

ROLE OF HEALTH LITERACY IN MATERNAL MENTAL HEALTH ON THE RECOGNITION, UNDERSTANDING, AND MANAGEMENT OF POSTPARTUM DEPRESSION

**Dissertation submitted to
ST. TERESA'S COLLEGE, (AUTONOMOUS)
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**Affiliated to
MAHATMA GANDHI UNIVERSITY**

**In partial fulfilment of requirement for the
AWARD OF THE DEGREE OF MASTER OF SCIENCE IN
HOME SCIENCE (BRANCH A)
CHILD DEVELOPMENT**

**By
NESHWA NAJUMA TS
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**DEPARTMENT OF HOMESCIENCE AND CENTRE FOR RESEARCH
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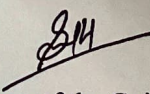
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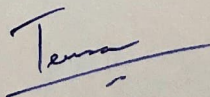
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This is to certify that the dissertation entitled, "*Role of health literacy in maternal mental health on the recognition, understanding, and management of postpartum depression*" is a Bonafide record of the work done by Ms. **NESHTWA NAJUMA TS** under my guidance as partial fulfilment of the award of the degree of **Master of Science in CHILD DEVELOPMENT** at St. Teresa's College (Autonomous), Ernakulam affiliated to Mahatma Gandhi University, Kottayam. No part of this work has been submitted for any other degree elsewhere.

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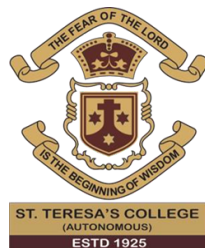
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**Role of Health Literacy in Maternal Mental Health on the
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Depression**

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CHAPTER – 1

INTRODUCTION

Motherhood is a transformative journey that encompasses a multitude of physical, psychological, and sociocultural transitions. Far beyond the act of childbirth, it redefines a woman's identity, roles, and responsibilities, ultimately influencing her holistic well-being and societal positioning (Slomian et al., 2019). The maternal role involves not only attending to the physical needs of the infant but also nurturing emotional development, facilitating cognitive growth, and navigating the complexities of societal expectations all while striving for personal stability and self-discovery.

Despite the prevailing cultural narrative that portrays motherhood through a lens of joy and fulfillment, the transition into motherhood often unveils hidden emotional challenges. While the birth of a child is celebrated as a joyous event, many women simultaneously experience profound psychological struggles that often remain unspoken and misunderstood. These challenges deserve empathetic attention and informed intervention to foster maternal mental wellness.

The significance of maternal mental health extends far beyond the individual. Numerous studies affirm that a mother's psychological well-being substantially affects her child's physical health, emotional attachment, and long-term developmental trajectory (Belsky & de Haan, 2011). Yet, many new mothers face this transition feeling unprepared and uncertain. The availability of support from partners, family members, and broader community networks plays a vital role in facilitating a smoother transition into motherhood and promoting the health of both the mother and her infant (Negron et al., 2013). Furthermore, maternal understanding of health information, including mental health, nutrition, and child-rearing practices, is closely linked to improved parenting efficacy and reduced adverse childhood outcomes (Shieh et al., 2010).

Recognizing the complex reality of motherhood enables the development of responsive health policies, maternal care frameworks, and support systems tailored to meet the real needs of mothers. Acknowledging the multifaceted challenges new mothers encounter is critical to

designing environments that allow them to thrive physically, emotionally, and socially throughout their maternal journey.

Pregnancy and childbirth are monumental life events that profoundly alter a woman's identity and responsibilities. The postpartum period, in particular, is marked by increased vulnerability to mental health conditions, most notably postpartum depression (PPD). Characterized by persistent feelings of sadness, anxiety, and fatigue, PPD can severely impair a mother's ability to care for both her child and herself (American Psychiatric Association [APA], 2020). Unfortunately, due to stigma, insufficient awareness, and limited access to mental health services, PPD often remains undiagnosed and untreated. Addressing this condition is vital for improving maternal and infant health outcomes globally. As a major public health concern, PPD has lasting repercussions on maternal functioning, infant development, and familial dynamics (Guintivano et al., 2018).

Multiple factors contribute to the onset of postpartum depression, including hormonal shifts, genetic predispositions, adverse childhood experiences, the mother's level of health literacy, and the degree of emotional and practical support she receives from her immediate environment (Slomian et al., 2019).

Maternal mental health is a pivotal component of a woman's overall health, influencing her life satisfaction and the developmental outcomes of her child. Postpartum depression is a prevalent and concerning mental health issue encountered in the postpartum period, characterized by affective disturbances such as sadness, irritability, and fatigue, typically emerging within the first year following childbirth. Prevalence estimates suggest that 10–20% of new mothers globally experience PPD, with rates even higher in vulnerable populations (Gavin et al., 2005). Left untreated, PPD may lead to long-term impairments in maternal-infant bonding, negatively impact infant development, and result in chronic mental health conditions in mothers (Stewart et al., 2003).

Health literacy, is defined as the ability to obtain, process, and comprehend basic health information and services needed to make informed health decisions, is a critical determinant of maternal mental health. When mothers possess adequate health literacy, they are more likely to identify early symptoms of PPD and access appropriate care (Bina, 2020). Additionally, the

presence of supportive interpersonal networks can mitigate the impact of postpartum depression by offering emotional reassurance, information, and instrumental support (Razurel & Kaiser, 2015).

The ability to recognize, understand, and respond to postpartum depression is significantly influenced by a mother's level of health literacy. Limited health literacy is consistently associated with adverse health outcomes, delayed healthcare utilization, and increased psychological burden (Berkman et al., 2011). Despite widespread knowledge about PPD's consequences, many mothers remain unaware of the symptoms or do not seek help due to stigma or misconceptions about mental illness (Dennis & Falah-Hassani, 2016). Socioeconomic status, educational background, cultural beliefs, and systemic barriers also shape maternal health literacy and access to mental healthcare (Paasche-Orlow & Wolf, 2007).

The transition to motherhood involves multifaceted emotional, physiological, and psychosocial changes. Although emotional fluctuations during this period are considered normal, some women experience more severe disturbances that manifest as postpartum depression (O'Hara & McCabe, 2013). As one of the most prevalent postpartum psychiatric disorders, PPD significantly compromises maternal and infant well-being. The following discussion elaborates on the nature, prevalence, and consequences of postpartum depression and the barriers that hinder timely recognition and management. A comprehensive understanding of these issues underscores the pivotal role of health literacy in navigating maternal mental health challenges.

Postpartum depression affects not only the mother but also has profound implications for the cognitive, emotional, and social development of the child. Infants of mothers with PPD are at increased risk for attachment disorders, developmental delays, and behavioral issues (Field, 2009). Over time, maternal depression may predispose children to emotional dysregulation and interpersonal difficulties (Murray et al., 2011).

Beyond child development, maternal mental health has systemic implications for the family unit. Mothers suffering from untreated PPD may struggle with daily functioning, experience a diminished sense of maternal identity, and find it difficult to engage in effective caregiving (Beck, 2001). Despite its severity, postpartum depression remains largely undiagnosed due to a lack of awareness, prevailing stigma, and insufficient mental health infrastructure.

Health literacy plays a foundational role in improving overall health outcomes. Inadequate health literacy has been linked to increased hospitalization rates, reduced use of preventive services, challenges in medication adherence, misinterpretation of health advice, and poorer health trajectories (Berkman et al., 2011). For new mothers, adequate health literacy equips them to distinguish between transient emotional states and clinical depression, thereby enabling timely access to appropriate care (Murray et al., 2011). Mothers with limited health literacy may also face difficulties navigating healthcare systems, particularly when mental health stigma is culturally ingrained (Berkman et al., 2011).

Low maternal health literacy is often compounded by socioeconomic challenges, including limited education, poverty, and restricted access to healthcare services. These intersecting factors create compounded vulnerabilities, increasing the likelihood of undiagnosed and untreated postpartum depression (Berkman et al., 2011). Such mothers may misjudge the severity of their symptoms or misunderstand medical advice, resulting in delayed or inappropriate treatment interventions.

Given the far-reaching consequences of postpartum depression on mothers and their children, enhancing maternal health literacy represents a critical intervention point. Educating women on the signs, symptoms, and treatment options for PPD can promote early detection and intervention. Targeted health literacy programs tailored for at-risk populations can close informational gaps and improve health outcomes, particularly among women with limited healthcare access.

Improving health literacy in maternal mental health requires a multi-pronged approach, including culturally sensitive awareness campaigns, integration of mental health education into prenatal and postnatal care, and enhanced training for healthcare providers. These strategies can empower mothers to identify PPD symptoms, understand available resources, and confidently seek care. Incorporating discussions of mental health and literacy into routine maternal care could reduce stigma and promote open dialogue on emotional well-being (Dennis & Falah-Hassani, 2016).

This research aims to explore the pivotal role of health literacy in shaping maternal mental health, with specific emphasis on its influence over the recognition, understanding, and management of postpartum depression. It will assess how differing levels of maternal health

literacy affect symptom identification, knowledge of treatment avenues, and willingness to seek help. The study will also investigate the extent to which health literacy impacts the severity and duration of postpartum depression, identifying gaps in knowledge and intervention opportunities to enhance maternal and child outcomes.

Significance of the Study

The transition to motherhood brings profound emotional, psychological, and social changes that can affect a woman's mental well-being. Among the most significant challenges is postpartum depression (PPD), a condition that frequently remains unrecognized due to limited awareness and understanding. Many new mothers experiencing symptoms of PPD do not seek timely support, often due to a lack of knowledge regarding the condition's signs, causes, and treatment avenues (Guintivano et al., 2018). This delay in recognition can lead to worsened outcomes for both the mother and her child.

Enhanced mental health literacy, particularly among new mothers, can serve as a preventive mechanism against the escalation of postpartum mental health disorders. When women are equipped with accurate knowledge about mental health, they are more likely to recognize the early signs of distress, understand potential risk factors, and take informed steps toward seeking professional care (Bina, 2020). Early intervention can mitigate the intensity and duration of PPD, fostering improved health outcomes and a more positive postpartum experience.

Improving mental health literacy extends beyond individual awareness. Educating families, communities, and healthcare professionals about maternal mental health can reduce stigma and encourage more open, supportive conversations around psychological well-being. Destigmatizing postpartum depression through widespread education can normalize help-seeking behaviors, thus reducing the social and emotional barriers that often prevent mothers from accessing care (Dennis & Chung-Lee, 2006).

Existing research suggests a strong correlation between mental health literacy and the propensity to seek psychological support. Mothers who possess a higher understanding of mental health are more likely to engage with healthcare systems, adhere to treatment regimens, and foster nurturing environments for their children (O'Mahen et al., 2015). These outcomes are critical not only for maternal recovery but also for the long-term developmental health of the child.

Furthermore, integrating maternal mental health education into routine prenatal and postnatal care can inform healthcare policies and service delivery models. Such integration ensures that mental health is prioritized alongside physical health, creating more comprehensive maternal care systems. By fostering a healthcare environment where mental health education is standardized, both preventative and therapeutic measures can be implemented more effectively (Slomian et al., 2019).

Ultimately, the promotion of maternal health literacy contributes to the creation of an informed, empathetic, and proactive society. In such a context, new mothers are supported not only by medical professionals but also by social networks that value emotional well-being. As maternal health literacy improves, the likelihood of early recognition and effective management of postpartum depression increases, ensuring a healthier future for both mothers and their families.

Rationale of the Study

Postpartum depression is one of the most commonly reported maternal mental health disorders, yet it often remains undiagnosed and untreated. Factors such as cultural stigma, lack of awareness, misconceptions about maternal emotions, and inadequate access to mental health services contribute to the persistent underreporting and mismanagement of PPD (Stewart & Vigod, 2016). In many cases, mothers may interpret symptoms of depression as normal postpartum adjustments and may not seek professional support until symptoms have significantly worsened.

Health literacy is a critical determinant of health behavior and outcomes. It affects an individual's capacity to interpret health information, make informed decisions, and utilize healthcare services effectively (Nutbeam, 2008). In the context of postpartum depression, maternal health literacy can be instrumental in helping mothers differentiate between typical postpartum emotional changes and clinically significant symptoms requiring intervention.

Despite its importance, there is a gap in empirical research exploring the specific influence of maternal health literacy on the recognition, understanding, and management of postpartum depression. While general health literacy has been studied extensively, targeted investigations into how it affects mental health outcomes during the postpartum period remain scarce.

Addressing this gap is essential for designing responsive interventions and developing maternal health services that are both accessible and effective.

This study seeks to bridge this research gap by examining how maternal health literacy shapes the recognition of PPD symptoms, the comprehension of treatment options, and the likelihood of seeking timely psychological support. The findings aim to contribute to policy frameworks, healthcare training programs, and maternal mental health awareness initiatives that can ultimately reduce the incidence and impact of postpartum depression.

Aim of the Study

To examine the role of health literacy in maternal mental health and its impact on the recognition, understanding, and management of postpartum depression.

Objectives of the Study

1. To assess the level of maternal health literacy among new mothers concerning mental health, particularly postpartum depression.
2. To study how maternal health literacy influences the ability of mothers to identify early symptoms of postpartum depression.
3. To evaluate mothers' understanding of available treatment options for postpartum depression and their readiness to seek professional help.
4. To analyze the relationship between health literacy and help-seeking behaviors among mothers experiencing postpartum depression.
5. To assess how maternal health literacy affects the severity, duration, and recovery trajectory of postpartum depression.
6. To identify evidence-based interventions aimed at enhancing health literacy regarding maternal mental health, with an emphasis on postpartum depression.

Key Terms used:

Postpartum Depression: A mood disorder occurring within the first year after childbirth, characterized by persistent sadness, anxiety, fatigue, and impaired functioning in daily activities and mother-infant bonding (APA, 2020).

Maternal Mental Health: The emotional and psychological well-being of women during pregnancy, childbirth, and the postpartum period, encompassing disorders such as anxiety, depression, and stress-related conditions.

Health Literacy: The ability to obtain, comprehend, and use health-related information to make informed decisions regarding one's health and well-being (Nutbeam, 2008).

Social Support: The emotional, informational, and instrumental assistance provided by friends, family, and community networks, which plays a vital role in reducing stress and improving mental health outcomes.

Family Support: The encouragement, care, and help offered by immediate family members, contributing to emotional security and resilience during the postpartum period.

Coping Strategies: Behavioral and cognitive techniques adopted by individuals to manage stress and emotional challenges, particularly in adjusting to the demands of new motherhood.

Help-Seeking Behavior: The actions and decisions made by individuals in accessing professional or informal support to address mental health concerns.

Perceived Stigma: An individual's perception of being socially discredited or judged due to a mental health condition, which can deter them from seeking help.

Mental Health Stigma: Negative stereotypes, prejudices, and discriminatory attitudes directed toward individuals with mental health issues, often resulting in social exclusion and reduced willingness to seek treatment.

Chapter – 2

Review of Literature

A literature review is a systematic and critical examination of the existing body of research related to a specific field of study. According to the American Psychological Association, Brouard et al. (2020) emphasize that “authors of literature reviews evaluate a body of literature by identifying relations, contradictions, gaps, and inconsistencies in the literature and by suggesting the next step needed to solve the research problem”. This chapter presents a comprehensive analysis of the scholarly works relevant to the current study titled *"Role of Health Literacy in Maternal Mental Health on the Recognition, Understanding, and Management of Postpartum Depression."* The reviewed literature provides a strong foundation for understanding the multifaceted relationship between maternal health literacy and mental well-being during the postpartum period.

2.1. Introduction to Postpartum Depression

2.2. Understanding Health Literacy

2.3. The Link Between Health Literacy and Maternal Mental Health

2.4. Recognition of Postpartum Depression Symptoms

2.5. Understanding Treatment Options for Postpartum Depression

2.6. Help-Seeking Behavior and Barriers to Care

2.7. Interventions to Improve Maternal Health Literacy

2.8. Maternal Health Literacy and Long-Term Outcomes for Mothers and Children

2.1. Introduction to Postpartum Depression

Postpartum depression (PPD) is a prevalent and serious mental health disorder that can affect women following childbirth, typically within the first year. Unlike the short-term mood fluctuations referred to as "baby blues," which affect up to 80% of new mothers (Howard et al., 2014), PPD is marked by persistent and intense symptoms such as sadness, anxiety, hopelessness, and chronic fatigue. These symptoms may impair a mother's ability to care for

herself and her infant, often leading to enduring psychological challenges if left untreated (O'Hara & McCabe, 2013). According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), postpartum depression is diagnosed when depressive symptoms occur within four weeks post-delivery and persist for a minimum of two weeks (American Psychiatric Association, 2013).

The global prevalence of PPD is estimated to range from 10% to 20%, although the rates may be significantly higher in socioeconomically disadvantaged communities. For example, studies have found prevalence rates as high as 40% in low-income and underserved populations (Yonkers et al., 2001). Several risk factors contribute to the development of PPD, including previous history of depression, lack of social support, high stress levels, and complications during pregnancy or childbirth (Beck, 2001).

Postpartum depression can exert long-term detrimental effects not only on maternal mental health but also on the emotional, cognitive, and social development of children. Numerous studies underscore the fact that maternal mental health is a pivotal determinant of child development outcomes. For instance, Field (2009) found that mothers with untreated depression are often less responsive to their infants' cues, which negatively impacts bonding and attachment. This emotional unavailability may hinder secure attachment formation and contribute to developmental delays or behavioral disorders later in the child's life (Murray et al., 2011).

From the maternal perspective, untreated PPD can escalate into chronic mental health conditions, including generalized anxiety disorders and suicidal ideation (O'Hara & McCabe, 2013). Women suffering from PPD may withdraw from work, social networks, and caregiving responsibilities, further isolating themselves and exacerbating the symptoms of depression (Beck, 2001). In severe cases, PPD can result in maternal neglect or abuse, posing significant risks to the child's safety and development.

Physically, untreated depression may worsen pre-existing health conditions or lead to new ailments, such as cardiovascular problems, due to chronic stress, poor sleep, and fatigue (Meyer et al., 2008). These issues often compromise a mother's ability to care for both herself and her child, reinforcing a detrimental cycle of health deterioration without proper intervention.

Despite the documented prevalence and adverse consequences of PPD, it often remains underdiagnosed and untreated. Multiple barriers hinder the timely identification and effective management of the condition. One of the most profound obstacles is the stigma surrounding mental illness, especially in the context of motherhood. Mothers may internalize the belief that experiencing depression reflects personal failure, leading to reluctance in seeking help (Gavin et al., 2005). Societal expectations of motherhood as a joyful experience compound these feelings, intensifying guilt and shame for mothers who feel otherwise (Dennis & Falah-Hassani, 2016).

A significant lack of awareness exists among both mothers and healthcare professionals regarding the symptoms and seriousness of PPD. Many women mistake the symptoms of PPD for normal postpartum stress or fatigue, failing to recognize them as indicators of a mental health disorder (Dennis & Falah-Hassani, 2016). Similarly, healthcare providers may underestimate or misattribute these symptoms to physiological postpartum recovery, thereby overlooking critical signs of depression (Stewart et al., 2003).

This lack of awareness delays diagnosis and reduces the effectiveness of treatment. Misdiagnosis may also occur, with PPD being confused with generalized anxiety disorder or other mood disorders, resulting in inappropriate treatment (Gavin et al., 2005). Moreover, many healthcare systems do not incorporate standardized screening protocols for PPD. Obstetricians and general practitioners may lack the necessary training or resources to identify and manage maternal mental health issues effectively (Yonkers et al., 2001; Stewart et al., 2003).

Access to quality mental health care remains a pressing concern, particularly in underserved communities. Long wait times, absence of specialized care, financial barriers, and geographic inaccessibility deter many women from receiving timely treatment (Dennis & Falah-Hassani, 2016). These constraints contribute to prolonged suffering and worsen health outcomes for both mother and child.

Health literacy plays a critical role in overcoming these barriers. Defined as the capacity to obtain, understand, and use health information to make informed decisions (Paasche-Orlow & Wolf, 2007), health literacy enables mothers to recognize symptoms, evaluate treatment options, and engage in proactive health-seeking behavior. Women with limited health literacy may misunderstand medical terms, avoid communicating their symptoms, or distrust healthcare

providers (Berkman et al., 2011). This can lead to treatment nonadherence or failure to seek care altogether.

Mothers with low health literacy are also more susceptible to misinformation and may lack confidence in navigating healthcare systems. This highlights the need for clear, culturally appropriate communication and interventions to enhance health literacy (McLachlan et al., 2016). Empowering mothers through education and support can significantly improve the identification and management of PPD.

When postpartum depression remains untreated, it can result in severe and long-lasting consequences for mothers, infants, and families. For mothers, untreated PPD increases the risk of developing chronic psychological disorders such as major depressive disorder (MDD), anxiety, and postpartum psychosis (Sloman et al., 2019). Longitudinal evidence suggests that untreated PPD can persist for years, evolving into recurrent episodes of major depression (Putnick et al., 2020).

The implications are grave, with maternal suicide now recognized as one of the leading causes of postpartum mortality (Lindahl et al., 2021). Women experiencing severe PPD often report suicidal ideation and may engage in self-harm, highlighting the urgent need for timely intervention (Howard et al., 2014).

Maternal PPD compromises parent-infant bonding, critical during the first year of life. Affected mothers may exhibit emotional withdrawal and detachment, impeding the development of secure attachment, which is foundational for a child's future emotional resilience (Field, 2009). This emotional disconnection contributes to a higher risk of behavioral and developmental issues in children.

Research has shown that infants of mothers with untreated PPD are more likely to exhibit insecure attachment styles, leading to difficulties in emotional regulation and peer relationships (Murray et al., 2011). Longitudinal data suggest these children are also at heightened risk for depression and anxiety disorders in later childhood.

Letourneau et al. (2020) found that maternal depression negatively influences cognitive and language development, with children of depressed mothers scoring lower in cognitive

assessments compared to peers of non-depressed mothers. Behavioral consequences include externalizing behaviors such as aggression and hyperactivity, which can impair academic achievement and social integration (Kingston et al., 2018).

The effects of PPD also extend to physical health. Depressed mothers are less likely to breastfeed and more likely to report poor nutrition and hygiene practices, increasing susceptibility to infections in infants (Figueiredo et al., 2019). Infants of these mothers often have lower birth weights and higher hospitalization rates.

PPD also disrupts family dynamics. Marital strain, reduced relationship satisfaction, and interpersonal conflict often accompany maternal depression (Slomian et al., 2019). Spouses or partners may experience emotional exhaustion and secondary depression (Paulson & Bazemore, 2018), contributing to a cycle of familial stress and dysfunction.

Children raised in environments marked by untreated maternal depression may experience emotional neglect, leading to social and behavioral challenges, including sibling rivalry and difficulties in emotional self-regulation (Mayo Clinic, 2022).

Economically, untreated PPD imposes significant burdens, including increased healthcare expenditures, reduced workforce participation, and decreased productivity (Bauer et al., 2016). The stigma and isolation associated with maternal mental illness often exacerbate these challenges, compounding both emotional and financial strain.

2.2 Understanding Health Literacy

Health literacy refers to an individual's capacity to access, comprehend, and utilize essential health-related information and services to make sound and informed health decisions (Ratzan & Parker, 2000). The scope of health literacy extends far beyond basic reading or comprehension skills; it encompasses a multidimensional framework that includes the cognitive and social abilities necessary for managing health within the complexities of the healthcare system. According to the Institute of Medicine (2004), health literacy comprises three distinct yet interrelated levels: functional, interactive, and critical literacy. Each of these dimensions contributes uniquely to an individual's ability to navigate health information and services effectively.

Functional Health Literacy: This level of health literacy represents the foundational skills in reading, writing, and numeracy that are required to interpret simple health-related information, such as instructions on medication labels, appointment reminders, or health brochures (Nutbeam, 2000). For example, a postpartum mother demonstrating functional health literacy would be capable of reading and adhering to a prescribed regimen of antidepressant medication. The ability to follow dosage instructions, recognize side effects, and keep up with follow-up appointments are all rooted in this basic yet crucial level of literacy.

Interactive Health Literacy: Interactive health literacy involves the development of more advanced cognitive and interpersonal skills that allow individuals to extract meaning from health information and apply it effectively through dialogue and engagement with healthcare providers (Nutbeam, 2000). In the context of postpartum depression, this skill enables mothers to engage meaningfully in conversations with healthcare professionals, ask pertinent questions regarding their mental health, and collaboratively participate in the development and execution of their treatment plans.

Critical Health Literacy: The highest tier of health literacy, critical health literacy, involves the capacity to critically evaluate health information and use that knowledge to exert greater control over one's health. This level of literacy includes an awareness of broader social, economic, and environmental determinants of health, empowering individuals to challenge medical advice when necessary and make autonomous, evidence-based decisions (Sørensen et al., 2012). For a mother facing postpartum depression, critical health literacy allows for a thorough understanding of diverse treatment modalities and a careful assessment of the risks and benefits associated with each option, leading to informed, self-directed care.

Together, these three levels of health literacy establish a framework for understanding the diverse competencies required to make well-informed health decisions from interpreting a pamphlet to engaging in complex treatment discussions and navigating systemic barriers.

Health literacy plays a central role in shaping an individual's capacity to make informed health decisions. It influences how individuals perceive symptoms, comprehend medical guidance, evaluate available treatment options, and commit to prescribed interventions. In mothers affected by postpartum depression, health literacy is particularly pivotal in recognizing the onset of

depressive symptoms, seeking timely assistance, and adhering to treatment protocols designed to improve mental health outcomes.

Recognizing Symptoms and Seeking Help: Mothers with a high degree of health literacy are more adept at identifying early warning signs of postpartum depression. These signs may include emotional disturbances such as anxiety, sadness, or hopelessness, and somatic symptoms like fatigue or appetite changes (Dennis & Falah-Hassani, 2016). In contrast, mothers with limited health literacy may misinterpret these symptoms as routine consequences of childbirth or stress, resulting in delayed help-seeking behavior and prolonged psychological distress.

Understanding Treatment Options: Health literacy significantly influences a mother's ability to understand various available interventions for postpartum depression, including pharmacological treatments, counseling, and peer support groups. Those with limited literacy skills may struggle to grasp the benefits and risks of antidepressants or therapeutic interventions, leading to confusion or mistrust and, consequently, reduced treatment adherence (Paasche-Orlow & Wolf, 2007). A lack of awareness about alternative, non-pharmacological treatments can also diminish recovery opportunities.

Making Informed Decisions: Higher health literacy enables mothers to actively engage in shared decision-making processes with their healthcare providers. Informed mothers can articulate concerns, compare treatment options, and make choices that align with their values and preferences (Gonzalez et al., 2018). In contrast, mothers with lower levels of health literacy may experience difficulties understanding medical terminology, expressing their concerns, or interpreting clinical advice, often resulting in a passive role in their treatment and potentially inadequate care.

Adherence to Treatment Plans: Another significant implication of health literacy is its impact on treatment adherence. Research has consistently shown that individuals with greater health literacy are more likely to follow healthcare instructions accurately, keep appointments, and comply with prescribed medication schedules (Weiss et al., 2005). For mothers with postpartum depression, these behaviors translate into consistent engagement with therapeutic practices and support networks, which ultimately promote improved mental health and well-being for both mother and child.

The correlation between health literacy and health outcomes is well-established across multiple domains of health care. Individuals with elevated health literacy levels generally experience more favorable health outcomes because they are better equipped to access information, understand clinical advice, and participate in the ongoing management of their conditions (Berkman et al., 2011).

In the context of maternal mental health, health literacy assumes an essential role in shaping positive outcomes for women dealing with postpartum depression. The ability to identify depressive symptoms early and to seek and access appropriate treatment is crucial in reducing the duration and severity of postpartum depression. Without timely intervention, postpartum depression can persist and evolve into chronic mental health conditions, hinder the development of maternal-infant bonding, and negatively affect the child's long-term emotional and cognitive growth (Murray et al., 2011).

Empirical evidence further supports this connection. A study conducted by McLachlan et al. (2016) revealed that mothers with higher levels of health literacy were more likely to adhere to treatment regimens for depression and experienced fewer prolonged depressive episodes. Similarly, research by Dennis and Falah-Hassani (2016) indicated a positive association between maternal health literacy and the timely recognition and management of postpartum depression, resulting in better mental health outcomes for both the mother and her child.

Furthermore, the impact of maternal health literacy extends to child development. Mothers who possess adequate health literacy are more likely to engage in sensitive, responsive caregiving, which is essential for fostering secure attachment and optimal developmental trajectories in children (Murray et al., 2011). In contrast, untreated maternal depression often compounded by low health literacy can disrupt responsive caregiving, potentially leading to attachment disorders and developmental delays (Field, 2009). Thus, health literacy functions not only as a determinant of maternal mental health outcomes but also as a critical factor influencing child well-being and family dynamics.

2.3. The Link Between Health Literacy and Maternal Mental Health

Health literacy serves as a foundational element in an individual's ability to navigate, comprehend, and utilize health information to maintain and improve overall well-being. This

becomes particularly significant in the context of maternal mental health, where understanding and managing complex emotional and psychological changes is critical. Sørensen et al. (2012) conceptualized health literacy as more than just the ability to read health information—it also encompasses the cognitive and social competencies that enable individuals to make informed health-related decisions and interact effectively with healthcare providers. For postpartum women, the level of health literacy profoundly influences how mental health symptoms are interpreted, managed, and addressed within the healthcare system.

Understanding of Mental Health Conditions: Mothers with elevated levels of health literacy are more likely to recognize early indicators of mental health disorders, including mood fluctuations, persistent sadness, excessive worry, and disruptions in sleep or appetite. They are also better equipped to distinguish these symptoms as potential signs of postpartum depression, prompting timely consultation with healthcare providers (Murray et al., 2011). In contrast, mothers with limited health literacy may interpret such symptoms as mere stress or exhaustion linked to caregiving responsibilities. This misattribution often leads to delays in seeking psychological support or treatment, thereby worsening the course of the depressive condition.

Decision-Making and Adherence to Treatment: The capacity to understand available treatment modalities is critical in managing postpartum depression. Women with higher health literacy can comprehend therapeutic options such as pharmacological interventions, cognitive behavioral therapy, and support networks. Their ability to evaluate the advantages and potential side effects of each option allows them to engage actively in decision-making with healthcare providers (Gonzalez et al., 2018). Conversely, women with lower health literacy may find it challenging to understand clinical terminology or decipher medical instructions, potentially leading to confusion and non-compliance with treatment regimens (Paasche-Orlow & Wolf, 2007). This disconnect can compromise treatment efficacy and delay recovery.

Social Support and Health Navigation: Health literacy further influences how mothers identify and utilize social and institutional support systems. Mothers who are health literate are often more proactive in seeking mental health services, peer support groups, and community resources that can alleviate the burdens of postpartum depression (Dennis & Falah-Hassani, 2016). In contrast, low health literacy is associated with reduced awareness of available services and difficulty navigating complex healthcare systems. This can result in underutilization of crucial

support mechanisms, ultimately leading to poorer psychological outcomes for both mother and child.

Accurate and timely recognition of postpartum depression is a critical step in ensuring early and effective intervention. Health literacy plays an essential role in shaping how mothers interpret and respond to emotional and psychological challenges following childbirth.

Dennis and Falah-Hassani (2016) emphasized that health-literate mothers are more likely to perceive persistent sadness, social withdrawal, chronic fatigue, or irritability as possible signs of a deeper mental health issue. This awareness enhances their likelihood of reaching out for professional help during the early stages of postpartum depression. In contrast, mothers with limited health literacy may lack familiarity with the clinical manifestations of depression and may view these symptoms as transient or part of the normative postpartum experience, which often results in delayed recognition and intervention.

Additionally, higher health literacy equips mothers with an understanding of the risk factors associated with postpartum depression, such as previous psychiatric history, absence of emotional support, and socioeconomic stressors. This insight allows them to monitor their mental well-being more effectively and take preventive actions. By contrast, mothers with low health literacy may lack awareness of these risk factors, making it harder for them to assess their vulnerability and seek timely assistance (Sørensen et al., 2012).

Research highlights that women with higher levels of health literacy are more likely to perceive the benefits of early therapeutic engagement and are proactive in seeking professional care upon recognizing initial symptoms (Berkman et al., 2011). This proactive behavior often extends to consistent participation in counseling, adherence to prescribed medications, and involvement in structured support programs, all of which contribute to accelerated recovery and improved quality of life.

Furthermore, health-literate mothers tend to have a clearer understanding of available mental health services within their communities. This facilitates timely access to relevant resources such as mental health clinics, peer counseling sessions, and local therapy groups. They are also more comfortable engaging in open dialogue with healthcare professionals, expressing their emotional needs, and advocating for appropriate care (Gonzalez et al., 2018). In contrast, women with

limited health literacy may encounter substantial barriers in accessing these services ranging from a lack of awareness to difficulties in completing administrative procedures or understanding referral systems leading to delays in treatment initiation and less favorable recovery trajectories.

Studies consistently demonstrate the value of early intervention in mitigating the intensity and duration of postpartum depression. Timely treatment is closely associated with a reduced likelihood of persistent depressive symptoms and a greater capacity for effective parenting (Murray et al., 2011). Mothers with strong health literacy are more likely to complete treatment protocols and maintain consistent care, resulting in better mental and emotional outcomes. On the other hand, mothers with limited health literacy often disengage from treatment prematurely or fail to initiate care altogether, potentially causing lasting consequences for their own psychological health and their child's development (Beck, 2001).

2.4 Recognition of Postpartum Depression Symptoms

Postpartum depression (PPD) is a prevalent and debilitating mental health condition that can emerge after childbirth, significantly impacting the psychological well-being of new mothers. The onset of PPD may vary, typically arising within the first few weeks postpartum but potentially occurring up to a year after delivery. Despite being a major public health concern, early recognition remains a challenge due to overlapping symptoms with the normal postpartum experience and sociocultural misunderstandings. Timely identification is imperative, as it paves the way for early intervention, improved maternal-child outcomes, and overall family well-being.

Clinically, the symptomatology of postpartum depression parallels that of major depressive disorder, but it is contextualized by the physiological and psychological transitions associated with the postpartum phase. As delineated in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), PPD encompasses a range of emotional, cognitive, physical, and behavioral symptoms. Emotional manifestations include persistent sadness, feelings of worthlessness, hopelessness, and an overarching sense of emotional numbness. Cognitive symptoms are often marked by difficulty concentrating, impaired decision-making, and memory disturbances. Physical symptoms may present as chronic fatigue, disrupted sleep patterns ranging from insomnia to hypersomnia, altered appetite, and somatic complaints that

lack a physiological basis. Behaviorally, affected mothers may demonstrate social withdrawal, impaired maternal bonding, and diminished interest in formerly pleasurable activities.

Distinguishing these symptoms can be particularly complex for new mothers, who are simultaneously adapting to their new role and navigating the physiological demands of postpartum recovery. As Beck (2001) asserts, the emotional and physical changes characteristic of the postpartum period often mask or mimic depressive symptoms, contributing to underdiagnosis or misinterpretation. Furthermore, healthcare providers may also inadvertently conflate these symptoms with the “baby blues” , a transient, less severe emotional response post-delivery thereby delaying necessary interventions.

In certain cases, symptoms of PPD do not align with the classic depressive profile, instead manifesting through irritability, heightened anxiety, or intrusive and obsessive thoughts, which further complicate recognition (Murray, Cooper, Wilson, & Romaniuk, 2011). Societal perceptions surrounding motherhood often idealized as joyful and fulfilling can create internal and external pressures that inhibit open disclosure. The pervasive stigma linked to maternal mental health issues discourages many women from voicing their struggles, thereby impeding early detection and exacerbating the psychological toll.

Despite the widespread prevalence of postpartum depression, early recognition is frequently hindered by a constellation of barriers that span individual, cultural, and systemic dimensions. Understanding these obstacles is essential for developing responsive interventions that prioritize maternal mental health and reduce the duration and impact of untreated depression.

A primary individual-level barrier is the widespread lack of awareness regarding the distinguishing features of postpartum depression. Many new mothers conflate depressive symptoms with routine postpartum experiences, such as fatigue or emotional fluctuation. Byatt et al. (2020) highlighted that this misperception significantly delays diagnosis. Shorey, Chee, and Chong (2018) further reported that emotional responses like irritability and sadness were often attributed to sleep deprivation or stress, rather than acknowledged as warning signs of a mental disorder.

Stigma remains a powerful deterrent against help-seeking behaviors. Moore, Ayers, and Drey (2021) found that mothers frequently refrain from disclosing symptoms due to fears of being

perceived as inadequate or incapable caregivers. Fonseca, Gorayeb, and Canavarro (2020) noted that self-directed blame and guilt are common in mothers with PPD, intensifying emotional suppression and hindering timely intervention.

The very nature of postpartum depression including symptoms like hopelessness and cognitive distortions can impede a woman's capacity for self-recognition. Carlson et al. (2025) suggest that these psychological distortions compromise insight, while Slomian, Honvo, and Reginster (2019) argue that the physiological demands of new motherhood, particularly sleep deprivation and hormonal shifts obscure the line between ordinary exhaustion and clinical depression.

Cultural narratives that idealize motherhood often contribute to silence around postpartum struggles. In many societies, mothers are expected to endure hardships without complaint. Dennis and Chung-Lee (2006) argue that such expectations prevent women from expressing vulnerability. Upadhyay, Chowdhury, and Saleem (2017) documented that in South Asian contexts, emotional distress post-childbirth was routinely dismissed, thereby invalidating the mothers' experiences and delaying appropriate responses.

A mother's immediate social environment, particularly her family, plays a critical role in the early identification of PPD. Inadequate support systems and dismissive attitudes from family members can prevent mothers from recognizing or validating their distress (Harknett & Hartnett, 2011). Shorey and Chan (2020) reported that when familial feedback fails to acknowledge emotional changes, mothers are less likely to perceive their symptoms as abnormal or deserving of attention.

Healthcare providers often operate under significant time pressures, limiting the depth of patient engagement. Tully, Dawson, and Brown (2017) found that many clinicians lack the specialized training needed to identify early signs of postpartum depression. Ross, Evans, Sellers, and Romach (2015) highlighted that without adequate education, physicians are prone to prioritizing physical over mental health, leading to missed opportunities for early detection.

Financial instability poses significant obstacles to accessing postpartum mental health services. Bauman, Howell, and English (2018) reported that low-income mothers often lack insurance, face high medical costs, or experience transportation issues.

2.5 Understanding Treatment Options for Postpartum Depression

Postpartum depression (PPD) represents a critical mental health condition affecting new mothers, necessitating a multidimensional treatment approach that encompasses psychotherapy, pharmacological interventions, and social support systems. Effectively managing PPD requires not only clinical interventions but also a comprehensive understanding of these therapeutic modalities, particularly from the perspective of the affected mothers. Central to this understanding is the concept of health literacy—the ability to obtain, comprehend, and apply health-related information in decision-making. A mother's health literacy significantly influences her awareness of treatment options, her willingness to seek care, and her adherence to prescribed therapies for PPD.

Among first-line treatments for PPD, psychotherapy is widely recommended, particularly cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT), both of which have demonstrated considerable efficacy in addressing emotional dysregulation and social challenges associated with maternal depression (Stamou et al., 2018). CBT focuses on identifying and restructuring maladaptive thought patterns, while IPT addresses interpersonal conflicts and role transitions. These therapies are especially beneficial for mothers experiencing self-blame, isolation, or strained relationships. However, the decision to engage in therapy is shaped by a mother's understanding of its purpose and process—understandings that are directly linked to her health literacy. A lack of comprehension may deter engagement, even when services are available.

Pharmacotherapy, particularly the use of selective serotonin reuptake inhibitors (SSRIs), is often indicated in moderate to severe cases of PPD (Frieder et al., 2019). In addition to clinical interventions, social support serves as a vital component of the recovery process. Support from family, friends, and peer groups can buffer the emotional distress associated with PPD by providing validation, encouragement, and practical assistance (Saharoy et al., 2023). Informal support networks, as well as structured community resources such as support groups or online platforms, contribute significantly to psychological well-being. However, mothers with limited health literacy may not be aware of or know how to access such resources. Their capacity to

utilize social support mechanisms is directly influenced by their ability to process health-related information and act on it.

Mothers with elevated health literacy levels are typically more cognizant of the full spectrum of PPD treatments, encompassing psychotherapy, medication, and support systems. They are also better equipped to evaluate the appropriateness of different interventions and to seek out tailored solutions that align with their personal needs and contexts (Sørensen et al., 2012). For example, such mothers may inquire proactively about evidence-based therapies or medication safety, thereby enhancing their engagement with mental health services. Conversely, those with low health literacy may remain unaware of formal treatment avenues, relying instead on informal or culturally endorsed coping strategies, which may not be effective or appropriate (Paasche-Orlow & Wolf, 2007).

Importantly, a clear grasp of the risks and benefits associated with treatment options is crucial especially when pharmacological interventions are involved. Understanding side effects, medication safety during lactation, and the necessity of treatment continuity requires a foundational level of health literacy (Ward & Zamorski, 2002). Mothers who are health-literate are more capable of interpreting prescription guidelines, recognizing adverse effects, and adhering to clinical instructions. On the other hand, inadequate comprehension may foster mistrust or misuse of prescribed interventions, further complicating mental health outcomes (Gonzalez et al., 2018).

Moreover, navigating the complexities of the healthcare system—such as locating providers, understanding insurance, and securing affordable care—demands a degree of health literacy. Mothers with high health literacy are generally more proactive in accessing care and collaborating with health professionals (Berkman et al., 2011). In contrast, those with low literacy levels may encounter structural and informational barriers that hinder timely and effective treatment engagement.

Access to and utilization of mental health services play a critical role in the timely diagnosis and management of postpartum depression. Health literacy acts as a key determinant in shaping whether and how mothers seek, comprehend, and engage with such services. Women who possess adequate health literacy are more likely to navigate the healthcare system efficiently,

identify the need for professional help, and make informed choices regarding service providers and therapeutic options (Nutbeam, 2008). In contrast, limited health literacy can lead to misinterpretation of depressive symptoms, delays in seeking care, and reduced service utilization, all of which exacerbate maternal psychological distress (Howard et al., 2014).

A mother with limited understanding of PPD may interpret her symptoms as a personal failing or as part of the normal postpartum experience, thus delaying help-seeking behaviors (O'Mahony et al., 2013). This delay is often reinforced by stigma surrounding mental illness, particularly maternal mental illness, which may lead to feelings of shame, guilt, and fear of being labeled as an unfit mother.

Furthermore, navigation of healthcare systems such as making appointments, understanding referral pathways, or interpreting insurance policies requires functional health literacy. Research indicates that mothers with low health literacy are less likely to know where to go for help or how to evaluate service quality (Eastwood et al., 2017). They may also face challenges in communicating symptoms to healthcare providers, understanding treatment plans, and adhering to follow-up recommendations. Consequently, promoting mental health literacy as a component of broader maternal care policies can facilitate early intervention, improve service engagement, and support recovery.

To address disparities in access and utilization, it is essential to incorporate health literacy-sensitive approaches within maternal healthcare systems. These include culturally appropriate education materials, simplified communication tools, visual aids, and the integration of community health workers trained in maternal mental health. Such interventions can empower mothers by demystifying mental health services, encouraging dialogue, and creating pathways to care that are respectful, inclusive, and easily navigable (Saha et al., 2020).

Health education serves as a foundational strategy in empowering women to understand, evaluate, and engage with treatment options for postpartum depression. By increasing awareness about the nature of PPD, the availability of treatments, and the benefits of early intervention, health education initiatives can bridge the knowledge gap caused by inadequate health literacy. Educational interventions tailored to the cognitive and emotional readiness of postpartum women

are particularly effective in fostering treatment engagement and adherence (Dennis & Dowswell, 2013).

Effective health education goes beyond information dissemination; it aims to build critical health literacy the ability to appraise and apply knowledge in context-specific situations. For instance, an educated mother may weigh the risks and benefits of antidepressant use during breastfeeding based on reliable sources or professional advice, thereby making a more personalized and informed decision (Guerra-Reyes et al., 2017). In contrast, women with inadequate health education may rely on myths, hearsay, or cultural narratives that discourage treatment-seeking or foster fear and misunderstanding.

Technology-enabled tools, such as mobile applications, video modules, and web-based interventions, are increasingly being used to deliver maternal mental health education. These tools can reach a wider audience, including women in remote or underserved areas, and offer privacy and flexibility, important factors for mothers who may feel reluctant to discuss mental health in public forums (Neiger et al., 2014). Moreover, involving family members especially spouses and primary caregivers in health education efforts can amplify their impact, ensuring that the mother receives informed support from her immediate environment.

2.6. Help-Seeking Behavior and Barriers to Care

Help-seeking behavior encompasses the decisions and actions individuals undertake when they perceive a need for assistance, particularly in addressing psychological or emotional distress. In the context of postpartum depression (PPD), help-seeking is shaped by an intricate combination of personal beliefs, emotional readiness, social dynamics, and systemic barriers. Mothers experiencing PPD often face a constellation of influences ranging from internalized stigma to limited awareness of available resources that affect whether, when, and how they pursue professional care. Studies have consistently highlighted that the likelihood of seeking help is governed by several interrelated factors, including perceived severity of symptoms, confidence in accessing care, and the availability of support systems (Beck, 2001).

One of the most influential components in determining whether a mother seeks professional assistance is her perception of her mental state and the necessity of intervention. Beck's (2001)

meta-analysis revealed that many mothers fail to acknowledge their depressive symptoms as clinically significant or in need of professional care. This misjudgment is frequently rooted in the societal normalization of emotional fluctuations in the postpartum period, which are often dismissed as a natural adjustment to motherhood. As a result, psychological symptoms may be trivialized or misinterpreted as transient fatigue or emotional overwhelm. Misconceptions such as the belief that postpartum depression will resolve without intervention further contribute to the underrecognition of mental illness and the minimization of help-seeking behavior (Murray et al., 2011).

Social support emerges as a powerful enabler or inhibitor of help-seeking behavior in postpartum women. A strong and supportive network of partners, family, and friends can provide both emotional reinforcement and practical guidance in navigating mental health services. Empirical studies suggest that women who feel emotionally supported are more likely to disclose their struggles and seek professional help (Dennis & Falah-Hassani, 2016). In contrast, women without such support systems often experience isolation and self-doubt, which can impede help-seeking. Moreover, shared experiences with peers who have navigated postpartum depression successfully can serve as powerful motivators, providing relatable role models who normalize treatment-seeking and recovery.

In addition to psychological and social factors, structural elements such as healthcare accessibility play a decisive role in shaping help-seeking behavior. Limited access to affordable and timely mental health services especially in rural or underserved communities remains a pervasive barrier (Gonzalez et al., 2018). Financial constraints, scarcity of trained professionals, and insufficient service availability are critical deterrents. Moreover, logistical challenges such as lack of transportation, inadequate childcare during appointments, or inflexible work schedules further restrict access to conventional mental healthcare. In such contexts, non-traditional forms of care, including telehealth and digital mental health interventions, have emerged as essential alternatives for enhancing accessibility and reducing the burden of postpartum depression.

Depression is often perceived not as a legitimate health condition, but as a character flaw or weakness, especially in women who are expected to maintain strength and resilience in their roles as mothers (Dennis & Falah-Hassani, 2016). Such stigmatizing beliefs deter women from

acknowledging their psychological distress and inhibit their willingness to seek professional support. This reluctance is particularly acute among mothers with low health literacy, who may not be aware of the medical basis of their symptoms or the legitimacy of mental healthcare as a solution. Furthermore, cultural values that emphasize privacy and familial loyalty can discourage women from sharing their emotional struggles beyond close-knit circles, further isolating them from supportive services (Gonzalez et al., 2018).

Mothers who enjoy strong peer support and open communication channels within their social networks are more likely to seek help, even in the face of literacy-related challenges (Dennis & Falah-Hassani, 2016). However, when low literacy is coupled with weak social ties, the result is often isolation, confusion, and a marked decrease in the likelihood of engaging with mental health services.

Socioeconomic status further intersects with health literacy to influence treatment-seeking behaviors. Women from lower socioeconomic backgrounds frequently experience financial constraints that limit their ability to access therapy, medications, or transportation to healthcare facilities. These practical limitations are often compounded by the cognitive load required to navigate bureaucratic systems, such as applying for public assistance, interpreting insurance documentation, or scheduling appointments—all of which may be daunting for those with low literacy skills (Berkman et al., 2011). The result is a disproportionate burden on vulnerable mothers, whose psychological needs may go unaddressed due to a convergence of educational, economic, and social disadvantages.

The societal narrative that equates maternal strength with emotional invulnerability often leads mothers to internalize feelings of guilt and inadequacy. This perception can cause them to mask or minimize their symptoms, fearing that acknowledgment of emotional struggles may reflect poorly on their maternal competence (Dennis & Falah-Hassani, 2016). Among women with limited health literacy, the absence of accurate knowledge about postpartum depression can reinforce these fears, making them more susceptible to internalizing stigmatizing beliefs. Consequently, many mothers avoid seeking professional support or delay treatment until symptoms become severe and debilitating.

Negative experiences or perceived judgment from healthcare providers can further entrench this stigma. Mothers may fear that their concerns will not be taken seriously, or worse, that they might be subjected to discriminatory or dismissive attitudes. In cultures where mental illness is heavily stigmatized, the consequences of disclosure may extend to social ostracization or family conflict, making help-seeking an emotionally risky endeavor (Beck, 2001). Women with lower health literacy are especially vulnerable in these scenarios, as they may lack the vocabulary or confidence to advocate for themselves, leading to further marginalization and missed opportunities for intervention.

2.7 Interventions to Improve Maternal Health Literacy

Programs focused on enhancing health literacy related to postpartum depression aim to empower mothers with the knowledge, skills, and confidence needed to recognize depressive symptoms, comprehend their implications, and access appropriate healthcare services. Evidence from empirical studies underscores the efficacy of such interventions in improving maternal awareness, strengthening self-efficacy, and promoting proactive health-seeking behavior. These programs are often designed with the dual purpose of education and stigma reduction, thereby addressing the psychological and social obstacles that frequently deter women from seeking timely care.

Numerous scholarly investigations have examined the outcomes of health literacy interventions targeted at improving the recognition and management of postpartum depression. For instance, Dennis and Falah-Hassani (2016) reported that postpartum education initiatives centered on mental health literacy notably increased mothers' capacity to identify symptoms and engage with mental health services. These interventions commonly incorporate diverse educational tools such as printed materials, multimedia content, and web-based platforms—that provide insights into the nature, manifestations, and treatments of postpartum depression. A noteworthy example is the Postpartum Support International (PSI) program, which equips both mothers and healthcare professionals with the necessary resources to identify depressive symptoms and mitigate stigma associated with mental health care (Postpartum Support International [PSI], 2019).

These health literacy initiatives employ a variety of delivery models, including face-to-face educational sessions, web-based programs, and mobile health (mHealth) applications. Smith et

al. (2018) demonstrated that mobile applications featuring curated content on mental health symptoms and self-care strategies significantly enhanced postpartum women's understanding of psychological well-being and treatment pathways. Similarly, community workshops facilitated by trained peer educators have been shown to foster a non-judgmental environment, thereby enabling open dialogue and increased service utilization (Khan et al., 2019). These formats cater to diverse learning preferences and accommodate different accessibility needs, making mental health education more inclusive.

Assessment of the impact of these programs is essential for understanding their contribution to improved maternal mental health outcomes. A notable evaluation conducted by O'Hara et al. (2020) indicated that health literacy interventions focusing on postpartum mental health facilitated earlier symptom detection, enhanced emotional regulation, and led to improved compliance with therapeutic regimens. As a result, mothers demonstrated increased adherence to treatment modalities, including pharmacological and psychosocial interventions, which ultimately benefited both maternal and child health.

2.8 Maternal Health Literacy and Long-Term Outcomes for Mothers and Children

Maternal health literacy plays a crucial role in determining the long-term mental health trajectories of mothers. Women who possess higher levels of health literacy are generally better equipped to identify early signs of mental health conditions, such as postpartum depression, and are more likely to adhere to treatment recommendations, thus improving recovery outcomes. In contrast, limited health literacy has been consistently associated with delays in the identification and management of psychological disorders. This often results in prolonged or intensified symptoms, as timely intervention becomes less likely when mothers are unable to recognize or understand the significance of their emotional and psychological distress. As such, maternal health literacy functions as a foundational component in the early detection and appropriate treatment of postpartum mental health issues.

The early recognition and management of postpartum depression are essential in preventing the escalation of mental health conditions into chronic disorders. Evidence indicates that health literacy significantly influences this process. According to Dennis and Falah-Hassani (2016), mothers with elevated levels of health literacy are more attuned to changes in their emotional

well-being and are consequently more inclined to seek timely and appropriate care. By contrast, mothers with lower health literacy may misinterpret symptoms such as fatigue, mood swings, or social withdrawal as typical postpartum experiences rather than indicators of a deeper psychological concern. Beck (2001) emphasizes that this misattribution often delays the initiation of interventions such as cognitive behavioral therapy, pharmacological treatments, or participation in peer support programs.

The influence of maternal health literacy on long-term psychological outcomes extends to how mothers manage stress and adapt to their parenting roles. McLachlan et al. (2016) found that women with higher health literacy scores demonstrated greater psychological resilience, lower levels of perceived stress, and enhanced coping strategies during the postpartum period. These factors significantly contribute to sustained mental health stability over time. Health-literate mothers tend to exhibit higher self-efficacy, engage in informed decision-making, and seek out resources that support their well-being. Sørensen et al. (2012) assert that improved health literacy empowers mothers to practice self-care, access community resources, and apply knowledge in ways that prevent the progression of mental health conditions. Collectively, these behaviors establish a buffer against the adverse effects of postpartum stressors and lay the groundwork for long-term psychological wellness.

Importantly, improvements in maternal health literacy have enduring effects that go beyond the immediate postpartum stage. Thoits (2013), in a longitudinal study, demonstrated that mothers with higher health literacy experienced lower rates of depression and anxiety across the early years of child-rearing.

In conclusion, maternal health literacy is a cornerstone of mental health promotion and child development. Women with higher health literacy are better equipped to recognize symptoms of postpartum depression, access and utilize mental health services, and engage in practices that support both their own well-being and that of their children. Targeted interventions to enhance health literacy have demonstrated success in reducing the burden of maternal mental health issues, improving family dynamics, and promoting positive developmental outcomes in children. As such, integrating maternal health literacy into public health policy and clinical practice holds significant promise for improving long-term health trajectories for mothers and families.

CHAPTER – 3

METHODOLOGY

Research methodology is a systematic and structured framework that outlines the strategies, tools, and procedures used by researchers to collect, interpret, and analyze data in order to address a specific research problem. It encompasses the scientific procedures and philosophical underpinnings that guide the entire research process, ensuring that the data collected is reliable, valid, and aligned with the objectives of the study (Sreekumar, 2025). For the present investigation titled *"Role of Health Literacy in Maternal Mental Health on the Recognition, Understanding, and Management of Postpartum Depression"* the methodological framework has been carefully designed to examine the complex interplay between maternal health literacy and postpartum mental health outcomes. The study specifically focuses on how mothers recognize the signs of postpartum depression, understand the available treatment options, engage in help-seeking behavior, and manage their emotional recovery. The following sections detail the sequential methodological components employed in the study:

- 3.1. Selection of Area
- 3.2. Selection of Sample
- 3.3. Selection of Research Method
- 3.4. Selection of Research tool
- 3.5. Collection of Data
- 3.6. Analysis of Data

3.1 Selection of Area

The geographical area of the study selected was Ernakulam district in the state of Kerala, India. The selection of this area is strategic, given its unique demographic composition that includes both urban and rural populations. This urban-rural continuum provides a diverse and inclusive context for evaluating variations in health literacy and maternal mental health outcomes. Ernakulam boasts a notably high female literacy rate of 92.96%, which offers a fertile ground for exploring how educational attainment influences awareness, understanding, and management of postpartum depression. The elevated literacy levels are anticipated to correlate positively with

health literacy and facilitate deeper insights into mothers' cognitive and behavioral responses to mental health challenges during the postpartum period.

Furthermore, Ernakulam is well-connected by a robust infrastructure network, including accessible roadways, railway stations, and a functional metro system. This logistical convenience plays a critical role in enabling effective and timely data collection from participants residing in various subregions of the district. Such accessibility ensures that the study captures a comprehensive cross-section of the maternal population, thereby enhancing the representativeness and generalizability of the research findings. The selected area, thus, aligns well with the objectives of the study and supports the operational feasibility of conducting in-depth fieldwork.

3.2 Selection of Sample

The sample for this study comprises 100 postpartum mothers who fall within the critical window of six weeks to twelve months following childbirth. This specific postpartum time frame is selected to ensure that the psychological experiences, symptoms, and challenges associated with postpartum depression are recent and relevant, enabling authentic and reflective responses from participants. The mothers were identified through hospitals, community health centers, maternal and child welfare programs, and referrals from local health workers across Ernakulam district. The sampling technique adopted was purposive in nature, aimed to ensure demographic diversity across variables such as socioeconomic status, educational background, occupational engagement, and cultural or religious affiliation.

Inclusion and Exclusion Criteria

- Women aged 18 years and above
- Only mothers who had delivered a child within the past six to twelve months were included in the study. This postpartum window is essential for capturing real-time insights into mental health challenges that arise during this crucial adjustment period.
- Participants were required to express a willingness to engage in both components of the research: completing structured survey questionnaires and participating in follow-up interviews or focus group discussions. This dual-participation criterion was

necessary to capture both quantitative and qualitative dimensions of maternal health literacy and postpartum depression experiences.

Exclusion criteria

- Mothers with clinical diagnoses of severe psychiatric conditions unrelated to postpartum depression such as schizophrenia or bipolar affective disorder were excluded from the study. This step was taken to maintain the specificity of the research focus and to avoid the influence of unrelated mental health disorders on the study's findings.

3.3 Selection of Research Method

The current study adopts a Survey method to systematically investigate the association between maternal health literacy and postpartum depression among mothers residing in Ernakulam, Kerala. A survey-based research design was developed as the methodological strategy. This approach enables the collection of structured, numerical data that can be subjected to statistical analysis to test hypotheses and identify trends. The use of survey tools allows for a standardized assessment of key variables, such as knowledge levels, symptom recognition, health-seeking behavior, and literacy regarding maternal mental health.

3.4 Selection of Research Tool

For the purposes of this study, data collection was conducted using a structured survey questionnaire specifically developed to collect data from postpartum mothers within six to twelve months of childbirth. The questionnaire was designed to elicit detailed responses relevant to the research objectives and enable participants to reflect on their experiences, knowledge, and behaviors regarding postpartum mental health. The survey utilized two widely validated standardized instruments: the Edinburgh Postnatal Depression Scale (EPDS) and the Health Literacy Questionnaire (HLQ).

The EPDS is an internationally recognized screening tool used to measure symptoms of postpartum depression, comprising a series of items that assess emotional and psychological well-being in the postpartum period. Meanwhile, the HLQ provides a multidimensional assessment of an individual's ability to access, comprehend, and apply health-related information. In addition to these validated tools, the questionnaire captures critical contextual

variables such as demographic details, socio-economic background, healthcare accessibility, and past mental health history to provide a holistic view of maternal health experiences. This comprehensive survey instrument is divided into five core thematic sections, each focusing on distinct but interconnected aspects of the study.

- 1. Socio-Demographic Profile**
- 2. Knowledge and Recognition of Postpartum Depression**
- 3. Health Literacy and Understanding of Mental Health Care**
- 4. Help-Seeking Behaviour for Postpartum Depression**
- 5. Maternal Health Literacy and Mental Health Outcomes**

3.5 Collection of Data

Data collection for this study was executed using online platforms to enhance accessibility and convenience for postpartum mothers residing in and around the Ernakulam district. The digital mode was chosen as the most practical approach given the geographic dispersion of participants and the potential constraints of time for mothers with young infants. Utilizing technology for data gathering also helped to streamline the collection process and improve response rates, especially among digitally literate populations.

Participants were obtained through collaboration with public and private hospitals, outreach through Accredited Social Health Activist (ASHA) workers, Integrated Child Development Services (ICDS) centers etc. These channels enabled the researcher to engage with a broad and diverse cross-section of postpartum mothers, thereby ensuring variability in socio-demographic profiles and enhancing the generalizability of the study.

Prior to participation, respondents were provided with comprehensive digital information outlining the study's aims, methodology, potential risks, and benefits. A digital informed consent form was administered to each participant, which emphasized the voluntary nature of participation and assured the confidentiality and anonymity of their responses. This ethical safeguard was integral to building trust and promoting openness in response behavior. Once consent was formally obtained, participants received a secure Google Form link containing the structured questionnaire. The form was user-friendly, accessible on smartphones and computers,

and designed for self-paced completion. Participants were encouraged to respond thoughtfully and to reach out to the researcher if they required any clarifications.

3.6 Analysis of Data

The data collected through the structured questionnaire was systematically organized and analyzed using percentage and statistical analysis, using Statistical Package for the Social Sciences (SPSS). The initial phase of data analysis involves descriptive statistical techniques to provide an overview of the demographic characteristics of the participants, the distribution of health literacy levels, and the severity of postpartum depression symptoms. Measures such as frequencies, percentages, means, and standard deviations were used. Following the descriptive analysis, inferential statistical methods employed to explore the associations and potential predictive relationships between maternal health literacy and postpartum mental health outcomes. All analyses will be conducted with an alpha level of 0.05 to determine statistical significance.

3.7. Development and Evaluation of Intervention tool for Postpartum depression.

Based on the results derived from the quantitative data analysis, an evidence-based intervention model was conceptualized and developed. This intervention aims to address the identified gaps in maternal health literacy that influence the recognition, understanding, and management of postpartum depression. The intervention tools were designed with a focus on enhancing mothers' ability to access, comprehend, and act upon relevant mental health information during the postpartum period.

Two main tools were developed :

1. **Reflection book** for new mothers was designed to provide ongoing support for mothers beyond initial education. This planner serves as a self-reflective wellness tool, helping mothers stay connected to their mental and emotional health. The Reflection book is provided in Appendix- 2. Using a reflection book as an intervention tool for postpartum depression (PPD) offers a gentle yet impactful way to support emotional healing and self-awareness. As an intervention, it encourages mothers to engage in consistent self-expression, which can help identify patterns in mood, triggers, and stressors. In

therapeutic settings, integrating a reflection book into postpartum care can complement counseling or medical treatment by deepening the mother's self-understanding and encouraging open communication. Ultimately, it transforms a passive experience into an active process of healing, making it a practical and compassionate tool in the recovery journey from PPD.

2. **Leaflet** on Postpartum Depression was created as a concise, visually engaging, and reader-friendly resource aimed at increasing basic mental health literacy among postpartum women. The leaflet provides foundational knowledge and clarity and the reflection book facilitates emotional engagement and behavior change. The leaflet is provided in Appendix - 3

These tools are incredible and distinctive because of their practical application in real healthcare settings: both are suitable to be offered as gifts or standard resources in hospitals, ideally handed out at discharge or during postnatal follow-up appointments. This positions the intervention as preventive, supportive, and accessible aligning perfectly with the broader public health goal of improving maternal mental health literacy and outcomes.

3.7.2 Evaluation of intervention tools for Postpartum Depression

To ensure the quality, relevance, and usability of both the intervention tools, a structured evaluation was conducted by experts in the field of maternal health and psychology. The evaluation process involved, A group of professionals, including mental health counselors, gynecologists, nurses, and maternal health educators

Each expert rated the tools using a Likert scale (1–5) and provided open-ended feedback on potential improvements and the tool's perceived impact on maternal mental health literacy. The evaluation form for the same is provided in the appendix- 4

RESEARCH DESIGN

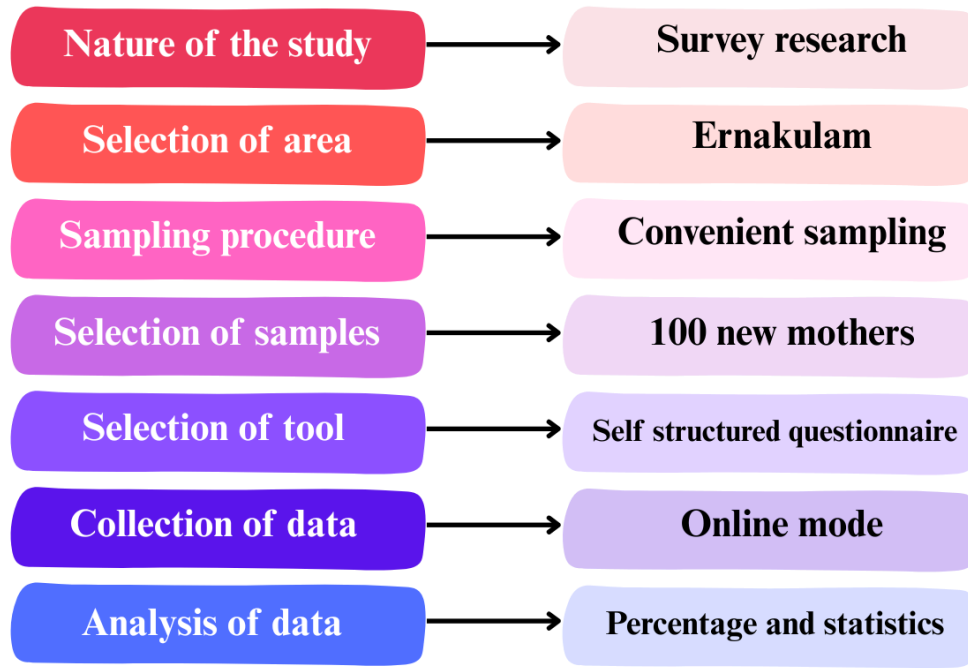


Figure No : 1

Research Design

CHAPTER – 4

RESULTS AND DISCUSSION

This chapter provides a comprehensive presentation and analysis of the research findings derived from the investigation into the role of maternal health literacy in the recognition, understanding, and management of postpartum depression. Drawing from the empirical data collected through structured surveys, this section delineates both the descriptive and inferential statistical outcomes related to maternal mental health and health literacy. The analysis is systematically organized in alignment with the core research objectives and questions outlined earlier in the study.

Each segment of the results is followed by an interpretative discussion that contextualizes the data in light of existing literature, theoretical frameworks, and contemporary research trends. This approach enables a critical comparison of the current findings with those reported in previous studies, thereby highlighting both the unique contributions and the broader implications of the present research. The discussion seeks to underscore patterns, correlations, and emergent themes that provide a deeper understanding of how maternal health literacy influences the identification of postpartum depression symptoms, treatment-seeking behaviors, and mental health outcomes.

Through this dual focus on results and interpretation, the chapter aims to elucidate actionable insights that can inform public health strategies, clinical practices, and community-level interventions designed to enhance maternal mental health literacy. By identifying the key variables that impact the mental well-being of postpartum mothers, this chapter lays a strong foundation for designing targeted interventions that address existing gaps in awareness, accessibility, and care.

The results from the study titled *“Role of Health Literacy in Maternal Mental Health on the Recognition, Understanding, and Management of Postpartum Depression”* are categorized and presented under the following sub-sections:

4.1. Demographic Profile

This section presents a detailed overview of the demographic characteristics of the study participants, comprising a total sample size of 100 postpartum mothers. Data collected include age, educational attainment, employment status, marital status, number of children, and personal history of mental health conditions. These demographic indicators are essential in providing context for interpreting the findings related to maternal health literacy and its influence on postpartum depression (PPD). Analyzing such variables allows for a nuanced understanding of how social and economic backgrounds may affect a mother's recognition, understanding, and management of postpartum mental health issues.

4.1.1 Demographic details of the sample

A summary of the demographic distribution of the participants is illustrated in Table 1 below. The table outlines the participants' age groups, educational qualifications, and employment status.

Table No: 01

Demographic Details of the samples

Sl.No	Particulars		Respondents	
			n= 100	%
1.	Age	18-24	24	24
		25-34	62	62
		35-44	13	13
		45 and above	1	1
2.	Educational Level	Higher secondary	9	9
		graduation	49	49
		post graduation	25	25
		Professional degree	17	7
3.	Employment Status	Employed (Govt)	7	7
		Employed (Private)	31	31

		Self employed	12	12
		Stay at home parent	27	27
		Unemployed	23	23

Age (years): The distribution of maternal age suggests that the majority of respondents (62%) fall within the 25–34 age group, which corresponds to the most common period for childbirth. This trend aligns with national patterns indicating that many women in India marry and begin families during their late twenties to early thirties (Choudhury et al., 2023). A notable 24% of mothers are between 18 and 24 years, indicating the inclusion of younger mothers in the sample. Meanwhile, 13% are within the 35–44 age range, and only 1% of respondents are aged 45 years or older. These findings highlight that the study predominantly represents women of younger and middle reproductive age, reinforcing the relevance of maternal health literacy interventions for this demographic segment.

Educational Level: Educational attainment among the participants reveals a relatively high literacy level. Almost half (49%) of the mothers hold a graduate degree, while 25% have pursued postgraduate education. Additionally, 17% of the sample comprises individuals with professional degrees, and only 9% reported having completed education up to the higher secondary level. These statistics suggest that most participants possess formal education beyond high school, a factor that may positively influence their health literacy levels, comprehension of postpartum depression, and willingness to seek mental health support.

Employment Status: Employment data indicate a diverse occupational profile among participants. A total of 38% of the mothers are formally employed 7% in government jobs and 31% in the private sector. Another 12% are self-employed, while 27% identify as stay-at-home parents, and 23% are currently unemployed. This even distribution reflects a mix of economic participation and domestic caregiving roles. Notably, half of the respondents are not engaged in formal employment, which may have implications for their access to mental health services and health-related information. Economic dependency or lack of workplace-based mental health support could also influence help-seeking behavior and awareness of postpartum depression resources.

4.1.2. Familial Characteristics of Respondents

This section highlights the familial background of the participants, including their marital status, number of children, and the time since their most recent childbirth. These aspects are crucial for understanding the contextual and psychosocial environment of the mothers, as they influence maternal mental health outcomes and coping mechanisms related to postpartum depression (PPD).

Table No: 02

Familial Characteristics of Respondents

Sl.No	Particulars		Respondents	
			n= 100	%
4.	Marital status	Divorced	2	2
		Married	95	95
		Single	2	2
		Widowed	1	1
5	No. of children	1	64	64
		2	27	27
		3 or more	9	9
6.	Recent Birth	0-3 months	2	2
		4-6 months	16	16
		7-12 months	13	13
		1+ year	69	69

Marital status: The overwhelming majority of participants (95%) reported being married at the time of the study, while 2% identified as single, 2% as divorced, and 1% as widowed. This demographic pattern suggests that most mothers in the study are likely to have access to spousal or partner support. Social support from a partner is a well-documented protective factor against postpartum depression, as it contributes to emotional stability and shared responsibility in parenting. The smaller representation of single, divorced, and widowed mothers groups that often face additional stressors such as financial constraints and social isolation offers scope for

further focused research on vulnerable subpopulations in maternal mental health contexts (Mehra et al., 2021).

Number of children : A significant majority of respondents (64%) reported having only one child, indicating that most participants are first-time mothers. Additionally, 27% have two children, and only 9% have three or more. The predominance of first-time mothers in the sample is particularly relevant, as research shows that primiparous women often experience elevated anxiety, uncertainty, and stress during the postpartum period due to inexperience with child-rearing. According to Patel and Rao (2024), India's demographic trend is shifting towards smaller families, driven by urbanization, rising costs of living, and changing parental aspirations. The fact that only a small fraction of the sample has larger families corresponds with national fertility trends, where extended family structures are gradually becoming less common.

Recent Birth : Regarding the timing of the most recent childbirth, the majority of respondents (69%) gave birth over a year ago. Another 16% delivered within the past 4–6 months, 13% had their delivery between 7–12 months ago, and only 2% had a recent birth within the last 0–3 months. These figures indicate that a significant proportion of participants are beyond the immediate postpartum period. However, emerging research challenges the conventional focus on the first six months after childbirth. Putnick et al. (2020) emphasize that postpartum depression can persist for years, with nearly 5% of mothers reporting high depressive symptoms for up to three years post-delivery.

4.2 Prevalence and Symptoms of Postpartum Depression Among Respondents

This section provides a detailed account of the prevalence and self-reported symptoms of postpartum depression (PPD) among the study participants.

Table No: 03
Prevalence and Symptoms of Postpartum Depression Among Respondents

SL.N o	Particulars		Respondents	
			n= 100	%
1	Have experienced Postpartum Depression	Yes	69	69

		No	31	31
2.	The symptoms faced	Feeling sad or hopeless	65	65
		Difficulty sleeping	41	41
		Lack of appetite	10	10
		Difficulty bonding with the baby	20	20
		Increased energy levels	10	10
		Frequent crying spells	45	45
		Thought of harming oneself or the baby	12	12

% exceeds 100 due to multiple responses

The analysis reveals that 69% of the respondents acknowledged experiencing postpartum depression, while the remaining 31% reported no such symptoms. Among those who did experience PPD, the most frequently cited symptom was a persistent feeling of sadness or hopelessness (65%). This was followed by frequent crying spells (45%) and disturbed sleep patterns (41%), both of which are hallmark indicators of depressive mood states. Additionally, a significant minority reported difficulty bonding with their infant (20%) and reduced appetite (10%). Interestingly, 10% of mothers reported increased energy levels, a symptom sometimes associated with mood dysregulation or bipolar tendencies. Of particular concern is the finding that 12% of participants experienced intrusive thoughts about harming themselves or their child, underscoring the urgency of clinical evaluation and support in severe cases.

The prevalence rate of PPD among this sample (69%) is markedly higher than the global average, which estimates that approximately one in seven women—around 14%—suffer from postpartum depression (Amer et al., 2024). This disparity could be attributed to the focused nature of the sample, greater awareness due to localized screening methods, or cultural differences in the openness with which emotional distress is acknowledged and reported. It is also possible that national-level surveys underrepresented true prevalence due to stigma and underreporting, particularly in South Asian contexts. Literature in maternal mental health consistently identifies biological factors (e.g., hormonal fluctuations), psychological stressors (e.g., fear of inadequacy or social judgment), and lack of adequate social support as key contributors to the development of PPD.

A growing body of research supports the idea that specific symptoms such as sleep disturbances, emotional detachment from the infant, and frequent crying spells are red flags for clinical depression in the postpartum period. For instance, Putnick et al. (2020) noted that mothers who experience persistent hopelessness and emotional dysregulation may require sustained therapeutic support beyond the early postpartum window. Furthermore, the expression of suicidal ideation or thoughts of harming the baby is regarded as a psychiatric emergency, necessitating immediate referral for specialized care. Studies in *BMC Public Health* (Verma & Bhattacharya, 2023) have further underscored the influence of socioeconomic factors particularly financial stress and lack of emotional support as major predictors of postpartum mental health outcomes. These findings collectively emphasize the importance of proactive mental health screening and the integration of maternal health literacy into community-level interventions.

4.3 Knowledge and Recognition of Postpartum Depression

This section delves into the extent of respondents' awareness and ability to recognize postpartum depression (PPD), including their perceptions of its onset, prevalence, treatability, and distinction from typical emotional fluctuations following childbirth. The results presented in this section offer valuable insights into the knowledge base of mothers concerning postpartum mental health, which directly impacts their ability to identify symptoms early and seek timely interventions.

Table No: 04

Knowledge and Recognition of Postpartum Depression

SL.N o	Particulars		Respondents	
			n= 100	%
1.	Development of postpartum depression onset after child birth	Immediately after birth	14	14
		Within a few days	51	51
		Within a few months	16	16
		Within a few weeks	19	19
2.	Prevalence of postpartum depression among new mothers.	Yes	66	66
		No	2	2
		Not sure	32	32

3.	Awareness of postpartum depression prior to this survey.	Yes	96	96
		No	4	4
4.	Understanding the treatability of postpartum depression.	Yes, with therapy or medication	76	76
		No	7	7
		Not sure	17	17

The findings underscore the extent to which respondents were informed about postpartum depression. In terms of understanding the timing of onset, over half of the participants (51%) reported that PPD may develop within a few days following childbirth. Additionally, 19% believed symptoms might emerge within a few weeks, and 16% within a few months, while a smaller segment (14%) perceived the condition to begin immediately after birth. These varied responses suggest a general awareness that postpartum depression can emerge at different points during the postnatal period, though the timing remains somewhat misunderstood.

When asked about the prevalence of postpartum depression, 66% of mothers acknowledged that it is a common condition among new mothers. However, 32% were uncertain, and 2% believed it is not prevalent. This level of uncertainty points to gaps in maternal mental health literacy that may hinder early recognition. Encouragingly, nearly all respondents (96%) indicated prior awareness of postpartum depression before participating in the survey, signaling that information about PPD has reached most mothers through either healthcare systems, community discussions, or media platforms.

Participants also shared their understanding of the treatability of postpartum depression. A substantial 76% affirmed that the condition could be managed with therapeutic interventions or medication, which is aligned with current psychiatric recommendations. However, a small group (7%) believed PPD could not be treated, and 17% were unsure. These findings highlight both progress and persistent misconceptions regarding maternal mental health care. While a majority understand that treatment options are available, misinformation and hesitancy about seeking help remain barriers.

Global literature supports the notion that while awareness of PPD is growing, misperceptions about its onset and treatment are still widespread. According to Amer et al. (2024), postpartum depression can develop at any time during the first year after delivery, though symptoms most

commonly appear within the first few weeks. This aligns with the finding that 51% of the respondents identified the onset as occurring within a few days. Nonetheless, the divergence in perceptions underscores the importance of accurate health communication and counseling during antenatal and postnatal visits.

A study conducted by Khamidullina et al. (2025) and published in *MDPI* reported that 10–20% of postpartum women globally are affected by PPD, yet many cases remain undetected due to inadequate screening and stigma. The 32% of respondents in the current study who were uncertain about PPD’s prevalence mirrors the general public’s lack of clarity on the issue. This gap in understanding underscores the need for more robust maternal health education initiatives.

Furthermore, the awareness of treatment options is vital in reducing the burden of postpartum depression. Evidence suggests that interventions such as cognitive behavioral therapy (CBT) and pharmacological treatments, particularly selective serotonin reuptake inhibitors (SSRIs), are effective in alleviating symptoms of PPD (Amer et al., 2024). However, as indicated in several studies, societal stigma, fear of judgment, and lack of knowledge about mental health services often prevent women from accessing care. Improving maternal health literacy not only promotes early detection but also fosters a culture of acceptance and openness around postpartum mental health challenges.

4.4. Sources of Information and Awareness of Postpartum Depression Among Respondents

This section presents a comprehensive analysis of the sources from which mothers acquired information about postpartum depression (PPD), their awareness of where to seek professional help, familiarity with treatment options, and their perceptions of the adequacy of information received. These findings provide critical insight into the patterns of maternal health information-seeking behavior and highlight existing gaps in knowledge dissemination.

Table No: 05

Sources of Information and Awareness of Postpartum Depression Among Respondents

SL.N o	Particulars	Respondents	
		n= 100	%

1.	Source of informations	Books or magazines	2	2
		Family or friends	25	25
		Healthcare providers (Doctors, Nurse, Midwife)	15	15
		I don't seek informations	6	6
		Online resources (websites, blogs, forums)	31	31
		Social Media	21	21
2.	Awareness of where to seek help for postpartum depression.	Yes, i know who to contact	43	43
		No, I'm not sure where to go	21	21
		I've never thought of it	36	36
3.	Known postpartum depression treatments	Counseling or psychotherapy	68	68
		Medications (e.g.,antidepressants	41	41
		Support group for new mothers	44	44
		Physical activity and exercise	54	54
		I'm not aware of any treatments	10	10
4.	Perceived adequacy of information regarding postpartum depression.	Yes	40	40
		No	26	26
		Somewhat	34	34

Sources of Information: Among the surveyed mothers, the most frequently cited source of information about PPD was online platforms, including websites, blogs, and forums (31%), followed closely by family and friends (25%) and social media (21%). A relatively small portion (15%) reported obtaining information from healthcare providers such as doctors, nurses, or midwives. Traditional sources such as books or magazines were used by only 2%, while 6% of respondents admitted they had never sought any information related to PPD.

The heavy reliance on online platforms and social media mirrors a growing global trend wherein digital channels have become central to health information consumption (Lau et al., 2020). These digital sources offer anonymity, immediate access, and convenience, empowering individuals to self-educate about mental health conditions, including their symptoms and treatment modalities.

However, the prevalence of misinformation on these platforms remains a pressing concern. The low percentage (15%) of respondents who consulted healthcare professionals indicates a worrying disconnect between patients and the formal health system, despite the fact that clinicians are often considered the most reliable source of mental health advice (McCauley et al., 2021).

This limited engagement with professional healthcare may stem from various barriers, including stigma, fear of judgment, and structural issues such as lack of access or awareness. The negligible use of printed sources like books or magazines suggests a shift in preference, particularly among younger populations, toward digital media over traditional formats (Marton et al., 2022). Alarming, the 6% of respondents who did not seek information at all reflects either a deep-seated cultural stigma, a lack of perceived relevance, or critically low levels of mental health literacy. This aligns with prior findings that mothers with low health literacy are significantly less likely to recognize symptoms of PPD or pursue treatment (Sorensen et al., 2012).

Help-Seeking Awareness: Awareness of where and how to seek help for PPD was another crucial aspect explored. Approximately 43% of respondents indicated they knew whom to contact for support, which is encouraging and reflects a moderate level of help-seeking awareness. However, a significant 36% had never even considered where to seek help, and 21% were unsure of the available resources. These figures underscore a critical gap in mental health outreach and accessibility.

This gap aligns with global literature indicating that many mothers experiencing PPD avoid seeking help due to societal stigma, lack of information, or fear of judgment (Slomian et al., 2019). The findings of Dennis and Chung-Lee (2006) further support this, highlighting that cultural attitudes and personal apprehension significantly deter mothers from engaging with mental health services. Addressing these challenges requires a multi-pronged approach that includes community-level awareness campaigns, culturally sensitive education programs, and improved communication between healthcare systems and patients.

Knowledge of PPD Treatments: When asked about their familiarity with treatment options for postpartum depression, a majority of respondents (68%) identified counseling or psychotherapy

as a viable option. This was followed by physical activity and exercise (54%), support groups for new mothers (44%), and medications such as antidepressants (41%). Notably, 10% of the sample population was unaware of any available treatments.

These results demonstrate encouraging awareness of non-pharmacological interventions, particularly counseling and physical activity, which are increasingly being recognized for their effectiveness in managing PPD. However, the relatively lower awareness of pharmacological options may suggest persistent stigma surrounding psychiatric medications or concerns about side effects and dependency (Bina, 2020). The fact that 10% of mothers were not aware of any treatment options reflects a troubling lack of health education, which could result in delayed interventions and poorer mental health outcomes.

Perceived Information Sufficiency: Finally, respondents were asked to evaluate the adequacy of the information they had received about postpartum depression. Only 40% believed they had sufficient knowledge, while 34% felt only partially informed, and 26% considered their information inadequate. This means that a majority (60%) of respondents do not feel fully equipped with the necessary knowledge to recognize or manage PPD effectively.

This finding highlights a critical need for comprehensive maternal mental health literacy programs. Strengthening information dissemination through reliable, accessible, and culturally relevant platforms particularly during prenatal and postnatal care can bridge this gap. Empowering mothers with knowledge not only improves their ability to recognize and respond to PPD but also fosters a more informed, supportive community environment.

4.5. Help Seeking behaviour and management of postpartum depression

This section explores how mothers responded after recognizing symptoms of postpartum depression (PPD), including their willingness to seek professional help, sources of support, comfort levels in discussing mental health, and barriers that impacted their help-seeking behaviour. The findings also shed light on how PPD was managed and the social and cultural influences surrounding these decisions.

Table No: 06

Help Seeking behaviour and management of postpartum depression

SL.N o	Particulars		Respondents	
			n= 100	%
1.	Willingness to seek professional help if experiencing postpartum depression symptoms.	Yes, definitely	27	27
		No, I would seek help	8	8
		Maybe, depending on the situation	58	58
		I'm not sure	7	7
2.	History of discussing mental health concerns with a healthcare provider.	Yes	22	22
		No	78	78
3.	Comfort level in discussing postpartum depression with a healthcare provider.	Very comfortable	34	34
		Somewhat comfortable	57	57
		Uncomfortable	8	8
		Very uncomfortable	1	1
4.	Perception of stigma associated with discussing postpartum depression in your community or culture.	Yes	47	47
		No	16	16
		Not sure	37	37
5.	Perceived barriers to seeking help for postpartum depression.	Lack of knowledge about postpartum depression	44	44
		Fear of judgment or stigma	25	25
		Lack of access to healthcare or mental health services	8	8
		Financial constraints	4	4
		Lack of support from family or friends	13	13
		I would not seek help for postpartum depression	6	6

The results indicate that only 27% of participants affirmed a definite willingness to seek professional help if they experienced symptoms of PPD. A majority (58%) expressed conditional willingness, stating they might seek help depending on the situation. Additionally, 8% clearly indicated that they would not seek help, while 7% remained unsure. These findings are consistent with prior studies that identify stigma, lack of awareness, and uncertainty as significant

deterrents to help-seeking among postpartum women (Priyadarshini et al., 2023). Such reluctance suggests an underlying vulnerability in maternal mental health behaviours and emphasizes the role of socio-cultural and psychological variables in shaping help-seeking intent.

A striking 78% of mothers reported that they had never discussed mental health concerns with a healthcare provider, in contrast to the mere 22% who had engaged in such discussions. This highlights a critical communication gap between healthcare professionals and postpartum women. The lack of mental health dialogue during routine maternal care visits may reflect systemic shortcomings or the internalized belief among mothers that such topics are either unimportant or potentially stigmatizing.

When participants were asked about their comfort level in speaking to healthcare professionals about postpartum mental health, 34% reported feeling very comfortable, while the majority (57%) stated they were only somewhat comfortable. A smaller subset—9%—reported feeling uncomfortable or very uncomfortable. These numbers illustrate a lingering discomfort surrounding mental health discourse, which may be rooted in fears of judgment, societal expectations of motherhood, and the stigmatization of mental illness. Garapati et al. (2023) similarly reported that new mothers often fear being perceived as inadequate or incapable if they disclose emotional struggles, thereby inhibiting open conversation with professionals.

Stigma was a prominent theme throughout the findings. Nearly half of the respondents (47%) agreed that their community or culture associated stigma with discussing PPD, while 37% were unsure and only 16% denied the presence of such stigma. This perception aligns with previous literature, which identifies cultural silence around maternal mental illness as a major obstacle to seeking support (Byatt et al., 2020). The ambiguity expressed by many respondents underscores the pervasive yet often unspoken nature of mental health stigma in postpartum contexts.

Among the barriers to help-seeking, the most frequently reported was a lack of knowledge about postpartum depression (44%). This was followed by fear of stigma or judgment (25%), insufficient support from family or friends (13%), and lack of access to healthcare services (8%). Financial constraints (4%) and an outright unwillingness to seek help (6%) were less commonly cited. The prominence of informational and attitudinal barriers, as opposed to structural ones, suggests that even when services are available, internal and interpersonal factors may prevent

mothers from utilizing them. This supports findings by Byatt et al. (2020), who argued that mental health literacy and stigma are more formidable barriers than physical accessibility for many postpartum women.

While only a minority of respondents mentioned access or affordability as issues, the overwhelming concern over stigma and lack of awareness underscores a pressing need for community-driven educational initiatives. Addressing these barriers requires an integrative approach that includes healthcare provider training, culturally sensitive education, and peer support models to normalize mental health discussions during and after pregnancy.

4.6. Mental health literacy and mental health outcomes

This section explores the perceived importance of mental health education among postpartum mothers and how this perception influences their ability to cope with postpartum depression (PPD). It further analyzes the correlation between maternal mental health literacy and emotional well-being, with a focus on how informed understanding of PPD symptoms and available resources may support recovery and resilience. The analysis is based on self-reported responses gathered through a structured survey instrument.

Table No: 07

Mental health literacy and mental health outcomes among respondents

Sl.No	Particulars		Respondents	
			n= 100	%
1.	Understanding the signs of postpartum depression could help improve the ability to cope with it.	Yes, understanding would help	80	80
		No, understanding would not change anything	8	8
		I'm not sure	12	12
2.	Encounter information about mental health during visits to healthcare providers (e.g., doctor, nurse, midwife).	Frequently	5	5
		Occasionally	28	28
		Never	17	17
		I have not visited a healthcare provider for mental health issues	50	50

3.	Maternal mental health education should be a routine part of prenatal and postnatal care.	Yes, definitely	79	79
		No, not necessary	4	4
		Maybe, depending on the situation	17	17
4.	Importance of educating new mothers about postpartum depression and other maternal mental health issues.	Very important	93	93
		Somewhat important	6	6
		Not important	1	1

The findings reveal that a substantial majority of respondents (80%) believe that gaining a proper understanding of postpartum depression symptoms would assist them in coping more effectively with the condition. This clearly highlights the perceived value of mental health literacy in fostering psychological preparedness and self-efficacy during the postpartum period. Conversely, a minority (8%) did not believe that awareness would influence their coping abilities, while 12% were unsure. These insights point to the need for comprehensive awareness programs that emphasize symptom recognition and early detection of PPD, particularly targeted toward populations with limited exposure to mental health education.

A closer examination of participants' encounters with mental health information during healthcare visits revealed a significant communication gap. Only 5% of the mothers reported frequently receiving information related to mental health during visits to healthcare professionals such as doctors, nurses, or midwives. Another 28% stated they received such information occasionally. Notably, 17% had never encountered any mental health discussions during medical consultations, and a staggering 50% indicated they had never sought mental health-related care from a provider at all. This demonstrates a critical shortfall in integrating mental health education into routine maternal healthcare services. The lack of consistent exposure to mental health guidance within healthcare settings underscores the urgent need to embed structured educational components into prenatal and postnatal consultations, thereby ensuring that all mothers receive essential knowledge and support.

When asked about the inclusion of maternal mental health education as a standard element of prenatal and postnatal care, 79% of respondents firmly agreed that it should be a routine component of care. This response demonstrates strong community consensus on the importance of preventive education and structured guidance throughout the perinatal period. Only 4% of

participants believed such education was unnecessary, and 17% stated their support would depend on specific circumstances. These findings reinforce the idea that maternal mental health education is widely perceived not only as relevant but as a vital tool for equipping mothers with the knowledge and resources necessary to manage emotional challenges following childbirth.

The survey also gauged the perceived importance of educating new mothers about postpartum depression and other maternal mental health challenges. A near-unanimous 93% of participants considered such education to be “very important,” while only 6% labeled it “somewhat important,” and a mere 1% regarded it as unimportant. These results signify a pronounced awareness among mothers of the potential benefits of mental health education and highlight the demand for such programs. The widespread agreement suggests that incorporating comprehensive mental health education into maternal care protocols could serve as a powerful intervention, promoting early recognition of symptoms, reducing stigma, and facilitating timely treatment and recovery for postpartum mothers.

4.7. Edinburgh Postnatal Depression Scale (EPDS)

To assess the prevalence, intensity, and variety of postpartum depression (PPD) symptoms among participants, the Edinburgh Postnatal Depression Scale (EPDS) was employed as a validated screening tool. This scale, widely recognized for its reliability and specificity in identifying depressive symptoms during the postpartum period, provided critical insights into the emotional and psychological well-being of the respondents. Through its structured 10-item format, the EPDS enabled a nuanced exploration of emotional distress, coping mechanisms, self-perception, and potential risk factors related to postpartum mental health.

Table No: 08

Edinburgh Postnatal Depression Scale (EPDS)

Sl. No	Particulars		Respondents	
			n=100	%
1	I have been able to laugh and	As much as i always could	45	45
		Definitely not so much now	14	14

	see the funny side of things.	Not at all	8	8
		Not quite so much now	33	33
2	I have looked forward with enjoyment to things	As much as i ever did	48	48
		Definitely less than i used to	14	14
		Hardly at all	3	3
		Rather less than i used to	35	35
3	I have blamed myself unnecessarily when things went wrong	No never	12	12
		Not very often	14	14
		Yes most of the time	29	29
		Yes some of the time	45	45
4	I have been anxious or worried for no good reason	Hardly ever	8	8
		No not at all	14	14
		Yes sometimes	62	62
		Yes very often	16	16
5	I have felt scared of panicky for no good reason	No not at all	14	14
		No not much	20	20
		Yes quite a lot	20	20
		Yes sometimes	46	46
6	Things have been getting to me	No i have been coping as well as ever	8	8
		No, most of the time I have coped quite well	19	19
		Yes, most of the time I haven't been able to cope at all	19	19
		Yes, sometimes I haven't been coping as well as usual	54	54
7	I have been so unhappy that I have had difficulty sleeping	No, not at all	12	12
		No, not very often	22	22

		Yes, most of the time	30	30
		Yes, sometimes	36	36
8	I have felt sad or miserable	No, not at all	11	11
		Not very often	27	27
		Yes, most of the time	22	22
		Yes, Quite often	40	40
9	I have been so unhappy that I have been crying	No, never	14	14
		Only occasionally	35	35
		Yes, most of the time	14	14
		Yes, quite often	37	37
10	The thought of harming myself has occurred to me	Hardly ever	15	15
		Never	55	55
			23	23
		Sometimes		
		Yes, quite often	7	7

An analysis of the emotional resilience of participants revealed that 45% maintained their capacity to laugh and find humor in everyday life, suggesting a level of emotional strength. However, 33% noted a decline in this capacity, and 8% had completely lost this ability, signaling a shift in their emotional state. These findings underscore the need to assess not just overt symptoms of depression but also subtle emotional changes that may serve as early indicators of PPD.

In terms of anticipation and enjoyment, 48% of respondents expressed that they continued to look forward to daily activities with the same level of enthusiasm as before childbirth. However, a notable 35% reported a reduction in enjoyment, while 3% admitted to having nearly lost all anticipation, indicating possible signs of anhedonia—a core symptom of depression. This emphasizes the role of early psychological evaluation in detecting changes in motivation and pleasure.

Self-blame emerged as a prevalent issue, with 45% of the mothers reporting that they blamed themselves unnecessarily some of the time, and 29% experiencing this feeling most of the time. Such internalized guilt and negative self-perception can exacerbate depressive symptoms and hinder recovery. These findings highlight the need for cognitive-behavioral interventions focused on reframing negative thought patterns and fostering self-compassion in new mothers.

A significant portion of the respondents (62%) admitted to feeling anxious or worried without a specific reason at times, while 16% experienced these emotions very often. Anxiety is a common co-occurring condition with PPD, and the high percentage of anxious respondents points to the need for dual screening for depression and anxiety during the postpartum period. Early intervention through counseling and stress-reduction techniques can be beneficial in such cases.

In relation to panic symptoms, 46% of respondents experienced panic occasionally, while 20% reported feeling panicked quite frequently. These responses indicate heightened psychological distress and the need for access to timely therapeutic services, such as mindfulness-based therapies or anxiety-specific counseling sessions to reduce the risk of escalation.

Coping challenges were also evident, with 54% of mothers stating they were not coping as well as usual, and 19% acknowledging that they were unable to cope at all most of the time. These figures suggest a decline in functional ability and highlight the need for structured support systems, such as peer support groups, mental health counseling, and practical help from family or community services.

Disturbances in sleep due to emotional distress were reported by 36% of respondents who sometimes found it difficult to sleep, and 30% who experienced sleep issues most of the time. Since sleep deprivation can worsen symptoms of depression, strategies such as sleep hygiene education, relaxation techniques, and family support in caregiving responsibilities are essential components of postpartum mental health care.

Sadness and feelings of misery were commonly experienced, with 40% reporting frequent sadness and 22% feeling this way most of the time. This finding aligns with diagnostic criteria for depressive disorders and underscores the importance of regular mental health screening to detect and address chronic low mood in postpartum women.

Crying episodes, an overt symptom of emotional distress, were frequent among participants, with 37% crying quite often and 14% doing so most of the time. These findings point to emotional dysregulation and increased vulnerability, necessitating timely psychoeducation and therapeutic support for emotional expression and stabilization.

Though a majority (55%) reported never experiencing suicidal thoughts, 23% acknowledged having them occasionally, and 7% experienced such thoughts frequently. The presence of suicidal ideation, even among a minority, is a critical mental health concern that mandates immediate attention through structured risk assessment protocols, crisis intervention, and access to psychiatric care.

The data derived from the EPDS underscore the significant emotional burden faced by many postpartum mothers. While some respondents demonstrated emotional resilience, a considerable proportion exhibited symptoms of depression, anxiety, self-doubt, and sleep disruption, all of which adversely affect maternal mental health.

These findings advocate for a proactive and inclusive approach to postpartum mental health care. Targeted interventions should aim to reduce self-blame, enhance emotional coping strategies, and offer early psychological support. Education about PPD, combined with family involvement and community support, can greatly reduce the severity and duration of postpartum distress.

Lastly, the reported incidence of suicidal thoughts, though relatively lower in prevalence, signals a need for vigilant mental health monitoring and immediate access to professional counseling. Creating a supportive environment that encourages open dialogue about mental health can improve recovery outcomes and overall well-being among postpartum women.

4.8. Generalized Self Efficacy Scale

To evaluate the respondents' perceived capacity to navigate difficulties and successfully resolve challenges, the Generalized Self-Efficacy Scale (GSE) was administered. This scale, a reliable and widely utilized psychological assessment, offers insight into the confidence levels of individuals when faced with adversity (Schwarzer & Jerusalem, 1995). Among the 100 participants, responses revealed a broad spectrum of self-efficacy, highlighting differing degrees of belief in one's personal problem-solving and coping capabilities.

Table No. 9**Generalized Self Efficacy Scale**

Sl. No	Particulars		Respondents	
			n=100	%
1	I can always manage to solve difficult problems if i try hard enough	Not at all true	5	5
		Hardly true	23	23
		Moderately true	45	45
		Exactly true	27	27
2	If someone opposes me I can find means and ways to get what I want	Not at all true	14	14
		Hardly true	33	33
		Moderately true	42	42
		Exactly true	11	11
3	It is easy for me to stick to my aims and accomplish my goals.	Not at all true	12	12
		Hardly true	26	26
		Moderately true	41	41
		Exactly true	21	21
4	I am confident that I could deal efficiently with unexpected events	Not at all true	12	12
		Hardly true	31	31
		Moderately true	38	38
		Exactly true	19	19
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.	Not at all true	11	11
		Hardly true	33	33
		Moderately true	33	33
		Exactly true	23	23
6	I can solve most problems if I invest the necessary effort.	Not at all true	8	8
		Hardly true	20	20
		Moderately true	43	43
		Exactly true	29	29

Sl. No	Particulars		Respondents	
			n=100	%
7	I can remain calm when facing difficulties because I can rely on my coping abilities.	Not at all true	20	20
		Hardly true	22	22
		Moderately true	43	43
		Exactly true	15	15
8	When I am confronted with a problem , I can usually find several solutions	Not at all true	11	11
		Hardly true	22	22
		Moderately true	48	48
		Exactly true	19	19
9	If I am in trouble, I can usually think of a solution	Not at all true	11	11
		Hardly true	30	30
		Moderately true	38	38
		Exactly true	21	21
10	I can usually handle whatever comes in my way	Not at all true	14	14
		Hardly true	26	26
		Moderately true	40	40
		Exactly true	20	20

Problem-Solving Ability: A considerable number of respondents (45%) reported moderate confidence in solving complex problems if they exerted enough effort, while 27% expressed complete certainty in their capabilities. However, 28% were either unsure or lacked belief in their problem-solving capacity, reflecting a variance in self-perceived competence in this critical life domain.

Persistence Despite Opposition: The ability to persist in achieving desired outcomes despite opposition was moderately acknowledged by 42% of participants. A significant 33% expressed minimal confidence, suggesting challenges in assertiveness or negotiating personal goals in the face of resistance, while only 11% felt entirely capable.

Goal-Setting and Achievement: Regarding goal orientation, 41% moderately agreed they could accomplish their aims, and 21% conveyed high assurance in their ability. However, nearly 38% were less certain, signaling the need for strategies that reinforce sustained motivation and clarity in goal attainment processes.

Managing Unexpected Events: A moderate level of confidence (38%) was reported in handling unexpected situations efficiently. Notably, 31% of participants indicated a limited ability to manage such disruptions, suggesting possible gaps in adaptive strategies and psychological preparedness.

Resourcefulness in Unforeseen Situations: The respondents' resourcefulness appeared evenly split, with 33% expressing moderate belief and 23% expressing strong belief in their skills. Conversely, an equal 33% admitted they lacked adequate coping strategies, underscoring the need for practical problem-solving interventions.

Effort-Based Problem-Solving: A reassuring 43% moderately agreed that sustained effort could lead to problem resolution, and 29% held strong convictions in this belief. Nonetheless, 28% still doubted their ability to overcome challenges through effort alone, potentially indicating issues related to motivation or previous negative experiences.

Emotional Regulation in Adversity: Approximately 43% of respondents felt moderately capable of maintaining calm during difficult situations, but 42% reported challenges in regulating emotions under stress, with 20% stating significant difficulty. This highlights a potential vulnerability in emotional coping mechanisms.

Generating Solutions to Problems: Nearly half of the sample (48%) moderately believed in their capacity to generate multiple solutions to problems. However, 22% had minimal confidence in this skill, pointing to a need for cognitive flexibility training.

Finding Solutions in Trouble: When in trouble, 38% of respondents moderately believed in their problem-solving capabilities, while 30% lacked confidence. This suggests that while some mothers feel mentally equipped to overcome distress, others might benefit from structured guidance and mental health support.

Handling Challenges: A moderate 40% of participants agreed they could generally handle obstacles as they arise. Yet, a combined 40%—14% not at all and 26% hardly true—revealed uncertainty or a lack of confidence in their ability to manage daily life challenges effectively.

The overall findings of the Generalized Self-Efficacy Scale suggest a spectrum of self-belief among postpartum women, with most displaying moderate confidence in their problem-solving and coping abilities. Nevertheless, the presence of considerable doubt among a substantial segment of participants indicates the importance of incorporating self-efficacy building modules in maternal mental health programs. Empowering mothers with practical tools for resilience and decision-making is crucial, especially in the demanding postpartum period.

Interventions that integrate cognitive-behavioral therapy (CBT), structured goal-setting, and relaxation training could enhance self-perceived efficacy, emotional regulation, and overall adaptability (Bandura, 1997). Promoting a growth mindset, especially in maternal healthcare education, will likely support mothers in feeling more competent, capable, and prepared to manage both routine and unexpected parenting challenges.

4.9. APGAR Scale

The APGAR Family Functioning Scale was administered to assess the levels of familial support, communication, and overall satisfaction with family dynamics among the 100 postpartum women who participated in the study. The APGAR scale, developed by Smilkstein (1978), is a validated tool that evaluates five key components of family functioning: Adaptability, Partnership, Growth, Affection, and Resolve. Each item on the scale offers insight into how well a family supports its members, particularly during times of stress or vulnerability, such as the postpartum period.

Table No :10

APGAR Scale

Sl. No	Particulars		Respondents	
			n=100	%
1	I am satisfied that i can turn to my family for help when something is troubling me	Almost always	51	51

		Some of the time	40	40
		Hardly ever	9	9
2	I am satisfied with the way my family talks over things with me and share problems with me	Almost always	44	44
		Some of the time	43	43
		Hardly ever	13	13
3	I am satisfied that my family accepts and supports my wishes to take on new activities or directions	Almost always	58	58
		Some of the time	27	27
		Hardly ever	15	15
4	I am satisfied the way my family expresses affection and responds to my emotions such as anger sorrow and love	Almost always	46	46
		Some of the time	33	33
		Hardly ever	21	21
5	I am satisfied the way my family and I share time together	Almost always	55	55
		Some of the time	28	28
		Hardly ever	17	17

In regard to seeking help from family members, the findings reveal that a majority of respondents (51%) indicated that they could almost always depend on their family when they encountered emotional or situational distress. An additional 40% reported being able to turn to family only some of the time, suggesting occasional inconsistencies in support. Notably, 9% of the participants expressed that they hardly ever received the necessary support from their family, which may place them at greater risk for emotional distress during the postpartum period.

Regarding communication and joint problem-solving, 44% of respondents affirmed that their families almost always engaged in open discussions and shared their concerns meaningfully. A comparable proportion (43%) reported experiencing such supportive communication only occasionally. Meanwhile, 13% conveyed that meaningful communication within the family was rare, reflecting a lack of consistent engagement in emotional discourse or collaborative decision-making.

The area of support for individual growth and aspirations yielded encouraging results, with 58% of participants stating that their families consistently supported their ambitions, including the

pursuit of new directions or roles. This reflects a high level of respect for personal autonomy within these families. However, 27% felt only partial support, and 15% indicated that their aspirations were seldom accepted or encouraged by family members, potentially impeding their personal development and recovery during the postpartum period.

Emotional expression and validation within the family structure also showed variation. While 46% of participants were satisfied with their family's responsiveness to their emotions—such as anger, sorrow, or love—another 33% reported inconsistent emotional acknowledgment. A significant portion (21%) rarely experienced emotional support, suggesting that emotional invalidation remains a concern in some households, which can hinder emotional regulation and recovery from postpartum depression.

When examining the sharing of quality time with family members, a majority of respondents (55%) reported consistent satisfaction with time spent together, indicating strong relational bonding. However, 28% experienced such connection only occasionally, while 17% struggled with limited shared experiences, possibly reflecting strained or distant family relationships during the postpartum adjustment period.

The analysis of the APGAR scale responses underscores the essential role that familial relationships play in shaping maternal mental health outcomes. Families that demonstrate adaptability, openness, and emotional responsiveness provide a secure foundation for mothers navigating the demands of postpartum life. Conversely, families with weak communication or inconsistent support may inadvertently contribute to maternal distress, highlighting the need for family-centered interventions and education on effective communication and emotional intelligence.

These results point to the importance of strengthening family systems through psychosocial education, structured family therapy, and community-based support initiatives. Fostering open dialogue, expressing affection, supporting personal growth, and prioritizing shared experiences can enhance family cohesion. In turn, this promotes a nurturing environment conducive to maternal well-being and can serve as a preventive factor against the development or exacerbation of postpartum depression.

4.10. Familiarity with Postpartum Depression and Perception of its Prevalence Among New Mothers

The study aimed to explore the respondents' familiarity with postpartum depression (PPD) prior to participating in the survey and to understand their perception of its prevalence among new mothers. Table 11 presents the cross-tabulated data on participants' knowledge of PPD and their belief about its commonality among postpartum women.

Table no:11

Familiarity with PPD and Perception of its Prevalence Among New Mothers

Particulars		Familiarity with postpartum depression prior to this survey		Total
		No	Yes	
Perception of postpartum depression as a common condition for new mothers.	No	0	2	2
	Not sure	1	31	32
	Yes	3	63	66
Total		4	96	100

Familiarity with Postpartum Depression:

The results revealed a high level of awareness among the sample group, with 96% of the respondents indicating prior knowledge of postpartum depression before taking part in the study. Only a marginal proportion (4%) reported being unfamiliar with the condition. This suggests that awareness campaigns and healthcare messaging regarding postpartum mental health may have reached a substantial number of women, at least on a superficial level.

Perception of Postpartum Depression as a Common Condition:

Among those who were already familiar with PPD, 63% recognized it as a common condition affecting new mothers, whereas 31% were uncertain about its prevalence. Interestingly, a small minority (2%) did not perceive PPD to be a common experience, despite being aware of it. This disconnect between awareness and perception could be attributed to varying personal experiences, exposure to different narratives, or lack of in-depth understanding of the issue.

Uncertainty Among Unfamiliar Respondents:

Among the four participants who had no prior knowledge of postpartum depression, three still considered it a common condition, and one remained unsure. This reflects a broader societal understanding that mental health struggles are part of the postpartum experience, even among those lacking formal awareness of PPD as a medical condition. However, this assumption may be based more on anecdotal or media-derived perceptions than on clinical understanding.

Interpretation and Implications:

While the findings demonstrate a commendable level of familiarity with postpartum depression, the existence of uncertainty among 32% of respondents regarding its commonality suggests that awareness does not always translate into accurate or confident perceptions. This gap underscores the necessity for targeted educational interventions that move beyond simple awareness and instead cultivate deeper understanding. Efforts should focus on disseminating accurate, culturally relevant information about symptoms, risk factors, and the importance of timely support to reduce stigma and improve maternal mental health outcomes.

Table No: 12

Association between prior knowledge and belief regarding postpartum depression

	Value	df	Asymp.Sig.(2-sided)
Pearson Chi-Square	.198	2	.906
Likelihood Ratio	.281	2	.869
N of Valid Cases	100		

A Chi-Square test of independence was conducted to determine whether prior knowledge of postpartum depression significantly influenced the belief that it is a common condition among new mothers. The Pearson Chi-Square value was .198, with a p-value of .906. Since the p-value exceeds the standard threshold of 0.05, the test revealed no statistically significant association between prior awareness and the perception of postpartum depression as common. This suggests that awareness alone may not shape or influence personal beliefs about mental health conditions.

These findings resonate with existing literature emphasizing that health knowledge, while essential, is not always a decisive factor in belief formation. Studies have shown that perceptions

of mental health are often shaped by a complex interplay of cultural beliefs, familial influence, and individual lived experiences (Jones, 2025). Additionally, research into mental health literacy highlights the limitations of information-based interventions in altering attitudes, advocating instead for culturally grounded dialogue and immersive experiences that foster empathy and understanding (Mattar, Ghanem, & Alami, 2024).

4.10.2 Relation Between Recognition of Postpartum Depression Symptoms and Belief in Its Commonality

The present study sought to explore the association between the recognition of postpartum depression (PPD) symptoms and the belief in its prevalence among new mothers. Table 13 outlines the distribution of responses regarding the perceived time of PPD onset, stratified by the respondents' reported experience with PPD.

Table No:13

Relation between recognition of Postpartum Depression symptoms and belief in its commonality

Particulars		How soon after giving birth can PPD develop				Total
		Immediately after birth	Within a few days	Within a few months	Within a few weeks	
Ever experienced Postpartum Depression (PPD)	No	8	13	6	4	31
	Yes	6	38	10	15	69
Total		14	51	16	19	100

The findings illustrate varied levels of understanding among respondents concerning the timeline of postpartum depression onset. A majority of participants (51%) believed that PPD symptoms typically emerge within a few days following childbirth. This was followed by 19% who reported that symptoms become apparent within a few weeks, 16% who indicated a few months as the likely period of onset, and 14% who believed that PPD can begin immediately after delivery. Among those who had personally experienced postpartum depression (69% of the sample), the largest proportion (38%) identified symptom emergence within a few days

postpartum. In contrast, the 31% of respondents who reported no personal experience with PPD showed a more even distribution across all four onset categories, suggesting potential ambiguity or uncertainty in symptom recognition.

Table No:14

Relationship between recognizing postpartum depression (PPD) symptoms and the belief that it is a common condition

	Value	df	Asymp.Sig.(2-sided)
Pearson Chi-Square	6.392	3	.094
Likelihood Ratio	6.071	3	.108
N of Valid Cases	100		

To further investigate the link between symptom recognition and the perception of PPD's prevalence, a Chi-Square test of independence was conducted. As shown in Table 14, the Pearson Chi-Square statistic yielded a value of 6.392 with a p-value of 0.094. Since the p-value exceeds the conventional significance threshold of 0.05, the result suggests that there is no statistically significant association between recognition of PPD symptoms and the belief that it is a common condition among postpartum women. This indicates that the ability to recognize symptoms does not automatically lead to the belief that PPD is a widespread or frequently occurring condition.

This outcome aligns with broader mental health literature, which highlights that recognition of symptoms does not necessarily alter individual beliefs about a condition's commonality or severity. Public perceptions are often shaped by cultural narratives, societal stigma, and the way mental health issues are framed in mass media and community discourse (Jones, 2025). A related study by Mattar, Ghanem, and Alami (2024) revealed that even when individuals correctly identified clinical symptoms of depression, many still underestimated its prevalence due to internalized stigma, misinformation, or limited social exposure to those openly experiencing such conditions.

4.10.3 Relationship Between Mothers' Understanding of Postpartum Depression Treatments and Their Willingness to Seek Help

To explore the influence of maternal understanding of postpartum depression (PPD) treatments on their inclination to seek professional assistance, a Chi-Square test was conducted. The analysis investigated whether knowledge about available treatments positively correlates with the likelihood of mothers seeking help during postpartum depressive episodes.

Table No:15

Relationship Between Mothers' Understanding of Postpartum Depression Treatments and Their Willingness to Seek Help

	Value	df	Asymp.Sig.(2-sided)
Pearson Chi-Square	81.296	48	.002
Likelihood Ratio	61.844	48	.086
N of Valid Cases	100		

The results presented in Table 15 show that the Pearson Chi-Square value is statistically significant ($p = .002$), indicating a meaningful association between a mother's understanding of available PPD treatments and her willingness to seek help. This finding suggests that women who possess greater awareness of treatment modalities—such as psychotherapy, medication, and support services—are more inclined to pursue assistance when experiencing postpartum mental health challenges. These results underscore the role of health literacy in shaping positive mental health behaviors.

This observation supports prior research that establishes a strong link between mental health literacy and proactive help-seeking tendencies. According to Jones (2025), mothers who are informed about treatment options—particularly those aware of psychotherapy, antidepressants, and support systems—demonstrate reduced hesitation in seeking timely intervention. Such awareness reduces fear of the unknown and builds trust in available healthcare pathways, thereby facilitating early diagnosis and treatment.

However, it is also important to note that the Likelihood Ratio test yielded a p-value of 0.086, which exceeds the conventional 0.05 threshold for statistical significance. This suggests that, while knowledge is a crucial factor, it may not solely determine help-seeking behavior. Other contributing variables—such as cultural norms, social stigma, fear of judgment, financial burden, and limited access to care—may significantly influence maternal decision-making processes.

Mattar, Ghanem, and Alami (2024) emphasize that knowledge must be coupled with empowerment, accessibility, and culturally sensitive mental health support to achieve sustainable behavioral change.

In light of these findings, public health initiatives should prioritize holistic strategies that not only disseminate knowledge but also address structural and social barriers. Integrating culturally adapted educational programs and reducing stigma through community engagement can strengthen maternal confidence in seeking mental health care when needed.

4.10.4 Awareness and Utilization of Treatment Options for Postpartum Depression Among Respondents

This section presents insights into the respondents’ awareness of and engagement with various treatment options available for postpartum depression (PPD). The responses offer a comprehensive overview of maternal health literacy regarding mental health interventions, as summarized in Table 16.

Table No: 16
Awareness and Utilization of Treatment Options for Postpartum Depression Among Respondents

Medication	Count	%
Counseling or psychotherapy	18	18
Counseling or psychotherapy, Medications (e.g., antidepressants)	6	6
Counseling or psychotherapy, Medications (e.g., antidepressants), Physical activity and exercise	5	5
Counseling or psychotherapy, Medications (e.g., antidepressants), Support groups for new mothers	2	2

Counseling or psychotherapy, Medications (e.g., antidepressants), Support groups for new mothers, Physical activity and exercise	21	21
Counseling or psychotherapy, Physical activity and exercise	5	5
Counseling or psychotherapy, Support groups for new mothers	3	3
Counseling or psychotherapy, Support groups for new mothers, Physical activity and exercise	8	8
I am not aware of any treatments	8	8
Medications (e.g., antidepressants)	3	3
Medications (e.g., antidepressants), Support groups for new mothers	2	2
Medications (e.g., antidepressants), Support groups for new mothers, Physical activity and exercise	2	2
Physical activity and exercise	10	10
Physical activity and exercise, I am not aware of any treatments	1	1
Support groups for new mothers	3	3
Support groups for new mothers, I am not aware of any treatments	1	1
Support groups for new mothers, Physical activity and exercise	2	2
Grand Total	100	100

The analysis reveals that the most commonly identified intervention was a comprehensive approach involving counseling, medication, support groups, and physical activity, recognized by 21% of the respondents. Additionally, 18% reported counseling or psychotherapy as a singular treatment approach, indicating its recognition as a primary and accessible form of intervention.

These results suggest a high level of acknowledgment of therapy-based solutions in addressing PPD symptoms.

However, awareness regarding pharmacological treatments was relatively low. Only 6% of respondents recognized the use of both counseling and antidepressant medication as a treatment approach, and merely 3% identified medication alone. This may point to underlying stigma or fear associated with psychiatric medications. Studies show that while selective serotonin reuptake inhibitors (SSRIs) are among the most effective treatments for moderate to severe postpartum depression, misinformation or negative perceptions can reduce their acceptance (Jones, 2025).

Support groups and physical activity were cited by 8% of respondents as part of their understanding of treatment options, and 10% identified exercise alone as beneficial. These responses are consistent with research indicating that peer support and physical activity can play vital roles in mitigating symptoms of depression. Group therapy fosters social bonding and reduces feelings of isolation, while exercise has been shown to enhance mood and reduce anxiety through physiological mechanisms (Mattar et al., 2024).

A concerning finding was that 8% of respondents admitted to having no awareness of any treatment options for postpartum depression. This gap in knowledge represents a critical barrier to timely intervention and reflects a need for expanded mental health literacy efforts, particularly in maternal care settings. Research has emphasized that lack of knowledge is among the most significant predictors of untreated postpartum depression and associated complications (Jones, 2025).

To address this, healthcare systems should implement targeted educational programs during both prenatal and postnatal stages. These programs should incorporate evidence-based content on various treatment options and address cultural misconceptions and fears associated with seeking mental health care. Equipping mothers with accurate information, and providing access to supportive networks and services, is essential in bridging the gap between knowledge and action.

4.10.5 Relation between source of mental health information and recognition of Postpartum depression symptoms

This section examines the association between the sources from which mothers obtain mental health information and their ability to recognize the symptoms and onset of postpartum depression (PPD). Understanding where mothers primarily seek information can provide insight into how health literacy is shaped and, in turn, how it influences the recognition of PPD.

Table No: 17

Relationship between Source of mental health information and recognition of Postpartum depression symptoms

Where do you typically seek information about mental health, including postpartum depression?	How soon after giving birth can PPD develop				Row total
	Immediately after birth	Within a few days	Within a few months	Within a few weeks	
Books or magazines	0	1	1	0	2
Family or friends	3	12	10	0	25
Healthcare providers	3	5	2	5	15
I don't seek information	1	3	2	0	6
Online resources	4	15	0	12	31
Social media	3	15	1	2	21
Column total	14	51	16	19	100

An analysis of the data reveals that the most frequently accessed sources for mental health information were online platforms such as websites, blogs, and forums (31%), followed by social media (21%). These digital avenues surpassed more traditional sources like family or friends (25%) and healthcare providers (15%). Notably, 6% of the respondents reported that they do not seek mental health information from any source.

In terms of recognizing when PPD can develop, over half of the participants (51%) believed that symptoms could emerge within a few days of childbirth. An additional 19% associated the onset with a few weeks postpartum, while 16% believed it could appear within a few months. This

indicates a general understanding among mothers that PPD can present in the early postpartum period, although the level of precision varies depending on the source of their information.

Interestingly, respondents who cited healthcare professionals as their primary information source demonstrated a more distributed recognition pattern, with responses indicating awareness of PPD onset across several postpartum timeframes—immediately, within days, and weeks. This suggests that professional consultations contribute to a broader and more nuanced understanding of mental health conditions. Conversely, those who did not actively seek information showed limited awareness, with fewer correctly identifying the possible timeframes for the onset of PPD symptoms.

The prevalence of digital sources such as online media and social platforms as dominant sources of information aligns with global health communication trends. While these mediums have proven beneficial in spreading awareness, recent research cautions against the dissemination of inaccurate or misleading content through such platforms (Jones, 2025). Although social media has increased mental health visibility, the credibility of its content remains inconsistent and sometimes problematic.

The data also affirms that healthcare professionals, though accessed less frequently, provide more reliable and varied insights into PPD onset. This supports findings from prior studies suggesting that personalized health counseling leads to greater mental health literacy (Mattar et al., 2024). However, the relatively low utilization of professional sources points to an unmet need in maternal care practices—particularly regarding the systematic integration of mental health education during prenatal and postnatal consultations.

Additionally, the 6% of respondents who did not seek mental health information at all were among those with the lowest recognition of PPD symptom onset. This trend echoes previous research indicating that lack of awareness serves as a barrier to early identification and intervention for mental health conditions (Bakshi et al., 2024). These insights reinforce the necessity of embedding maternal mental health education within routine healthcare systems to improve recognition and timely treatment.

Table No:18

Relationship between the source of mental health information and recognition of PPD symptoms

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	139.738	24	.000
Likelihood Ratio	63.708	24	.000
No.of Valid cases	102		

A Chi-square test of independence was conducted to evaluate the relationship between the source of mental health information and the recognition of PPD symptom onset. The test yielded statistically significant results with a Pearson Chi-Square value of 139.738 and a p-value < .001, well below the conventional threshold of 0.05. Similarly, the Likelihood Ratio (63.708) also demonstrated statistical significance.

These findings suggest a strong and meaningful association between the type of mental health information source utilized and mothers' ability to recognize when PPD symptoms are likely to develop. In other words, health literacy—specifically influenced by the quality and type of information accessed—plays a vital role in recognizing early signs of postpartum depression. These outcomes highlight the urgent need for structured and evidence-based educational interventions to promote accurate knowledge of PPD among mothers, particularly through professional healthcare systems and credible digital channels

4.10.6 Relation between knowing where to seek help and awareness of postpartum depression.

This section investigates the association between individuals' awareness of postpartum depression (PPD) and their knowledge of where to seek assistance when experiencing or suspecting symptoms. Understanding this relationship is essential in evaluating how health literacy translates into actionable behavior regarding maternal mental health care.

Table No :19

Relation between knowing where to seek help and awareness of postpartum depression.

Do you know where to get help if you suspect you have	Have you ever heard of postpartum depression before this survey	Total
---	---	-------

postpartum depression.	No	Yes	
I've never thought about it	2	34	36
No, I'm not sure where to go	1	20	21
Yes, I know who to contact	1	42	43
Total	4	96	100

The findings offer a nuanced understanding of how knowledge about postpartum depression relates to help-seeking behavior. Among the respondents, 96% indicated prior awareness of PPD, while 4% reported having no previous knowledge of the condition. This high level of general awareness suggests that postpartum depression is becoming a more recognized aspect of maternal mental health; however, awareness alone does not guarantee preparedness to act in response to symptoms.

Among those who had heard of PPD, 42 individuals (43.75%) stated that they knew precisely who to contact for help, while 20 respondents (20.83%) were unsure of where to seek assistance, and a notable 34 participants (35.42%) admitted that they had never thought about seeking help, despite being aware of the condition. This disparity highlights a crucial gap between cognitive awareness and behavioral readiness, where being informed does not necessarily translate into having the practical knowledge or intention to seek professional support.

For respondents who had never heard of PPD prior to the survey ($n = 4$), only one individual reported knowing where to go for help, while another was uncertain, and the remaining two had never considered seeking assistance. This pattern underscores a vital concern: individuals who lack awareness of postpartum depression are also less likely to possess help-seeking competence, thereby increasing their vulnerability to undiagnosed and untreated mental health conditions during the postpartum period.

These findings suggest that knowledge of postpartum depression alone is insufficient in equipping mothers with the resources or confidence needed to seek professional assistance. Current literature supports this observation, noting that while awareness is the first step in mental health literacy, it must be followed by education about available services and access points to be

truly effective (Jones, 2025). Without this follow-through, awareness may remain passive, failing to produce proactive health behaviors.

The fact that 34% of respondents who were aware of PPD had never thought about where to seek help reflects a significant disconnect between theoretical understanding and practical application. Previous studies emphasize the need for maternal health education programs to not only inform women about the signs and symptoms of PPD but also guide them clearly on how, where, and when to seek professional support (Mattar et al., 2024). Additionally, the minimal help-seeking awareness among those unfamiliar with PPD prior to the survey aligns with existing research that links low mental health literacy to delays in recognition, diagnosis, and treatment-seeking behaviors (Bakshi et al., 2024). This highlights the need for early, accessible, and targeted interventions in prenatal and postnatal care systems.

Table No:20

Relationship between knowing where to seek help and awareness of postpartum depression

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	102.584	6	.000
Likelihood Ratio	20.289	6	.002
No.of Valid cases	102		

A **Chi-square test of independence** was conducted to assess the statistical significance of the relationship between **knowing where to seek help** and **awareness of postpartum depression**. The results revealed a **Pearson Chi-Square value of 102.584** with a **p-value < .001**, indicating a statistically significant association. These findings confirm that mothers who are aware of PPD are significantly more likely to know where to seek help than those who are unaware.

In conclusion, the data support the hypothesis that **health literacy regarding postpartum depression is strongly linked to help-seeking awareness**. While general awareness is crucial, the presence of structured guidance on accessing support services plays a decisive role in converting knowledge into action. This underscores the importance of integrating comprehensive mental health literacy programs into maternal care frameworks, emphasizing both symptom recognition and actionable steps toward seeking help.

4.10.7 Relation between awareness of postpartum depression treatment and comfort in talking to a healthcare provider.

This section explores the relationship between a mother's awareness of postpartum depression (PPD) treatment options and her comfort in engaging in mental health discussions with a healthcare professional. To examine this association, a cross-tabulation analysis was conducted involving 100 respondents.

Table No:21

Relation between awareness of postpartum depression treatment and comfort in talking to a healthcare provider.

		Have you ever discussed you mental health issues with a healthcare provider		Total
		No	yes	
Do you know where to get help if you suspect PPD	I've never thought about it	31	5	36
	No, I'm not sure where to go	16	5	21
	Yes I know who to contact	31	12	43
Total		78	22	100

Among the 100 participants, only 22% reported having previously discussed their mental health concerns with a healthcare provider. Within this subgroup, more than half (55%, $n = 12$) indicated that they knew exactly who to contact if they suspected symptoms of postpartum depression. In contrast, among the 78 participants who had never discussed their mental health with a provider, a significant 60% ($n = 47$) either had never thought about seeking help or were unsure where to go.

To determine the strength of association between prior mental health communication and awareness of treatment options for PPD, a Chi-square test was employed. This statistical test

compared the two categorical variables: (a) whether the participant had ever discussed their mental health with a provider, and (b) whether the participant knew where to get help if they suspected PPD.

The Pearson Chi-Square test produced a value of 2.295 with a corresponding p-value of 0.317, indicating no statistically significant relationship between the variables. Since the p-value exceeds the standard significance threshold of 0.05, the null hypothesis cannot be rejected. This suggests that there is no meaningful association between a mother's comfort in speaking with a healthcare provider and her awareness of where to seek help for PPD.

This outcome may suggest that comfort with health professionals alone does not directly equate to increased awareness of mental health services. It highlights the need for structured health literacy initiatives that proactively inform mothers about available treatment resources, regardless of whether they have previously disclosed emotional concerns to a healthcare provider.

4.10.8. Relation between barriers to seeking help and Seeking professional help for postpartum depression

This section investigates the relationship between perceived barriers to seeking help such as stigma, uncertainty, or lack of knowledge and the actual likelihood of a mother pursuing professional assistance for postpartum depression. The analysis aims to uncover whether these perceived barriers significantly influence help-seeking behavior.

Table No: 22

Relation between barriers to seeking help and Seeking professional help for postpartum depression

	Do you feel that you have enough information on how to seek help for PPD?			Total
	No	Somewhat	Yes	

Do you think there is a stigma associated with PPD in your community or culture	No	6	5	5	16
	Not sure	11	15	11	37
	Yes	9	14	24	47
		26	34	40	100

The cross-tabulation provides insight into how perceptions of stigma and personal information levels about seeking help for PPD interact. For instance, among the 47 respondents who acknowledged stigma in their community or culture, 24 (approximately 51%) still expressed willingness to seek professional help, suggesting a complex relationship between stigma and actual health-seeking behavior.

Table No:23

Association between perceived stigma/barriers and the likelihood of seeking professional help for PPD

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	5.327	4	.255
Likelihood Ratio	5.295	4	.258
No.of Valid cases	100		

To assess the statistical significance of the association between perceived barriers and the likelihood of seeking help, a Chi-square test was employed. The results yielded a Pearson Chi-Square value of 5.327 with a p-value of 0.255. Because the p-value exceeds the conventional alpha level of 0.05, the null hypothesis cannot be rejected. This finding suggests that there is no statistically significant association between perceived stigma or barriers and the intention to seek professional help for PPD.

Despite some visible variation in help-seeking tendencies based on stigma perception—such as nearly half of those acknowledging stigma still opting to seek help—the statistical analysis reveals that these differences are not robust enough to indicate a significant pattern. Therefore, stigma alone may not serve as a reliable predictor of help-seeking behavior.

While stigma is often cited as a deterrent, several studies support the idea that it is not always the most influential factor. For instance, Dennis and Chung-Lee (2006) found that while emotional stigma may deter disclosure, practical barriers such as time constraints, financial limitations, and lack of childcare often have a more direct impact on the decision to seek professional care. Similarly, Fonseca et al. (2015) reported that even when stigma is present, women who hold positive attitudes toward mental health services and receive support from providers are more likely to overcome these obstacles. Furthermore, O'Mahony et al. (2012) emphasized that cultural silence around mental illness acts as a form of stigma; however, the trust built with healthcare providers emerged as a more powerful determinant of whether or not mothers disclosed their symptoms.

These findings suggest that enhancing trust in healthcare providers and addressing logistical and informational barriers may be more effective than focusing solely on destigmatisation efforts when aiming to increase help-seeking behavior for postpartum depression.

4.10.9. Relationship between perceived stigma and Comfort in talking to a healthcare provider

To understand the psychological and social dimensions influencing maternal mental health, this section explores the relationship between perceived stigma and a mother's comfort level in discussing postpartum depression (PPD) with a healthcare provider. The analysis is framed around the following hypotheses:

Null Hypothesis (H_0): There is no significant association between perceived stigma and comfort in talking to a healthcare provider about PPD.

Alternative Hypothesis (H_1): There is a significant association between perceived stigma and comfort in talking to a healthcare provider about PPD.

Table No: 24

Relationship between perceived stigma and Comfort in talking to a healthcare provider

		Have you ever discussed your mental health problems with a healthcare provider?		Total
		No	Yes	
If you were to seek help for PPD, would you feel talking to your healthcare provider about it?	Somewhat comfortable	47	10	57
	uncomfortable	8	0	8
	Very comfortable	23	11	34
	Very uncomfortable	0	1	1
Total		78	22	100

The above cross-tabulation presents the distribution of comfort levels among mothers when engaging in discussions about PPD with healthcare professionals, categorized by whether or not they had previously spoken about their mental health. A majority of the participants who had never engaged in such conversations (60%, $n = 47$) expressed being only "somewhat comfortable" discussing PPD. Notably, eight participants from this group described themselves as "uncomfortable." Conversely, those who had prior experience discussing mental health issues were more inclined to report feeling "very comfortable" (50%, $n = 11$), and none reported being "uncomfortable." This trend suggests that familiarity with mental health discussions may help diminish the effects of perceived stigma, thereby enhancing comfort and trust in healthcare interactions.

Table No:25

Association between perceived stigma and comfort in discussing PPD with a healthcare provider

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	8.585	3	.035
Likelihood Ratio	9.633	3	.022
No.of Valid cases	100		

A Chi-square test was employed to examine the association between perceived stigma—operationalized as prior discussion of mental health with a provider—and participants' comfort level in seeking help for PPD. The comfort variable was divided into four categories: "Very Comfortable," "Somewhat Comfortable," "Uncomfortable," and "Very Uncomfortable." The test yielded a Pearson Chi-Square value of 8.585 with a p-value of 0.035.

As the p-value is less than the significance level of $\alpha = 0.05$, the null hypothesis is rejected. This finding indicates a statistically significant association between perceived stigma and comfort in discussing postpartum depression with a healthcare provider. The data suggest that mothers who had previously navigated mental health discussions were notably more at ease engaging in further conversations about PPD, thus emphasizing the importance of early and ongoing dialogue.

These findings are consistent with existing research on the detrimental role of stigma in maternal help-seeking behaviors. Dennis and Chung-Lee (2006) reported that many mothers refrain from discussing mental health concerns due to fears of being judged, misunderstood, or stigmatized by healthcare providers. Similarly, O'Mahony et al. (2012) identified that stigma, especially prevalent in ethnic minority and immigrant communities, often discourages open dialogue about mental health symptoms, resulting in underreporting and reduced care-seeking. However, Letourneau et al. (2012) highlighted the transformative effect of positive healthcare interactions in normalizing mental health concerns. They concluded that empathetic and supportive healthcare engagement can reduce stigma over time and empower mothers to articulate their emotional challenges more freely.

Overall, this section underscores that breaking the stigma associated with maternal mental health begins with cultivating safe, supportive spaces in healthcare environments—spaces where women feel seen, heard, and understood.

4.10.10 Assessing the impact of maternal health literacy on the severity, duration and recovery rates of PPD

A comprehensive correlation analysis was conducted to evaluate the role of maternal health literacy in influencing the severity, help-seeking behavior, stigma perception, and recovery

pathways related to postpartum depression (PPD). This multidimensional approach highlights how informed mothers are better positioned to recognize, manage, and recover from PPD.

Health Literacy and PPD Severity:

The Pearson correlation coefficient between maternal health literacy and the severity of PPD symptoms was found to be -0.1575, with a corresponding p-value of 0.0359. This result reveals a statistically significant negative correlation, implying that higher levels of health literacy among mothers are associated with reduced severity of PPD symptoms. In essence, as mothers become more literate in health matters, they are more likely to recognize early symptoms, utilize coping mechanisms, and engage in preventive measures. These findings resonate with earlier studies. For instance, Bennett et al. (2009) observed that women with limited health literacy were not only more likely to experience intense depressive symptoms but also had reduced access to high-quality mental health care. Thus, improving maternal health literacy may serve as a protective factor against the intensification of PPD symptoms.

Health Literacy and Help-Seeking Behavior:

The Pearson correlation coefficient between maternal health literacy and help-seeking behavior was 0.2101, with a p-value of 0.0482, indicating a moderate and statistically significant positive relationship. This correlation suggests that mothers with higher levels of health literacy are more proactive in seeking professional help when they experience symptoms of postpartum depression. This aligns with Nutbeam's (2008) theory of health literacy, which extends beyond functional literacy to include interactive and critical competencies—skills that enable individuals to understand health information, engage with health systems, and make informed choices. In this context, health-literate mothers are not only aware of PPD but also knowledgeable about available resources, appropriate providers, and the importance of timely intervention.

Health Literacy and Perceived Stigma:

A Spearman correlation coefficient of 0.2097 with a p-value of 0.0452 was observed between health literacy and perceived stigma. This indicates a statistically significant positive association, suggesting that mothers with higher health literacy are more cognizant of the societal stigma surrounding maternal mental health. Rather than being dissuaded by stigma, this heightened awareness may stem from their critical understanding of social attitudes and health discourse.

Interestingly, this mirrors the findings of O'Mahony et al. (2012), who reported that increased awareness of stigma does not necessarily lead to avoidance behavior. On the contrary, such mothers may develop resilience and adopt strategic navigation through healthcare systems to overcome cultural and structural barriers.

Perceived Stigma and Help-Seeking Behavior:

The Spearman correlation coefficient between perceived stigma and help-seeking behavior was found to be 0.2326, with a statistically significant p-value of 0.0199. Although traditionally stigma is seen as a barrier to seeking help, this result presents an alternative interpretation: recognizing stigma might actually enhance a mother's sensitivity toward mental health concerns, prompting her to seek professional support. This paradox can be understood through the lens of Corrigan's (2004) framework, which posits that individuals who acknowledge stigma may be more likely to confront and challenge it, particularly if they have access to accurate health information and support systems.

Discussing Mental Health and Help-Seeking Behavior:

A Spearman correlation coefficient of 0.2474 ($p = 0.0131$) was identified between previous discussions of mental health and the likelihood of seeking help for PPD. This significant positive correlation reinforces the idea that prior engagement in mental health conversations with healthcare providers increases the likelihood of seeking support. Mothers who have had earlier experiences discussing mental well-being are more comfortable initiating such conversations again, particularly in vulnerable phases like the postpartum period. These findings are echoed by Letourneau et al. (2012), who emphasized that regular, open communication between mothers and healthcare providers fosters trust, reduces anxiety around mental health topics, and encourages timely intervention when symptoms arise.

4.10.11 Relation between educational Level and Awareness of Where to Seek Help for postpartum depression

To examine the influence of educational attainment on maternal awareness regarding treatment pathways for postpartum depression, a chi-square analysis was conducted. The following hypotheses were tested:

- **Null Hypothesis (H_0):** There is no significant association between education level and awareness of PPD treatments.
- **Alternative Hypothesis (H_1):** There is a significant association between education level and awareness of PPD treatments.

Table no: 26

Relation between educational Level and Awareness of Where to Seek Help for postpartum depression

		Do you know where to get help if you suspect you have PPD			Total
		I've never thought about it	No, I'm not sure where to go	Yes, I know who to contact	
Educational Level	Graduation	24	7	18	49
	Higher secondary	3	2	4	9
	post graduation	5	10	10	25
	Professional degree	4	2	11	17
Total		36	21	43	100

Table No:27

Association between educational level and knowledge of where to seek help for PPD

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	13.236	6	.039
Likelihood Ratio	12.578	6	.050
No.of Valid cases	100		

Given that the p-value of 0.039 is less than the alpha level of 0.05, the null hypothesis is rejected in favor of the alternative hypothesis. This indicates a statistically significant association between the educational level of mothers and their awareness of where to seek help for postpartum depression. In essence, a mother's educational background significantly influences her ability to recognize treatment avenues and access relevant mental health services.

This finding is consistent with theoretical and empirical literature on health literacy. Nutbeam (2008) emphasized that health literacy extends beyond basic reading skills to include the ability to understand, appraise, and apply health information in practical contexts. Mothers with higher education levels may be more adept at navigating the healthcare system, comprehending mental health literature, and communicating effectively with providers. Similarly, Lau et al. (2019) reported that targeted educational interventions during pregnancy and postpartum periods significantly improved mothers' awareness and help-seeking behavior related to perinatal depression. These findings reinforce the need for educational programs that enhance both academic knowledge and health literacy to ensure better maternal mental health outcomes.

4.10.12 Relationship between Sources of Mental Health Information and Perceived Knowledge on Seeking Help for Postpartum Depression.

- Null Hypothesis (H_0): There is no significant association between knowing where to seek help for postpartum depression (PPD) and the likelihood of seeking professional help for PPD.
- Alternative Hypothesis (H_1): There is a significant association between knowing where to seek help for PPD and the likelihood of seeking professional help for PPD.

Table no: 28

Relationship between Sources of Mental Health Information and Perceived Knowledge on Seeking Help for Postpartum Depression.

		Do you feel that you have enough information on how to seek help for PPD.			Total
		No	somewhat	yes	
Where do you typically seek information about mental health including PPD.	Books or magazines	2	0	0	2
	Family or friends	5	11	9	25
	Healthcare providers	3	2	10	15
	I don't seek information	4	2	0	6
	Online resources	7	8	16	31

	Social media	5	11	5	21
Total		26	34	40	100

Table 28 illustrates the distribution of participants' perceived knowledge about how to seek help for postpartum depression, categorized according to their primary sources of mental health information. Among those who reported feeling adequately informed about how to access help for PPD, the highest frequencies were associated with the use of online resources (16 participants) and healthcare providers (10 participants). Conversely, those who either lacked knowledge or only felt somewhat informed more frequently relied on informal sources such as family and friends or social media. Notably, six participants reported not seeking any mental health information, all of whom indicated lower levels of knowledge regarding how to get help.

Table No:29

Association between participants' source of mental health information and their perceived knowledge about where to seek help for postpartum depression (PPD)

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	23.148	10	.010
Likelihood Ratio	23.103	10	.007
No.of Valid cases	100		

To further explore this relationship, a Pearson Chi-Square test was applied to assess the statistical association between the source of mental health information and the participant's self-reported knowledge of where to seek professional support for PPD. The results, summarized in **Table 29**, revealed a statistically significant association, $\chi^2(10) = 23.148$, $p = .010$. Given that the p -value falls below the conventional alpha level of 0.05, we reject the null hypothesis and accept the alternative hypothesis, indicating a meaningful relationship between the information source and perceived knowledge.

This finding emphasizes the critical role of information credibility in shaping maternal health literacy. Participants who relied on professional or evidence-based channels such as healthcare providers or verified online platforms reported significantly higher confidence in knowing how to seek help. This observation reinforces the conclusions drawn by Letourneau et al. (2012), who argued that direct communication with healthcare professionals can enhance maternal clarity and preparedness in seeking mental health care. The implication is that public health initiatives must

prioritize not only increasing access to information but also improving its quality and source credibility.

4.10.13 Relation Between Awareness of postpartum depression treatments and Comfort in talking to a healthcare provider

- **Null Hypothesis (H_0):** There is no significant association between awareness of postpartum depression (PPD) treatments and comfort in discussing PPD with a healthcare provider.
- **Alternative Hypothesis (H_1):** There is a significant association between awareness of PPD treatments and comfort in discussing PPD with a healthcare provider.

Table no: 30

Relation Between Awareness of postpartum depression treatments and Comfort in talking to a healthcare provider

		Have you ever discussed you mental health issues with a healthcare provider		Total
		No	yes	
Do you know where to get help if you suspect PPD	I've never thought about it	31	5	36
	No, I'm not sure where to go	16	5	21
	Yes I know who to contact	31	12	43
Total		78	22	100

To examine whether awareness of treatment options influences comfort in discussing postpartum mental health concerns, participants were categorized based on their response to two questions: (1) whether they know where to get help if they suspect PPD, and (2) whether they have ever discussed mental health issues with a healthcare provider. As shown in Table 30, the majority of those who had never considered where to get help also had no history of discussing mental health with a provider (31 out of 36). In contrast, only 12 out of 43 individuals who reported knowing where to seek help had actually engaged in conversations with a healthcare professional.

Table No:31

Association Between Awareness of postpartum depression treatments and Comfort in talking to a healthcare provider

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	2.295	2	.317
Likelihood Ratio	2.399	2	.301
No.of Valid cases	100		

A Chi-square test was employed to examine the relationship between awareness of PPD treatment options and comfort in communicating with healthcare providers about mental health. The analysis yielded a non-significant result, $\chi^2(2, N = 100) = 2.295$, $p = .317$. Consequently, the null hypothesis could not be rejected.

These findings suggest that simply knowing where to get help for PPD does not necessarily enhance a person's comfort in engaging in dialogue with healthcare professionals. Despite reasonable expectations that awareness would translate into action, internal barriers such as emotional vulnerability, fear of judgment, and mistrust may still hinder open communication. This is supported by Gulliver et al. (2010), who noted that psychological barriers frequently override informational access when it comes to mental health service utilization.

4.10.14 Relation between Perceived Stigma and Knowledge of How to Seek Help for postpartum depression

Table no: 32

Relation between Perceived Stigma and Knowledge of How to Seek Help for postpartum depression

		Do you feel that you have enough information on how to seek help for PPD?			Total
		No	Somewhat	Yes	
Do you think there is	No	6	5	5	16

a stigma associated with PPD in your community or culture	Not sure	11	15	11	37
	Yes	9	14	24	47
		26	34	40	100

Table 32 presents the distribution of responses regarding participants' perceptions of stigma associated with postpartum depression (PPD) within their community or culture, alongside their self-reported knowledge of how to seek help for PPD. The data reveals that while a portion of participants feels informed about how to seek help, their awareness varies significantly based on their perception of stigma. Among those who do not perceive stigma, the majority (5 out of 16) reported feeling adequately informed about how to seek help. In contrast, among participants who believe that stigma exists, a larger proportion (24 out of 47) indicated they feel sufficiently informed about PPD help-seeking resources.

CHI-SQUARE TEST

Table No: 33

Association between Perceived Stigma and Knowledge of How to Seek Help for postpartum depression

	Value	df	Asymp.Sig(2-sided)
Pearson Chi-Square	5.327	4	.255
Likelihood Ratio	5.295	4	.258
No.of Valid cases	100		

To explore the influence of perceived stigma on knowledge of how to seek help for PPD, a Chi-square test was conducted. The result was not statistically significant, $\chi^2(4, N = 100) = 5.327$, $p = .255$. Hence, the null hypothesis could not be rejected.

While stigma is a commonly recognized barrier to mental health care (Corrigan, 2004), these findings suggest that it does not significantly deter individuals from acquiring information on where to seek help. This indicates that informational literacy can operate independently of

sociocultural stigma. Still, the emotional and societal consequences of stigma may impact actual help-seeking behavior, even if informational awareness is high.

The findings underscore the necessity for integrated interventions that address both informational gaps and emotional barriers such as stigma. Merely disseminating knowledge may not suffice without also challenging the cultural norms that inhibit open discussions about maternal mental health.

4.11 ANOVA TEST

4.11.1 Awareness of Postpartum Treatment Options Across Help-Seeking Groups

- Null Hypothesis (H_0): There is no significant difference in the mean awareness scores of postpartum depression (PPD) treatment options among different help-seeking groups.
- Alternative Hypothesis (H_1): There is a significant difference in the mean awareness scores of PPD treatment options among different help-seeking groups.

Table No: 34

Awareness of Postpartum depression Treatment Options Across Help-Seeking Groups

Source of variation	SS	df	MS	F	P- value	F-crit
Willing to seek help	13.005	1	13.005	15.47563	0.000116	3.888853
Treatment	166.39	198	0.840354			
Total	179.395	199				

A one-way Analysis of Variance (ANOVA) was performed to determine whether awareness scores regarding available treatment options for postpartum depression significantly differ based on participants' willingness to seek professional help. The statistical analysis yielded a significant outcome, $F(1, 198) = 15.476$, $p < .001$, indicating a substantial variance in awareness scores across the help-seeking groups.

This result allows for the rejection of the null hypothesis and supports the alternative hypothesis, suggesting that participants who are willing to seek professional help for PPD possess significantly higher awareness of treatment options compared to those who are not inclined to

seek help. The difference in knowledge levels may be attributed to active engagement in mental health literacy practices among the help-seeking group.

These findings support earlier literature emphasizing the role of health literacy in shaping proactive health behaviors. According to Nutbeam (2008), individuals with higher health literacy are more likely to seek, comprehend, and apply health-related information. Similarly, Lau et al. (2019) highlighted that awareness of mental health interventions is a critical predictor of readiness to engage with healthcare services. This suggests that enhancing awareness about treatment options may be a crucial step toward encouraging help-seeking behavior in postpartum mothers.

4.11.2. Mother's understanding and willingness to seek help

- **Null Hypothesis (H_0):** There is no significant difference in the mean comfort levels among different help-seeking intention groups.
- **Alternative Hypothesis (H_1):** There is a significant difference in the mean comfort levels among different help-seeking intention groups.

Table No: 35

Mother's understanding and willingness to seek help

Source of variation	SS	df	MS	F	P-value	F-crit
Treatment	23.805	1	23.805	35.44169	1.18E-08	3.888853
Seeking help	132.99	198	0.671667			
Total	156.795	199				

The analysis revealed a highly significant F-value ($F = 35.442$), which greatly exceeds the F critical value of 3.889. Given that the p-value is well below the .05 significance threshold, the null hypothesis is rejected, confirming that mothers' comfort levels in discussing their mental health concerns differ significantly based on their willingness to seek professional help.

This outcome highlights a key psychosocial determinant of help-seeking behavior—maternal comfort in engaging with healthcare providers. Mothers who reported higher levels of comfort

when discussing emotional or psychological struggles were significantly more inclined to consider seeking assistance for PPD. These findings point to the critical importance of provider–patient rapport and communication in promoting mental health care access.

The results resonate with prior research by Letourneau et al. (2012), which emphasized that familiarity, empathy, and open communication from healthcare professionals can substantially increase a mother’s willingness to disclose mental health concerns. When providers offer a non-judgmental and supportive environment, it fosters trust and eases the psychological burden associated with seeking help.

4.11.3. Perceived stigma and comfort in discussing postpartum depression.

- **Null Hypothesis (H_0):** There is no significant difference in the mean comfort levels based on whether individuals perceive stigma associated with discussing postpartum depression.
- **Alternative Hypothesis (H_1):** There is a significant difference in the mean comfort levels based on whether individuals perceive stigma associated with discussing postpartum depression.

Table No: 36

Perceived stigma and comfort in discussing postpartum depression (PPD)

Source of variation	SS	df	MS	F	P- value	F-crit
Treatment	0.98	1	0.98	1.574489	0.211035	3.888853
Seek help	123.24	198	0.622424			
Total	124.22	199				

The one-way ANOVA produced an F-value of 1.574, which is lower than the F critical value of 3.889. Additionally, the p-value (.211) exceeds the commonly accepted significance level of .05. These results indicate a failure to reject the null hypothesis, suggesting that perceived stigma does not significantly affect the level of comfort mothers feel when discussing PPD with healthcare providers.

This finding offers a nuanced understanding of the stigma-comfort dynamic. Although stigma is a known barrier to mental health care, its impact may be diminished when provider–patient interactions are marked by trust and empathy. Letourneau et al. (2012) have pointed out that when healthcare settings offer privacy, validation, and emotional support, the stigma associated with maternal mental health issues can be mitigated, resulting in more open and honest discussions—even among those who initially feared judgment.

4.11.4. Comparing Barriers to Seeking Help Based on Willingness to Seek Professional Help for Postpartum Depression

- **Null Hypothesis (H_0):** There is no significant difference in the mean responses regarding barriers to seeking help based on willingness to seek professional help for PPD.
- **Alternative Hypothesis (H_1):** There is a significant difference in the mean responses regarding barriers to seeking help based on willingness to seek professional help for PPD.

Table No : 37

Comparing Barriers to Seeking Help Based on Willingness to Seek Professional Help for Postpartum Depression

Source of variation	SS	df	MS	F	P-value	F crit
Seek professional help	0.5	1	0.5	0.273859	0.60134	3.888853
Treatment	361.5	198	1.825758			
Total	362	199				

The F-value of 0.274 is significantly below the F critical value of 3.889, and the corresponding p-value of 0.601 exceeds the 0.05 threshold. Therefore, the null hypothesis cannot be rejected, indicating that perceived barriers to seeking help—such as financial costs, lack of time, or fear of judgment—do not significantly differ based on participants’ stated willingness to seek professional support for postpartum depression.

This outcome may appear counterintuitive but reflects the complex interplay between intent and action. It suggests that barriers to accessing mental health care are universally experienced across

varying levels of help-seeking intent. Even among mothers willing to seek help, persistent structural and psychological barriers may deter or delay actual care-seeking behavior.

Dennis and Chung-Lee (2006) similarly found that despite high levels of openness to treatment, mothers often faced significant deterrents such as logistical challenges, lack of support, or fear of being stigmatized. Letourneau et al. (2012) further emphasized that the presence of knowledge and willingness alone may not suffice unless there is proactive support from both the healthcare system and the community to address these barriers holistically.

4.12 Logistic regression: Predictors of Postpartum Depression

Table 38 provides a summary of the classification results from the binary logistic regression model. The classification table reports the observed versus predicted outcomes for postpartum depression, highlighting the accuracy of the model in predicting both the presence and absence of PPD.

Table no: 38

Classification Table

Observed			Predicted		
			.00	1.00	Percentage Correct
Step 1	Postpartum	.00	7	24	22.6
		1.00	3	66	95.7
Overall Percentage					73.0

The table reveals the predictive performance of the logistic regression model. The overall correct classification percentage of 73.0% suggests that the model successfully identifies cases of PPD, with a particularly high success rate in predicting the absence of depression (95.7%). However, there was a notable misclassification in predicting the presence of PPD, where only 22.6% of the actual cases of depression were correctly identified.

Table no: 39

Predictors of Postpartum Depression

	B	S.E	Wald	df	Sig.	exp (B)
When I am confronted with a problem , I can usually find several solutions	-.489	.287	2.906	1	.088	.613
I am satisfied that I can turn to my family for help when something is troubling me	-.592	.371	2.553	1	.110	.553
Educational Level			4.635	3	.201	
Educational level (1)	.270	.660	.168	1	.682	.763
Educational Level (2)	.279	.956	.085	1	.770	.757
Educational Level (3)	1.145	.778	2.166	1	.141	3.142
Employment Status			.677	3	.879	
Employment Status (1)	.473	.634	.557	1	.456	1.605
Employment Status (2)	.537	.852	.398	1	.528	1.711
Employment Status (3)	.417	.701	.353	1	.552	1.517
Constant	2.117	1.041	4.135	1	0.42	8.306

Table 39 outlines the results of the binary logistic regression analysis, detailing the impact of various psychosocial and demographic predictors on the likelihood of experiencing postpartum depression. The table presents the regression coefficients (B), standard errors (S.E.), Wald statistics, degrees of freedom (df), significance values (p), and odds ratios (Exp(B)) for each predictor.

The logistic regression results provide insights into the factors that may influence postpartum depression. The analysis included psychosocial variables (problem-solving ability and family support) as well as demographic variables (education and employment status).

Key Findings from Individual Predictors

Problem-Solving Ability:

Although not statistically significant at the 0.05 level ($p = 0.088$), the result for problem-solving ability approached significance. The negative regression coefficient ($B = -0.489$) indicates that individuals who reported stronger problem-solving abilities were less likely to experience PPD ($\text{Exp}(B) = 0.613$). This suggests that effective coping strategies may serve as a protective factor against the onset of postpartum depression, supporting previous research that links cognitive resilience to better mental health outcomes.

Family Support:

Perceived family support also showed a trend toward significance ($B = -0.592$, $p = 0.110$). Mothers who felt they could rely on family for support when facing difficulties had a lower likelihood of experiencing PPD ($\text{Exp}(B) = 0.553$). Although not statistically significant, this finding is consistent with a substantial body of literature that emphasizes the buffering role of social support in mitigating mental health challenges, including postpartum depression (Leahy-Warren et al., 2012; Dennis & Letourneau, 2007).

Educational Level:

The educational level variable did not demonstrate statistically significant effects on PPD ($p > 0.05$), although a positive coefficient was observed in the third educational level category ($B = 1.145$, $p = 0.141$). This suggests that higher education may be associated with an increased likelihood of recognizing mental health symptoms or seeking help for PPD. While this result was not conclusive, it aligns with previous research indicating that higher education levels may foster greater health literacy and proactive mental health care behaviors (Lau et al., 2019).

Employment Status:

Employment status also did not significantly predict the likelihood of experiencing PPD ($p > 0.05$). However, the odds ratios ($\text{Exp}(B)$) for the employment groups indicated a potential association between employment and increased risk of PPD, possibly due to factors such as role strain, stress, and limited maternity leave or support. These findings suggest that employment status could play a complex role in maternal mental health, potentially contributing to higher levels of stress and reducing available time for self-care and mental health management.

Model Constant:

The constant ($B = 2.117$, $p = 0.042$) was statistically significant, suggesting that the model has explanatory value even when predictor variables are not included. This may imply that there are unmeasured or unidentified factors contributing to postpartum depression within this population. The constant term in logistic regression represents the odds of the outcome occurring when all predictors are at their baseline (e.g., when problem-solving ability, family support, education, and employment status are all at their lowest levels).

Chapter – 5

Summary and Conclusion

This study shows that maternal health literacy plays a vital role in how mothers recognize, understand, and manage postpartum depression (PPD). Mothers with higher health literacy are more likely to identify symptoms early, know where to seek help, and feel comfortable talking to healthcare providers.

The findings highlight the need to improve access to clear and reliable mental health information for all mothers, regardless of their background. By increasing health literacy, we can help reduce the impact of PPD, encourage early support, and promote better mental health for mothers and their children.

Improving maternal health literacy is not just about education—it's about giving mothers the tools and confidence they need to take care of their mental well-being.

Objectives

1. Assess the level of maternal health literacy among new mothers in relation to mental health, specifically postpartum depression.
2. Examine how health literacy affects the ability of mothers to recognize postpartum depression symptoms in the early postpartum period.
3. Investigate mothers' understanding of treatment options for postpartum depression and their willingness to seek help.
4. Explore the relationship between health literacy and help-seeking behavior among mothers with postpartum depression.
5. Evaluate the impact of maternal health literacy on the severity, duration, and recovery rates of postpartum depression.

6. Identify effective interventions to improve health literacy regarding maternal mental health, with a particular focus on postpartum depression.

Key Findings of the Study

1. High Awareness of Postpartum Depression (PPD) but Limited Understanding of Help-Seeking Options

- 96% of respondents had heard of PPD, yet 34% had never considered where to seek help, indicating a disconnect between awareness and actionable knowledge.
- Only 22% had ever discussed their mental health with a healthcare provider, suggesting a low frequency of professional mental health engagement.

2. Influence of Information Sources on PPD Recognition

- Online resources (31%) and social media (21%) were the most common sources of mental health information, surpassing healthcare providers (15%).
- Chi-Square analysis revealed a statistically significant association between sources of mental health information and recognition of PPD symptoms ($p = 0.000$), reinforcing the role of digital platforms in shaping maternal mental health literacy.

3. Relationship Between Health Literacy and Help-Seeking Behavior

- Pearson Chi-Square test ($p = 0.002$) showed a strong association between understanding treatment options and willingness to seek help, indicating better knowledge leads to higher help-seeking intent.
- Despite recognizing PPD symptoms, many respondents hesitated to seek professional help, citing stigma (47%), lack of knowledge (44%), and uncertainty about healthcare access (21%).

4. Uncertainty in Postpartum Depression Treatment Awareness

- The most recognized treatment was counseling or psychotherapy (68%), followed by physical activity (54%) and support groups (44%).
- Only 41% identified medication as a treatment option, suggesting possible stigma or misinformation about pharmacological interventions.
- Alarming, 8% of respondents were unaware of any treatments, highlighting the need for improved maternal mental health education.

5. Perceived Importance of Maternal Mental Health Education

- 93% of respondents considered maternal mental health education "very important," yet only 5% reported frequently encountering mental health information during healthcare visits.
- 79% believed maternal mental health education should be integrated into prenatal and postnatal care, reinforcing the need for structured interventions.

6. No Significant Association Between Prior Knowledge and Beliefs About PPD

- Chi-Square analysis showed no statistically significant relationship ($p = 0.906$) between prior knowledge and belief about PPD.
- This suggests that awareness alone does not shape attitudes or reduce stigma, underscoring the importance of experiential learning and culturally tailored mental health education.

Summary

The present study titled *"Role of Health Literacy in Maternal Mental Health on the Recognition, Understanding, and Management of Postpartum Depression"* was undertaken to explore the multifaceted relationship between maternal health literacy and postpartum depression (PPD). The research aimed to investigate how health literacy influences a mother's ability to recognize depressive symptoms, understand their implications, and effectively manage or seek appropriate interventions during the postpartum period. Given the increasing global concern about maternal

mental health and the long-term consequences of untreated PPD on both mothers and their infants, this study holds timely relevance and significant social importance.

The study adopted a quantitative research approach, employing validated psychometric tools and structured questionnaires to assess levels of health literacy, emotional well-being, psychosocial support, and demographic variables among postpartum mothers. A key component of the research was the use of binary logistic regression analysis to identify predictors of postpartum depression, particularly focusing on problem-solving ability, perceived family support, educational status, and employment.

The findings of the logistic regression model revealed several insightful patterns. While none of the predictors reached statistical significance at the conventional 0.05 level, problem-solving ability and perceived family support emerged as influential variables with meaningful trends. Mothers who demonstrated stronger problem-solving abilities and greater confidence in turning to their families during distress were less likely to experience PPD. These findings align with a wealth of literature suggesting that cognitive coping skills and social support systems serve as protective factors in maternal mental health.

Educational level and employment status, though not statistically significant, presented complex relationships with PPD. Higher education levels may foster increased health literacy and symptom awareness, while employment may introduce role strain that heightens emotional vulnerability during the postpartum phase. The constant in the model was significant, indicating the likelihood of underlying unmeasured influences affecting maternal mental health outcomes.

Overall, the study underscores the critical role that health literacy plays in empowering mothers to recognize early warning signs of PPD, comprehend the condition in its broader health context, and take timely actions to manage or mitigate its effects. Health-literate mothers are more likely to access credible health information, communicate effectively with healthcare providers, and make informed decisions regarding their mental well-being.

Conclusion

This research provides compelling evidence that enhancing maternal health literacy can significantly contribute to better mental health outcomes during the postpartum period. Although the predictors in the logistic regression did not achieve statistical significance, their observed trends highlight key areas for further investigation and practical intervention.

The study advocates for the integration of health literacy enhancement programs within antenatal and postnatal care frameworks. Interventions focused on strengthening problem-solving skills, fostering supportive family environments, and improving access to maternal mental health education can play a vital role in preventing or reducing the severity of postpartum depression.

Healthcare policymakers, educators, and practitioners must prioritize maternal mental health literacy as a cornerstone of holistic maternal care. By doing so, they not only empower mothers but also promote healthier family systems and developmental outcomes for children. Future research should build upon the current findings by incorporating longitudinal designs, qualitative assessments, and culturally contextualized tools to better capture the nuances of maternal mental health across diverse populations.

In conclusion, the role of health literacy extends beyond individual understanding; it is a catalyst for resilience, agency, and informed maternal care. Addressing the gaps in health literacy offers a pathway to early detection, reduced stigma, and improved management of postpartum depression—thereby contributing meaningfully to maternal and child well-being.

Recommendations

Based on the findings and insights derived from the present study, the following recommendations are proposed to enhance maternal mental health outcomes through improved health literacy, early identification, and effective management of postpartum depression (PPD):

1. Integration of Health Literacy Modules in Maternal Care Programs

Health literacy should be formally integrated into antenatal and postnatal education programs across public and private healthcare systems. Educational sessions must focus on enhancing mothers' ability to identify emotional distress, understand PPD symptoms, and navigate available support services effectively.

2. Training for Healthcare Providers on Maternal Mental Health Communication

Healthcare professionals, particularly obstetricians, midwives, and pediatric nurses, should receive specialized training on how to communicate empathetically and effectively about postpartum mental health. A non-judgmental, supportive approach may increase mothers' comfort in discussing their psychological concerns and willingness to seek help.

3. Development of Family-Based Support Interventions

Given the observed influence of family support on PPD, interventions should include family members, particularly spouses and close relatives. Educating families about PPD and promoting open dialogue can create a nurturing environment that supports maternal well-being.

4. Policy Formulation for Routine Mental Health Screening

Mental health screening, including validated tools for detecting PPD, should be mandated as part of routine postpartum check-ups. These screenings must be culturally sensitive and administered in a non-stigmatizing manner to facilitate early detection and referral.

5. Community Outreach and Awareness Campaigns

Public health campaigns using local languages and culturally relevant content should be initiated to raise awareness about postpartum depression, reduce stigma, and promote help-seeking behavior. Mass media, social media platforms, and community health workers can be effective channels for dissemination.

6. Workplace Policies Supporting Maternal Mental Health

Policies that offer flexible working hours, extended maternity leave, and psychological support services should be encouraged in both public and private sectors. These workplace interventions can mitigate stress-related risk factors contributing to PPD among employed mothers.

7. Future Research and Longitudinal Studies

Further research using larger, more diverse populations and longitudinal designs is recommended to explore the long-term influence of health literacy on maternal mental health. Additionally, qualitative inquiries into mothers' lived experiences can provide a richer understanding of cultural, emotional, and social dynamics affecting PPD.

Limitations of the study

- The findings rely on self-reported responses, which may introduce recall bias or social desirability bias, where respondents may underreport or overreport their experiences with PPD and help-seeking behaviors.
- The study was conducted among 100 respondents, which may not be fully representative of the broader population. The results may vary across different demographics, socioeconomic backgrounds, and healthcare systems.
- While the study examines awareness, attitudes, and help-seeking behaviors, it does not explore underlying psychological and cultural factors that influence maternal mental health literacy. Factors such as stigma, personal coping mechanisms, and family support require further qualitative investigation.
- The study found that online resources and social media were primary sources of mental health information. However, it does not assess the accuracy or credibility of the information consumed, which is a critical factor in shaping health beliefs and decisions.

Directions

To address these limitations, future research should:

- Utilize larger and more diverse samples to improve generalizability.
- Conduct qualitative studies to understand deeper psychosocial and cultural influences on PPD awareness and help-seeking behavior.
- Assess the credibility and impact of online mental health information.
- Implement longitudinal research to examine changes in maternal health literacy and intervention effectiveness over time.

BIBLIOGRAPHY

Amer, S. A., Zaitoun, N. A., Abdelsalam, H. A., Abbas, A., Ramadan, M. S., Ayal, H. M., & Al-Shroby, W. A. (2024). Exploring predictors and prevalence of postpartum depression among mothers: A multinational study. *BMC Public Health*, 24, 1308. Retrieved from BMC Public Health

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). American Psychiatric Publishing.

American Psychiatric Association. (2020). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: American Psychiatric Publishing.

Appleby, L., Warner, R., Whitton, A., & Faragher, B. (1997). A controlled study of fluoxetine and cognitive-behavioural counselling in the treatment of postnatal depression. *BMJ*, 314(7085), 932. <https://doi.org/10.1136/bmj.314.7085.932>

Bakshi, I., Dey, S., Katta, S., & Raut, A. J. (2024). Understanding postpartum depression: A comprehensive review. *International Journal of Family Medicine Research*, 2(15), 176. Retrieved from IJFMR

Bauer, A., Knapp, M., & Parsonage, M. (2016). Lifetime costs of perinatal anxiety and depression. *Journal of Affective Disorders*, 192, 83-90. <https://doi.org/10.1016/j.jad.2015.12.005>

Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, D. V., Warner, L., Folger, S., ... & Barfield, W. (2018). Vital signs: Postpartum depressive symptoms and provider discussions about perinatal depression—United States, 2018. *Morbidity and Mortality Weekly Report*, 69(19), 575-581. <https://doi.org/10.15585/mmwr.mm6919a2>

Beck, C. T. (2001). Predictors of postpartum depression: An update. *Nursing Research*, 50(5), 275-285. <https://doi.org/10.1097/00006199-200109000-00003>

Beck, C. T. (2020). Theoretical perspectives of postpartum depression and their treatment implications. *MCN: The American Journal of Maternal/Child Nursing*, 45(3), 135-140. <https://doi.org/10.1097/NMC.0000000000000620>

Belsky, J., & de Haan, M. (2011). Annual Research Review: Parenting and children's brain development: The end of the beginning. *Journal of Child Psychology and Psychiatry*, 52(4), 409–428. <https://doi.org/10.1111/j.1469-7610.2010.02281.x>

Bennett, I. M., Chen, J., Soroui, J. S., & White, S. (2009). The contribution of health literacy to disparities in self-rated health status and preventive health behaviors in older adults. *Annals of Family Medicine*, 7(3), 204–211. <https://doi.org/10.1370/afm.940>

Berkman, N. D., DeWalt, D. A., Pignone, M. P., Sheridan, S. L., Lohr, K. N., & Lux, L. J. (2011). Health literacy interventions and outcomes: An updated systematic review. Evidence Report/Technology Assessment No. 199. Agency for Healthcare Research and Quality. <https://www.ahrq.gov/downloads/pub/evidence/pdf/healthlit/healthlit.pdf>

Bina, R. (2020). The impact of cultural factors upon postpartum depression: A literature review. *Health Care for Women International*, 41(7), 755-777. <https://pubmed.ncbi.nlm.nih.gov/18569045/77>

Brouard, F., DBA, FCPA, FCA, North Carolina State University Libraries, Galvan, G., Webster, W., Watson, W., Grant, G., Booth, B., Hart, H., Denney, D., Tewskbury, T., Snyder, S., Meesala, M., Cooper, C., & Josserand, J. (2020). Note on literature review. <https://carleton.ca/profbrouard/wp-content/uploads/noteResearchLiteratureReview.pdf>

Byatt, N., Xiao, R. S., Dinh, K. H., Waring, M. E., & Moore Simas, T. A. (2020). Mental health care use in relation to postpartum depression screening implementation. *Journal of Affective Disorders*, 273, 292-299. <https://doi.org/10.1016/j.jad.2020.04.031>

Carlson, K., Mughal, S., Azhar, Y., & Siddiqui, W. (2025, January 22). Perinatal depression. StatPearls - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK519070/>

Choudhury, R., Singh, A., & Verma, P. (2023). Marital patterns in India: Trends and transformations. *Journal of Social Demographics*, 18(3), 214-230.

Chow, R., Huang, E., Li, A., Son, J. S., & Foster, W. G. (2021). Appraisal of systematic reviews on interventions for postpartum depression: A systematic review. *BMC Pregnancy and Childbirth*, 21, 18. Retrieved from BMC Pregnancy and Childbirth

Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614–625. <https://doi.org/10.1037/0003-066X.59.7.614>

Cristescu, T., Behrman, S., Simon, V. J., Chouliaras, L., & Ebmeier, K. P. (2015). Be vigilant for perinatal mental health problems. EBSCOhost. <https://pubmed.ncbi.nlm.nih.gov/26062269/>

Dennis, C. L., & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: A qualitative systematic review. *Birth*, 33(4), 323-331.

Dennis, C. L., & Dowswell, T. (2019). Psychosocial and psychological interventions for preventing postpartum depression. *Cochrane Database of Systematic Reviews*, 10, CD001134. <https://doi.org/10.1002/14651858.CD001134.pub3>

Dennis, C. L., & Falah-Hassani, K. (2016). Systematic review of barriers and facilitators to maternal mental health care in the postpartum period. *Journal of Advanced Nursing*, 72(6), 1200-1212. <https://doi.org/10.1111/jon.13216>

Field, T. (2010). Postpartum depression effects on early interactions, parenting, and safety practices: A review. *Journal of Clinical Psychology*, 66(9), 1033-1040. <https://pmc.ncbi.nlm.nih.gov/articles/PMC2819576/>

Figueiredo, B., Canário, C., & Field, T. (2019). Breastfeeding is negatively affected by prenatal depression and postpartum depression: A systematic review. *Journal of Affective Disorders*, 244, 15-31. <https://doi.org/10.1016/j.jad.2018.10.101>

Fonseca, A., Monteiro, F., Canavarro, M. C., & Pereira, M. (2020). Be a mom: Formative evaluation of a web-based psychological intervention to prevent postpartum depression. *Journal of Medical Internet Research*, 22(3), e15206. <https://doi.org/10.2196/15206>

Frieder, A., Fersh, M., Hainline, R., & Deligiannidis, K. M. (2019). Pharmacotherapy of Postpartum Depression: Current approaches and novel drug development. *CNS Drugs*, 33(3), 265–282. <https://doi.org/10.1007/s40263-019-00605-7>

Garapati, J., Jajoo, S., Aradhya, D., Srivani Reddy, L., Dahiphale, S. M., Patel, D. J., & Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research. (2023). Postpartum Mood Disorders: Insights into diagnosis, Prevention, and treatment. *Cureus*, 15(7), e42107. <https://doi.org/10.7759/cureus.42107>

Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression: A systematic review of prevalence and incidence. *Obstetrics & Gynecology*, 106(5), 1071-1083. <https://doi.org/10.1097/01.AOG.0000183597.31630.d1>

Gonzalez, R., Gresham, L., & Roy, A. (2018). The role of health literacy in maternal health decision-making. *Journal of Women's Health*, 27(2), 225-234. <https://doi.org/10.1089/jwh.2017.6513>

Guintivano, J., Arad, M., Gould, T. D., Payne, J. L., & Kaminsky, Z. A. (2018). Antenatal prediction of postpartum depression with blood DNA methylation biomarkers. *Molecular Psychiatry*, 23(2), 508-514. <https://doi.org/10.1038/mp.2016.167>

Harknett, K. S., & Hartnett, C. S. (2011). Who lacks support and why? An examination of mothers' personal safety nets. *Journal of Marriage and Family*, 73(4), 861-875. <https://doi.org/10.1111/j.1741-3737.2011.00852.x>

Hoeft, T. J., Fortney, J. C., Patel, V., & Unützer, J. (2017). Task-Sharing Approaches to Improve Mental Health care in Rural and other Low-Resource settings: A Systematic review. *The Journal of Rural Health*, 34(1), 48-62. <https://doi.org/10.1111/jrh.12229>

Howard, L. M., Molyneaux, E., Dennis, C. L., Rochat, T., Stein, A., & Russell, G. (2014). Non-psychotic mental disorders in the perinatal period. *The Lancet*, 384(9956), 1775-1788. <https://pubmed.ncbi.nlm.nih.gov/25455248/>

Jones, A. (2025). Postpartum help-seeking: The role of stigma and mental health literacy. *Maternal and Child Health Journal*, 26, 1030-1037. Retrieved from Springer

Kamalifard, M., Yavarikia, P., Kheiroddin, J. B., Pourmehr, H. S., & Iranagh, R. I. (2013). The effect of peer support on postpartum depression: a single-blind randomized clinical trial. *DOAJ* (DOAJ: Directory of Open Access Journals). <https://doi.org/10.5681/jcs.2013.029>

Khamidullina, Z., Marat, A., Muratbekova, S., Mustapayeva, N. M., Chingayeva, G. N., Shepetov, A. M., Ibatova, S. S., Terzic, M., & Aimagambetova, G. (2025). Postpartum depression epidemiology, risk factors, diagnosis, and management: An appraisal of the current knowledge and future perspectives. *MDPI*, 14(7), 2418. Retrieved from MDPI

Khan, S., White, R. E., & Faber, J. (2019). The role of community-based initiatives in maternal health literacy. *Journal of Maternal and Child Health*, 23(4), 600-610. <https://doi.org/10.1007/s10995-019-02740-7>

Kingston, D., Tough, S., & Whitfield, H. (2018). Prenatal and postnatal maternal psychological distress and child behavioral development: A systematic review. *Child Psychiatry & Human Development*, 49(2), 142-163. <https://doi.org/10.1007/s10578-017-0733-6>

Lau, Y., Htun, T. P., Wong, S. N., & Tam, W. W. (2020). Efficacy of e-health interventions for maternal mental health: A meta-analysis. *Journal of Medical Internet Research*, 22(9), e17459.

Lau, Y., Wong, D. F. K., Chan, K. S., Huang, Y., & Wang, Y. (2019). Perinatal depression literacy and help-seeking among Chinese perinatal women: A systematic review and meta-analysis. *Journal of Affective Disorders*, 250, 444–457. <https://doi.org/10.1016/j.jad.2019.03.012>

Leahy-Warren, P., McCarthy, G., & Corcoran, P. (2012). First-time mothers: Social support, maternal parental self-efficacy and postnatal depression. *Journal of Clinical Nursing*, 21(3-4), 388–397. <https://doi.org/10.1111/j.1365-2702.2011.03701.x>

Letourneau, N. L., Dennis, C. L., Cosic, N., & Linder, J. (2020). The effect of perinatal depression treatment on mother and child outcomes. *Journal of Clinical Psychiatry*, 81(5), e1-e11. <https://doi.org/10.4088/JCP.19r12802>

Letourneau, N., Tryphonopoulos, P. D., Duffett-Leger, L., Stewart, M., Benzies, K., Dennis, C., & Joschko, J. (2012). Support intervention needs and preferences of fathers affected by postpartum depression. *The Journal of Perinatal & Neonatal Nursing*, 26(1), 69–80. <https://doi.org/10.1097/jpn.0b013e318241da87>

Lindahl, V., Pearson, J. L., & Colpe, L. (2021). Prevalence of suicidality during pregnancy and the postpartum. *Archives of Women's Mental Health*, 24(1), 121-128. <https://doi.org/10.1007/s00737-021-01032-7>

Loughnan, S. A., Butler, C., Sie, A. A., Grierson, A. B., Chen, A. Z., Hobbs, M. J., Joubert, A. E., Haskelberg, H., Mahoney, A., Holt, C., Gemmill, A. W., Milgrom, J., Austin, M., Andrews,

G., & Newby, J. M. (2019). A randomised controlled trial of 'MUMentum postnatal': Internet-delivered cognitive behavioural therapy for anxiety and depression in postpartum women. *Behaviour Research and Therapy*, 116, 94–103. <https://doi.org/10.1016/j.brat.2019.03.001>

Loughnan, S. A., Butler, C., Sie, A., Grierson, A., Chen, A. Z., Hobbs, M. J., & Hunt, C. (2019). A randomized controlled trial of an online cognitive-behavioral therapy intervention for perinatal depression. *Journal of Affective Disorders*, 243, 381-390. <https://doi.org/10.1016/j.jad.2018.09.070>

Marton, C., Figueiredo, B., & Benedetto, F. (2022). Digital versus print media: Changing trends in maternal health information-seeking behavior. *Health Communication*, 37(2), 120-133.

Mattar, B., Wahdan, Y., Nemer, M., & Abu-Rmeileh, N. M. E. (2024). Postpartum depression: perception, management, and help-seeking barriers in a Palestinian context. *BMC Pregnancy and Childbirth*, 24, 411. Retrieved from BMC Pregnancy and Childbirth

McCauley, M., McCauley, H., & Van Den Broek, N. (2021). Essentials of postnatal care. The Global Library of Women's Medicine. <https://doi.org/10.3843/glowm.416223>

McLachlan, H. L., Forster, D. A., Rayner, J., & Glover, K. (2016). Maternal health literacy and depression: A prospective cohort study of the Australian mothers' cohort study (AMCS). *BMC Public Health*, 16, 332. <https://doi.org/10.1186/s12889-016-3010-1>

Meyer, B., Kleinman, A., & Halfon, N. (2008). Postpartum depression and cardiovascular disease. *Journal of Women's Health*, 17(8), 1367-1374. <https://doi.org/10.1089/jwh.2008.1061>

Modak, A., Ronghe, V., Gomase, K. P., Mahakalkar, M. G., & Taksande, V. (2023). A comprehensive review of motherhood and Mental Health: Postpartum mood disorders in focus. *Cureus*. <https://doi.org/10.7759/cureus.46209>

Moore, D., Ayers, S., & Drey, N. (2021). Stigma and self-blame in postpartum depression: A systematic review. *Journal of Affective Disorders*, 293, 378-392. <https://doi.org/10.1016/j.jad.2021.06.021>

MSN Health. (2025). World Health Day 2025: Pregnancy depression vs. postpartum depression, what's the difference?. Retrieved from MSN Health

Murray, L., Cooper, P., & Hipwell, A. (2011). Mental health of parents and children: An overview of the evidence. *The Lancet*, 377(9764), 1323-1329. [https://doi.org/10.1016/S0140-6736\(11\)60358-8](https://doi.org/10.1016/S0140-6736(11)60358-8)

Murray, L., Cooper, P., & Hipwell, A. (2011). The effects of maternal depression on the development of the child. *Archives of Child Psychology*, 60(5), 1117-1125. <https://doi.org/10.1136/archdischild-2011-301419>

Negron, R., Martin, A., Almog, M., Balbierz, A., & Howell, E. A. (2013). Social support during the postpartum period: Mothers' views on needs, expectations, and mobilization of support. *Maternal and Child Health Journal*, 17(4), 616–623. <https://doi.org/10.1007/s10995-012-1037-4>

Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259-267. <https://doi.org/10.1093/heapro/15.3.259>

Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078. <https://doi.org/10.1016/j.socscimed.2008.09.050>

O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Annual Review of Clinical Psychology*, 9(1), 379–407. <https://doi.org/10.1146/annurev-clinpsy-050212-185612>

O'Hara, M. W., McCabe, C., & Smith, M. (2020). Postpartum depression education and intervention: A systematic review. *Journal of Affective Disorders*, 270, 45-55. <https://doi.org/10.1016/j.jad.2020.03.004>

O'Mahony, J. M., Donnelly, T. T., Bouchal, S. R., & Este, D. (2012). Cultural background and socioeconomic influence of immigrant and refugee women coping with postpartum depression. *Journal of Immigrant and Minority Health*, 15(2), 300–314. <https://doi.org/10.1007/s10903-012-9653-x>

Paasche-Orlow, M. K., & Wolf, M. S. (2007). The causal pathway linking health literacy to health outcomes. *American Journal of Health Behavior*, 31(2), 43-55. <https://doi.org/10.5993/AJHB.31.2.5>

Patel, K., & Rao, V. (2024). Declining fertility rates and family structure in modern India. *International Journal of Population Studies*, 22(1), 47-62

Paulson, J. F., & Bazemore, S. D. (2018). Prenatal and postpartum depression in fathers and its association with maternal depression. *JAMA*, 303(19), 1961-1969. <https://doi.org/10.1001/jama.2010.605>

Postpartum depression - Symptoms and causes. (n.d.). Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617#:~:text=Children%20of%20mothers%20who%20has.and%20delays%20in%20language%20development.>

Postpartum Depression Organization. (2024). Postpartum depression statistics and treatment outcomes. Retrieved from Postpartum Depression Statistics

Postpartum Support International (PSI). (2019). PSI Postpartum Depression Resources. Postpartum Support International. <https://www.postpartum.net>

Priyadarshini, U., Rao, A. P., & Dash, S. (2023). Recommendations for maternal mental health policy in India. *Journal of Public Health Policy*, 44(1), 90–101. <https://doi.org/10.1057/s41271-022-00384-4>

Putnick, D. L., Bornstein, M. H., Hendricks, C., Painter, K., & Suwalsky, J. T. (2020). Stability, change, and determinants of maternal postpartum depressive symptoms in the first three years postpartum. *Development and Psychopathology*, 32(2), 719-728. <https://doi.org/10.1017/S0954579419000476>

Putnick, D. L., Sundaram, R., Bell, E. M., Ghassabian, A., Goldstein, R. B., Robinson, S. L., Vafai, Y., Gilman, S. E., & Yeung, E. (2020). Trajectories of maternal postpartum depressive symptoms. *Pediatrics*, 146(5), e20200857. <https://doi.org/10.1542/peds.2020-0857>

Ratzan, S. C., & Parker, R. M. (2000). Introduction. In S. C. Ratzan & R. M. Parker (Eds.), *National Library of Medicine Current Bibliographies in Medicine: Health Literacy* (pp. 1-8). National Institutes of Health.

Razurel, C., & Kaiser, B. (2015). The role of social support on stress-related symptoms during the postpartum period. *Journal of Psychosomatic Obstetrics & Gynecology*, 36(3), 144-150. <https://doi.org/10.3109/0167482X.2015.1074176>

Ross, L. E., Vigod, S., Wishart, J., Waese, M., Spence, J. D., Oliver, J., Chambers, J., Anderson, S., & Shields, R. (2015). Barriers and facilitators to primary care for people with mental health and/or substance use issues: a qualitative study. *BMC Family Practice*, 16(1). <https://doi.org/10.1186/s12875-015-0353-3>

Saharoy, R., Potdukhe, A., Wanjari, M., & Taksande, A. B. (2023). Postpartum Depression and Maternal Care: Exploring the complex effects on mothers and infants. *Cureus*. <https://doi.org/10.7759/cureus.41381>

Shieh, C., Broome, M. E., & Stump, T. E. (2010). Factors associated with health information-seeking in low-income pregnant women. *Women & Health*, 50(5), 426–442. <https://doi.org/10.1080/03630242.2010.506152>

Shorey, S., Chee, C. Y. I., Ng, E. D., Chan, Y. H., San Tam, W. W., & Chong, Y. S. (2018). Prevalence and risk factors of postpartum depression in Asia: A systematic review and meta-analysis. *Archives of Women's Mental Health*, 21(4), 491–505. <https://doi.org/10.1007/s00737-018-0848-3>

Shorey, S., Chee, C. Y. I., Ng, E. D., Lau, Y., Dennis, C., & Chan, Y. H. (2019). Evaluation of a Technology-Based Peer-Support Intervention Program for Preventing Postnatal Depression (Part 1): randomized controlled trial. *Journal of Medical Internet Research*, 21(8), e12410. <https://doi.org/10.2196/12410>

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. *Women's Health*, 15, 174550651984404. <https://doi.org/10.1177/1745506519844044>

Smith, R., King, M., & Peterson, H. (2018). Mobile health applications in postpartum depression care: A review of the evidence. *Telemedicine and e-Health*, 24(4), 265-272. <https://doi.org/10.1089/tmj.2017.0167>

Sorensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12, 80.

Sreekumar, D., & Sreekumar, D. (2025, February 17). What is Research Methodology? Definition, Types, and Examples. Paperpal Blog. <https://paperpal.com/blog/academic-writing-guides/what-is-research-methodology#pencil-What-are-data-collection-methods>

Stamou, G., García-Palacios, A., & Botella, C. (2018). Cognitive-Behavioural therapy and interpersonal psychotherapy for the treatment of postnatal depression: a narrative review. *BMC Psychology*, 6(1). <https://doi.org/10.1186/s40359-018-0240-5>

Stewart, D. E., Vigod, S. N., & Cheung, A. (2003). Postpartum depression: Pathophysiology, treatment, and emerging therapeutics. *Annual Review of Medicine*, 55, 487-502. <https://doi.org/10.1146/annurev.med.55.091502.130154>

Stuart, S. (2012). Interpersonal psychotherapy for postpartum depression. *Clinical Psychology & Psychotherapy*, 19(2), 134–140. <https://doi.org/10.1002/cpp.1778>

Tandon, S. D., Cluxton-Keller, F., Leis, J., Le, H. N., & Perry, D. F. (2021). A comparison of online and in-person delivery of a perinatal depression prevention intervention. *Maternal and Child Health Journal*, 25(2), 260-268. <https://doi.org/10.1007/s10995-020-03051-2>

Thoits, P. A. (2013). Stress and mental health: A critical review. *Journal of Health and Social Behavior*, 54(2), 101-115. <https://doi.org/10.1177/0022146513476036>

Tully, K. P., Stuebe, A. M., & Verbiest, S. B. (2017). The fourth trimester: A critical transition period with unmet maternal health needs. *American Journal of Obstetrics and Gynecology*, 217(1), 37-41. <https://doi.org/10.1016/j.ajog.2017.03.032>

Upadhyay, R. P., Chowdhury, R., Salehi, N. A., Sarkar, K., Singh, S. K., Sinha, B., Pawar, A., Rajalakshmi, A. K., & Kumar, A. (2017). Postpartum depression in India: a systematic review and meta-analysis. *Bulletin of the World Health Organization*, 95(10), 706-717C. <https://doi.org/10.2471/blt.17.192237>

Ward, R. K., & Zamorski, M. A. (2002, August 15). Benefits and risks of psychiatric medications during pregnancy. *AAFP*. <https://www.aafp.org/pubs/afp/issues/2002/0815/p629.html>

Weiss, B. D., Morelli, P., & Lillie, S. (2005). Health literacy and health outcomes. *Journal of the American Medical Association*, 294(10), 1284-1291. <https://doi.org/10.1001/jama.294.10.1284>

Weissman, M. M., Markowitz, J. C., & Klerman, G. (2008). *Comprehensive guide to interpersonal psychotherapy*. Basic Books.

Williams, M. V., Parker, R. M., Baker, D. W., Parikh, N. S., Pitkin, K., & Coates, W. C. (2017). Inadequate literacy is a barrier to asthma knowledge and self-care. *Chest*, 111(3), 1034-1039. <https://doi.org/10.1378/chest.111.3.1034>American College of Obstetricians and Gynecologists. (2020). Postpartum care. ACOG. <https://www.acog.org>

Yonkers, K. A., et al. (2001). Postpartum depression: A critical review. *Journal of Clinical Psychiatry*, 62(2), 25-31. <https://doi.org/10.4088/JCP.v62n0209>

Zlotnick, C., Tzilos, G., Miller, I., Seifer, R., & Stout, R. (2015). Randomized controlled trial to prevent postpartum depression in mothers on public assistance. *Journal of Affective Disorders*, 189, 263–268. <https://doi.org/10.1016/j.jad.2015.09.059>

Appendix -1 Questionnaire

Maternal Health Literacy and Postpartum Depression Questionnaire

Section 1: Demographic Information

1. Age:

- a) 18-24 b) 25-34 c) 35-44 d) 45 and above

2. Location:

- a) Urban b) Rural

3. Educational Level:

- a) SSLC b) Higher secondary c) Graduation d) Post graduation
e) Professional degree

4. Employment Status:

- ☐ Employed (Govt) ☐ Employed (Private) ☐ Self-employed
☐ Unemployed ☐ Stay-at-home parent

5. Marital Status:

- ☐ Single ☐ Married ☐ Divorced ☐ Widowed

6. How many children do you have?

- a) 1 b) 2 c) 3 or more

7. How long ago did you give birth to your most recent child?

- a) 0-3 months b) 4-6 months c) 7-12 months d) 1+
year

8. Have you ever experienced postpartum depression?

- a) Yes b) No

9. If yes, what were the symptoms you faced

- a) Feeling sad or hopeless b) Difficulty sleeping c) Lack of appetite
d) Difficulty bonding with the baby e) Increased energy levels
f) Frequent crying spells g) Thoughts of harming oneself or the baby

Section 2: Knowledge and Recognition of Postpartum Depression (postpartum depression)

10. How soon after giving birth can postpartum depression develop?

- a) Immediately after birth b) Within a few days
c) Within a few weeks d) Within a few months

11. Do you think postpartum depression is a common condition for new mothers?

a) Yes b) No c) Not sure

12. Have you ever heard of postpartum depression before this survey?

a) Yes b) No

13. Can postpartum depression be treated?

a) Yes, with therapy and/or medication b) No c) Not sure

Section 3: Health Literacy and Understanding of Mental Health Care

14. Where do you typically seek information about mental health, including postpartum depression?

a) Healthcare providers (doctor, nurse, midwife) b) Family or friends
c) Online resources (websites, blogs, forums) d) Social media
e) Books or magazines f) I don't seek information

15. Do you know where to get help if you suspect you have postpartum depression?

a) Yes, I know who to contact b) No, I'm not sure where to go
c) I've never thought about it

16. Which of the following treatments for postpartum depression are you aware of? (Select all that apply)

a) Counseling or psychotherapy b) Medications (e.g., antidepressants)
c) Support groups for new mothers d) Physical activity and exercise
e) I am not aware of any treatments

17. Do you feel that you have enough information on how to seek help for postpartum depression?

a) Yes b) No c) Somewhat

Section 4: Help-Seeking Behavior and Management of postpartum depression

18. If you experienced symptoms of postpartum depression, would you seek professional help?

a) Yes, definitely b) No, I would not seek help

c) Maybe, depending on the situation d) I'm not sure

19. Have you ever discussed your mental health (e.g., feelings of sadness, hopelessness) with a healthcare provider?

a) Yes b) No

20. If you were to seek help for postpartum depression, how comfortable would you feel talking to your healthcare provider about it?

a) Very comfortable b) Somewhat comfortable

c) Uncomfortable d) Very uncomfortable

21. Do you think there is a stigma associated with discussing postpartum depression in your community or culture?

a) Yes b) No c) Not sure

22. What barriers, if any, do you feel would prevent you from seeking help for postpartum depression? (Select all that apply)

a) Lack of knowledge about postpartum depression

b) Fear of judgment or stigma

c) Lack of access to healthcare or mental health services

d) Financial constraints

e) Lack of support from family or friends

f) I would not seek help for postpartum depression

Section 5: Maternal Health Literacy and Mental Health Outcomes

22. Do you feel that understanding the signs of postpartum depression could help improve your ability to cope with it?

a) Yes, understanding would help

b) No, understanding would not change anything

c) I'm not sure

24. How often do you encounter information about mental health during your visits to healthcare providers (e.g., doctor, nurse, midwife)?

- a) Frequently b) Occasionally c) Never
- d) I have not visited a healthcare provider for mental health issues

25. Do you feel that maternal mental health education should be a routine part of prenatal and postnatal care?

- a) Yes, definitely b) No, not necessary c) Maybe, depending on the situation

26. In your opinion, how important is it for new mothers to be educated about postpartum depression and other maternal mental health issues?

- a) Very important b) Somewhat important c) Not important d) Not sure

Section: 6 Edinburgh postnatal depression scale

27. I have been able to laugh and see the funny side of things:

- a) As much as I always could
- b) Not quite so much now
- c) Definitely not so much now
- d) Not at all

28. I have looked forward with enjoyment to things:

- a) As much as I ever did
- b) Rather less than i used to
- c) Definitely less than I used to
- d) Hardly at all

29. I have blamed myself unnecessarily when things went wrong

- a) Yes, most of the time
- b) Yes, some of the time
- c) Not, very often
- d) No, never

30. I have been anxious or worried for no good reason

- a) No, Not at all
- b) Hardly ever

- c) Yes, sometimes
- d) Yes, very often

31. I have felt scared or panicky for no good reason

- a) Yes, Quite a lot
- b) Yes, sometimes
- c) No, not much
- d) No, not at all

32. Things have been getting to me

- a) Yes, most of the time I haven't been able to cope at all
- b) Yes, sometimes I haven't been coping as well as usual
- c) No, most of the time I have coped quite well
- d) No, I have been coping as well as ever

33. I have been so unhappy that I have had difficulty sleeping:

- a) Yes, most of the time
- b) Yes, sometimes
- c) No, not very often
- d) No, not at all

35. I have been so unhappy that I have been crying

- a) Yes, most of the time
- b) Yes, quite often
- c) Only occasionally
- d) No, never

36. The thought of harming myself has occurred to me

- a) Yes, quite often
- b) Sometimes
- c) Hardly ever
- d) Never

Section 7 Generalized self efficacy scales

37. I can always manage to solve difficult problems if I try hard enough

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

38. If someone opposes me I can find means and ways to get what I want

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

39. It is easy for me to stick to my aims and accomplish my goals.

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

40. I am confident that I could deal efficiently with unexpected events

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

Thanks to my resourcefulness, I know how to handle unforeseen situations.

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

I can solve most problems if I invest the necessary effort.

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

I can remain calm when facing difficulties because I can rely on my coping abilities.

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

When I am confronted with a problem , I can usually find several solutions

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

If I am in trouble, I can usually think of a solution

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

I can usually handle whatever comes in my way

- a) Not at all true b) Hardly true c) Moderately true d) Exactly true

Section 8 : APGAR scale

I am satisfied that I can turn to my family for help when something is troubling me.

- a) Almost always b) Some of the time c) Hardly ever

I am satisfied with the way my family talks over things with me and shares problems with me.

- a) Almost always b) Some of the time c) Hardly ever

I am satisfied that my family accepts and supports my wishes to take on new activities or directions

a) Almost always b) Some of the time c) Hardly ever

I am satisfied with the way my family expresses affection and responds to my emotions such as anger, sorrow and love

a) Almost always b) Some of the time c) Hardly ever

I am satisfied with the way my family and I share time together

a) Almost always b) Some of the time c) Hardly ever

APPENDIX - 2

Evaluation form for evaluating Postpartum depression Awareness and Health literacy (handouts)

Mark your scores on appropriate space provided. Excellent (5 points) Very good (4 points), good (3 points), Satisfactory (2 points), Poor (1 points)

A. Presentation

	5	4	3	2	1
1. Is the handouts attractive to look at					

2. Do the colours used make it easy to read					
3. Are the images clear and appropriate					
4. Is the print large enough to read properly					

B. Writing styles

	5	4	3	2	1
1. Do you think the handouts are well written					
2. Do you think the words used in will be understood by the target audience					

C. Information content

	5	4	3	2	1
1. Is the information accurate and up-to- date					
2. Does the handout clear any uncertainties or gaps in knowledge					
3. Does it explain technical terms clearly					

Key: Total score between 45-50 is excellent, 40-45 is very good, 35- 40 is good, 30-35 is satisfactory and 25-30 is poor.

APPENDIX - 3

Evaluation form for evaluating Workbook for postpartum depression and Anxiety

Mark your scores on appropriate space provided. Excellent (5 points) Very good (4 points), good (3 points), Satisfactory (2 points), Poor (1 points)

Content Evaluation

	1	2	3	4	5
1. The planner is easy to understand and follow					

2. The mood tracking and journaling pages are helpful					
3. The affirmations and prompts were emotionally supportive					
4. The planner motivated me to care for my mental health.					
5. The design, visuals, and layout are engaging and user-friendly.					
6. The planner helped me feel more aware of my emotional well-being.					
7. I would continue using this planner regularly.					
8. I would recommend this planner to other new or expecting mothers.					

On a scale of 1 to 10, how would you rate this planner in supporting maternal mental health and self-care?

Rating: _____ / 10

Key: Total score between 45-50 is excellent, 40-45 is very good, 35- 40 is good, 30-35 is satisfactory and 25-30 is poor.

Reflection book

leaflet

Abstract

Maternal health literacy plays a crucial role in postpartum mental health, influencing the recognition, understanding, and management of postpartum depression (PPD). This study examines how health literacy affects symptom recognition, treatment awareness, help-seeking behavior, and recovery outcomes among new mothers. Using a quantitative research approach, the study surveyed 100 postpartum mothers within six to twelve months after childbirth in Ernakulam, Kerala. Results showed that 96% of respondents were aware of PPD, yet many lacked knowledge about where to seek professional help (34%). While digital platforms (31%)

and social media (21%) were dominant sources of mental health information, healthcare providers (15%) were underutilized for guidance. A statistically significant association ($p = 0.002$) was found between understanding PPD treatment options and willingness to seek help, highlighting the importance of structured education programs in maternal healthcare. Barriers to help-seeking included stigma (47%), lack of knowledge (44%), and uncertainty about healthcare access (21%). The study emphasizes the need for integrating maternal mental health education into prenatal and postnatal care, improving awareness, accessibility, and early intervention strategies to enhance maternal well-being and reduce long-term complications of PPD.