD and as miscarriage is a stressful life event it could increase women's risk for psychological symptoms. Recent research in 2020, revealed that women without a history of previous perinatal loss showed lower levels of depression and fear of childbirth than women with a previous perinatal loss (Smorti et.al, 2020).

The second last subtheme of this theme discusses the bodily changes that women go through after childbirth and its consequence on their mental well-being. Most importantly, changes in appearance such as weight changes may affect the body image of women and contribute to their declining mental health. Conclusively, as per the literature and the results of the current study, it was found that half of the participants felt this body dissatisfaction post-delivery as their body weight and shape went through drastic changes. These changes could cause more depression or as a result of depression, mothers might be more dissatisfied with their women.

"I think one's body image is compromised in the last trimester already. I would not like how I looked and I even stopped checking the mirror." (Participant 3, 30 years old)

The last subtheme assesses the women's experience of dealing with extra responsibilities of infant care, house chores, and sometimes job as well; all while suffering from PPD. Transition into motherhood, and all existing responsibilities could make the adjustment into a new routine difficult for some mothers. This could then take a toll on their mental health as well.

In Pakistan, Chilla, is a cultural practice, in which women are given maximum support for 40 days followed by postpartum. A study was done in rural areas of Pakistan which found that Chilla is inversely related to both major depressive episode and symptom severity of depressiom at 6 months postpartum (LeMasters et.al, 2020). In the current study, most of the participants lacked such support and were expected to look after their household responsibilities, which did have an effect on their mental health.

"I did have househelp but I was not allowed to take help from them….my mother-in-law would tell me to do my work myself and not to take any help… and this made it more difficult for me." (Participant 1, 27 years old)

Research revealed that there is an increase in postpartum depression in working mothers than in non-working mothers (Ramji, Noori & Faisal, 2016). Even in this study, the responses of the participants revealed that working women had to shuffle between work, home, and baby, which meant a lot of responsibilities were to be fulfilled, leading towards increased severity of symptoms.

"I took 2 months break from work and when I joined back my PPD were on the peak." (Participant 5, 35 years old)

The fourth theme explores the impact of interpersonal relationships and support on postpartum depression (PPD). Research indicates that support from partners, family, and friends can reduce the risk of PPD, with partner support showing the most significant effect (Reid & Taylor, 2015). According to the direct effects hypothesis, higher social support correlates with better mental and physical well-being (Cohens & Wills, 1985). In a Pakistani study, perceived husband support was found to lower the severity of PPD symptoms (Adil et al., 2021). In the current study, participants reported varying levels of spousal support, with some lacking emotional support, particularly after childbirth, which may exacerbate PPD symptoms. Ensuring a supportive environment, especially with spousal support, is crucial for maternal well-being.

"He was not supportive post-delivery." (Participant 1, 27 years old)

The second subtheme examines the support provided by friends and family to participants with postpartum depression (PPD). The stress-buffering model suggests that social support mitigates the negative impact of life stress on mental health (Rodriguez et al., 2019). In this study, friends were consistently supportive, aiding mothers in coping with PPD. However, support from family

members, particularly in-laws, varied, with some participants reporting a lack of support exacerbating their symptoms. First-time mothers often rely heavily on support from their own mothers, but criticism and lack of assistance from mothers can worsen PPD symptoms. Research on South American women in Italy similarly highlights the importance of maternal support over partner support (Migliorini et al., 2016).

"My mother was not ready to accept my diagnosis. She kept saying that she had also looked after her children, so motherhood is not really that difficult."

"She made me feel like a failure if I was unable to breastfeed." (Participant 4, 32 ½ years old)

The fifth theme of the current study explores the predictors of postpartum depression. The is no single etiology of developing postpartum depression, therefore numerous etiologies have been found from research suggesting several predictors of PPD. Foremost, the biological cause of postpartum depression is the chemical imbalance caused by a change in hormonal levels. Hormones such as estrogen, progesterone, progesterone, beta-endorphin, human chorionic gonadotrophin, and cortisol increase during pregnancy and then significantly drop after birth. This drastic fluctuation and withdrawal of hormones have been found to trigger PPD (Abdollahi, Lye & Zarghami, 2016). According to the depression model of PPD, dysregulation of stress hormones especially cortisol is also associated with PPD (Yu et.al, 2021).

Although to date, research has not found the definite cause of how hormones and PPD are related, yet the association cannot be undermined. In the current study, the majority of the participants deemed that the foremost reason for their symptoms of PPD was hormonal. Moreover, some of them were also informed by their doctors that hormonal imbalance has caused their depressive symptoms.

"Psychiatrist also told me it could be chemical imbalance in my brain."(Participant 5, 35 years old)

"Hormonal is the foremost reason I think." (Participant 2, 32 years old)

Furthermore, psychosocial factors can also help explain the etiology of PPD. Stressful life events are one risk factor of PPD among many. Different types of life events have different influences on the onset of PPD. In this study, some of the participants were also exposed to adverse life events in the pre-and post-natal period. For example, one participant had to experience the death of her two close family members which greatly affected her mental well-being.

"I lost my maternal uncle suddenly. I was very close to him. Then I lost my paternal aunt too. That could have aggravated my symptoms." (Participant 5, 35 years old)

In Pakistan, societal and social determinants are among the noticeable predictors of the mother's mental well-being. Intimate partner violence is also a problem in Pakistan (Sulaiman & Shaikh, 2013). One participant in this research reported being physically and emotionally abused which aggravated her symptoms.

"I have experienced physical and emotional abuse both during my pregnancy. I would say emotional abuse is still going on and my parents think it is okay as it is very normal in our society." (Participant 1, 27 years old)

Moreover, it has been researched that low socioeconomic status contributes the greatest risk to PPD but it is to be noted that not many studies have found SES to be a risk factor of PPD. This can

be seen in this research as well. Participants belonged from every SES, yet no significant association was found between SES and PPD.

Additionally, neonatal death and poor infant health contribute to depressive symptoms of PPD. One participant's infant passed away whereas one had to deal with a colic baby. Both had their shares of associated frustration, anxiety, and depression. A systematic review of 31 studies has concluded that newborn ill health, stillbirth, or neonatal deaths are possible predictors of PPD (Weobong et al., 2015). Similarly, a colicky baby is frustrating for parents and has been linked to maternal postpartum depression (JB et.al, 2018). Thus, the causal relationship of PPD with neonatal death and colicky baby of the participants is supported from past research.

A recent study conducted in rural areas of Faisalabad with 400 postpartum women found that obstetric factors such as abortions/miscarriages, pregnancy complications, and delivery complications increased the risk of postpartum depression (Anjum & Batool, 2019). For instance, one participant who experienced four miscarriages suffered severe symptoms of PPD and psychosis after childbirth, indicating a clear link between obstetric factors and PPD.

Another participant with a family history of bipolar disorder suggests a potential predictor of PPD, consistent with past research (Ahmed et al., 2012). Lack of sleep and fatigue were common among participants, with poor sleep quality and insomnia affecting their mental health. Research indicates a positive correlation between fatigue and postpartum depression (Da-Jin & Jung-Suk, 2018).

While these predictors were identified from participant responses, numerous other factors contribute to PPD, highlighting the complexity of its etiology.

The sixth theme sheds light on the most significant aspect of postpartum depression i.e the management of PPD. Management includes the type of treatment participants received, the barriers in receiving the treatment, and lastly, their coping strategies besides medical treatment.

The second subtheme examines barriers to timely treatment for postpartum depression (PPD) and alternative coping strategies adopted by women. In Pakistan, social stigma surrounding mental health, including PPD, inhibits women from seeking treatment (Hackley et al., 2010; Itturalde et al., 2021). Unsatisfactory support from partners, family, and healthcare providers, coupled with low awareness of PPD, further hinders treatment-seeking behavior (Jawed et al., 2021).

"I did not tell my immediate family members that I was seeking therapy for this. Nobody acknowledges PPD issues in Pakistan. (Participant 3, 30 years old)

Limited skills of healthcare providers, affordability issues, and time constraints are significant barriers to accessing treatment (Callister et al., 2011). Poverty exacerbates depression among mothers and limits their ability to afford healthcare (Boyd et al., 2011). Participants in the study cited financial constraints and childcare responsibilities as reasons for not attending therapy sessions.

"Gynecologist asked me to see a psychiatrist but I could not because sessions were so expensive." (Participant 1, 27 years old)

Concerns about medication and its potential effects on newborns also deter women from seeking treatment (Midwifery women's health, 2013). Some participants expressed reluctance to take antidepressants due to fears of side effects on themselves and their babies.

"I could not manage taking the medications for longer period of time as they induced sleep and then it would get difficult to look after the baby." (Participant 1, 27 years old)

In coping with PPD, exercise emerged as a primary strategy among participants, supported by studies suggesting its effectiveness in alleviating PPD symptoms (Daley et al., 2010). Engaging in activities and maintaining a routine also helped women cope with overwhelming emotions associated with PPD, aligning with activity theory principles (Sirgy, 2021).

"Another thing that I think finally helped me was that I kept myself busy as much as I possibly could. That way I did not get time to dwell on these thoughts." (Participant 5, 35 years old)

The final theme examines the long-term effects of postpartum depression (PPD) on women and their children. Women who have experienced PPD are at risk of recurrence, with about 30 to 70 percent experiencing it again in future pregnancies (Evans, 2021). It has been seen that women are generally more worried about future pregnancies once they have gone through PPD. This dread or fear can be related to the concept of Tokophobia. Some women develop a dread and avoidance of childbirth after a traumatic obstetric event in a previous pregnancy. This is known as secondary tokophobia (Hofberg &Ward, 2003). This fear of recurrence, akin to secondary tokophobia, is common among participants, influencing their decisions about future pregnancies (Hofberg & Ward, 2003).

"I think I would have a fear if I get pregnant again. I'm definitely not ready for this." (Participant 5, 35 years old)

Maternal depression can affect the mother-infant relationship, potentially leading to long-term difficulties for the child, as per the maternal deprivation hypothesis (McLeod, 2017). In the study, participants reported impacts on their children's behavior, such as aggression or withdrawal, due to their own PPD symptoms. Furthermore, some participants struggled to emotionally bond with their infants due to PPD, indicating that PPD not only affects the mother but also leaves its mark on the child. Research also supports those mothers who are withdrawn from their infants as a result of PPD, their children are likely to exhibit fussy and crying behavior (Chaudron, 2016). However, some participants expressed a proactive approach in planning for future pregnancies, suggesting increased awareness and preparedness to manage PPD symptoms.

"As a result of my depressive symptoms, I would stay irritated and yell at my baby. With time I saw its effect on my baby. He has become very aggressive." (Participant 2, 32 years old)

Overall, PPD's long-term effects extend beyond the mother, affecting the child's development and family dynamics. Yet, increased awareness and support can empower women to address PPD symptoms more effectively in the future.

Conclusion

Overall, PPD's long-term effects extend beyond the mother, affecting the child's development and family dynamics. The current study on postpartum depression (PPD) revealed it's a complex disorder influenced by multiple factors, including hormonal and chemical

imbalances, lack of awareness and support, interpersonal conflicts, fatigue, and obstetric complications. The study found that all participants experienced emotional, physical, and behavioral changes due to PPD, with maternal mental health stigma and inadequate spousal and family support being significant barriers to treatment. This study lays groundwork for

understanding postpartum depression (PPD) in Pakistan, addressing a critical research gap. Featuring a diverse sample, it sets the stage for future investigations to develop targeted interventions, policies, and awareness initiatives, ultimately supporting individuals affected by PPD.

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