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STUDY OF CULTURAL FACTORS LEAD TO POSTPARTUM DEPRESSION IN WOMEN

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ABSTRACT
This study investigates the cultural factors contributing to postpartum depression (PPD) among women in selected districts of Kerala. Using a descriptive research design and convenience sampling, data were collected from 230 respondents through a structured questionnaire. Findings reveal that strained relationships with in-laws, lack of spousal and parental support, gender-based expectations, and living arrangements (nuclear vs. extended families) significantly influence postpartum emotional well-being. Many women reported emotional distress due to interference in childcare, loss of autonomy, and societal pressures, especially following the birth of a female child. The study highlights the critical role of familial and cultural dynamics in shaping maternal mental health during the postpartum period and underscores the need for culturally sensitive interventions and support systems to reduce PPD risk.

INTRODUCTION

The concept of depression extends beyond transient feelings of sadness, representing a chronic and sometimes recurrent disorder that requires proper diagnosis and treatment. It impacts not only the individual but also their family, social relationships and productivity. Effective management often involves a combination of psychotherapy, medication, lifestyle changes, and social support. Understanding depression is crucial for developing appropriate interventions and reducing its stigma, thereby encouraging individuals to seek timely help and improving overall mental health outcomes.

Postpartum depression involves a combination of emotional, physical and behavioral changes that occur after childbirth. It is a significant concern affecting women in today's society. Recognized as a medical condition, postpartum depression (PPD) is treatable with appropriate care and support. Women may experience depression both during and after pregnancy, with common symptoms including mood swings, anxiety and sleep disturbances. Postpartum depression is linked to the psychological, social and chemical changes that occur in a woman's body after childbirth. The emotional and social adjustments that new mothers undergo are key factors contributing to the development of depressive symptoms that can lead to postpartum depression.

Postpartum depression (PPD) is a significant mental health disorder that can develop within the first year following childbirth; Rados et al. (2024). The postpartum period is a critical phase in a woman's life that significantly influences both her own well-being and that of her child, both in the present and in the future. This period is marked by substantial hormonal fluctuations, which can greatly impact a woman's emotional state and overall mental health. These biological changes, coupled with the physical and psychological demands of motherhood, can increase the vulnerability to postpartum mental health disorders, including postpartum depression and anxiety. Given its profound impact on maternal and infant health, the postpartum period requires heightened awareness, emotional support, and timely medical intervention to ensure a healthy transition into motherhood.

Individuals with postpartum depression often have no prior history of mental illness but develop psychiatric symptoms following childbirth. These symptoms typically appear as temporary and mild mood disturbances, including restlessness, frequent crying, sadness and emotional instability. Affected mothers may become irritable, anxious, fearful, and overly concerned about their well-being and that of their baby. They often struggle to care for their infants and themselves, sometimes becoming lethargic or confused. This condition can negatively impact not only the mother but also the newborn and family members; Wang & Li (2021).

Various factors contribute to the onset of PPD, including a previous history of depression or anxiety, lack of social support, financial difficulties, complications during childbirth and caring for infants with special needs or difficult temperaments. Emotional stressors, such as relationship conflicts or the loss of a loved one, may further exacerbate the condition. Symptoms commonly include persistent

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sadness, fatigue, irritability, changes in sleeping or eating patterns, difficulty bonding with the baby, and feelings of hopelessness or inadequacy. If left untreated, postpartum depression can have long-term effects on both the mother and the child's emotional and cognitive development. Therefore, early identification, social support, and access to professional care are essential components in managing and overcoming postpartum depression.

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

Postpartum depression (PPD) is influenced by a wide range of risk factors that encompass psychological, obstetric, biological, and social dimensions. Psychological variables, such as mental health history, along with obstetric risk factors and biological changes, contribute significantly to the development of PPD; Azad et al. (2019). Additionally, social factors, including the level of family support and experiences of intimate partner violence, play a critical role. Satisfaction with healthcare services during childbirth and the financial burden of high delivery costs also affect the likelihood of postpartum depression. Lifestyle factors further add to this complex interplay of risk elements, highlighting the multifaceted nature of PPD and the need for a comprehensive approach in addressing it.

REVIEW OF LITERATURE

Chandran et al. (2002) identified several key factors that significantly increased the risk of postpartum depression in new mothers, including low family income, the birth of a daughter in contexts where a son was preferred, poor relationships with in-laws and parents, high levels of stress during pregnancy, and a lack of adequate physical support.

Patel et al. (2002) emphasized that financial difficulties, troubled marital relationships, and the gender of the newborn especially the birth of a girl were key factors contributing to postpartum depression. Their hospital-based prospective study in South Asia highlighted the critical role of socio-cultural and economic influences on maternal mental health.

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

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

Husain et al. (2012) conducted a study to evaluate the prevalence, associated factors, and persistence of perinatal depression among British Pakistani women in the UK. Using a cross-sectional two-phase population survey along with a prospective cohort approach, the study found that depression in this group is connected to social isolation, lack of sufficient social support, and ongoing social difficulties. These findings highlight the need for tailored services to address the specific needs of this population.

Bossano et al. (2017) suggest that motherhood can deeply affect many key areas of a woman's life. This experience may continue to influence her emotional, psychological, and social well-being well beyond childbirth, potentially having a lasting impact on her future years and relationships.

Lau et al. (2017) highlighted that individuals with postpartum depression (PND) tend to favor psychological treatments, including cognitive behavioral therapy (CBT), psychodynamic therapy, interpersonal therapy (IPT), and counseling.

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

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

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Panolan and Thomas (2024) aimed to assess the prevalence and contributing risk factors of postpartum depression (PPD) in India. The findings revealed regional variations in PPD prevalence, with an overall national rate of 22%. The highest prevalence was observed in southern India at 26% (95% CI: 19–32), while northern India had the lowest at 15% (95% CI: 10–21). The study highlights the significant burden of PPD in the country and calls for nationwide intervention strategies. It recommends integrating PPD screening into the National Mental Health Program and prioritizing health promotion initiatives to address the issue effectively.

OBJECTIVE OF THE RESEARCH STUDY

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

RESEARCH DESIGN

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

SAMPLING DESIGN AND SAMPLE SIZE

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

TOOLS USED IN THE STUDY

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

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

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

S. No.	Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I experienced stress due to a poor relationship with my in-laws during or after pregnancy.	32 (13.92%)	135 (58.7%)	30 (13.04%)	27 (11.74%)	6 (2.6%)
2	My relationship with my spouse contributed to emotional distress after childbirth.	24 (10.44%)	107 (46.52%)	29 (12.6%)	58 (25.22%)	12 (5.22%)
3	A poor relationship with my parents added to my emotional burden during the postpartum period.	38 (16.52%)	115 (50%)	26 (11.3%)	40 (17.4%)	11 (4.78%)
4	Living with my in-laws during the postpartum period created emotional or mental stress.	60 (26.08%)	108 (46.95%)	20 (8.7%)	32 (13.92%)	10 (4.35%)
5	Giving birth to a female child caused emotional distress due to societal or familial pressure.	44 (19.14%)	88 (38.26%)	23 (10%)	48 (20.86%)	27 (11.74%)
6	Living in a nuclear family increased my emotional or mental stress during the postpartum period.	41 (17.82%)	90 (39.13%)	24 (10.43%)	46 (20%)	29 (12.6%)
7	My mother-in-law being the primary caregiver after childbirth affected my emotional well-being.	47 (20.43%)	102 (44.35%)	23 (10%)	37 (16.09%)	21 (9.13%)
8	Living in an extended family (with multiple generations) impacted my mental well-being after delivery.	43 (18.7%)	85 (36.96%)	26 (11.3%)	41 (17.82%)	35 (15.22%)

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

Rank	Factors	Agreement Percentage
1	Co-habitation with in-laws	73.75
2	Poor relationship with in-laws	72.62
3	Influence of Parental Relationships	66.52
4	Mother-in-law as the primary caregiver of mother and newborn	64.78
5	Female newborn	57.4
6	Poor relationship with spouse	56.96
7	Living in a nuclear family	56.95
8	Living in an extended family structure	55.66

CONCLUSION

1. Stress from Strained Relationships with In-Laws: A substantial majority of women reported experiencing emotional stress linked to strained relationships with their in-laws during the postpartum period. This highlights that interactions within the extended family often act as a significant source of distress for new mothers. The negative dynamics may stem from conflicts, misunderstandings, or lack of support, which exacerbate emotional vulnerability during this sensitive time. Only a small fraction of respondents did not perceive in-law relationships as stressful, suggesting that some families may provide a more supportive environment, but overall, the impact of in-laws on postpartum emotional well-being is pronounced.
2. Emotional Impact of Spousal Relationships Post-Childbirth: More than half of the respondents indicated that their relationship with their spouse contributed negatively to their emotional well-being after childbirth. This finding underscores the critical role spousal support—or the lack thereof plays in shaping a mother's mental health during the postpartum period. For many women, difficulties in marital communication or unmet emotional needs may intensify feelings of distress. However, a notable minority did not find their spouse to be a source of stress, implying that positive spousal relationships can mitigate postpartum emotional challenges and provide essential support during this period.
3. Influence of Parental Relationships on Postpartum Emotional Burden: Many participants felt that strained relationships with their own parents added to their emotional burden after childbirth. The lack of parental support, unresolved conflicts, or emotional distance may increase stress levels and heighten vulnerability in new mothers. This suggests that the quality of a mother's relationship with her parents remains a significant factor in postpartum emotional health. Conversely, a portion of respondents did not link their emotional distress to parental relationships, which may indicate that some mothers receive adequate familial support or have less conflictual parental dynamics.
4. Emotional Stress Linked to Living with In-Laws: A large number of women reported experiencing mental or emotional stress due to living with their in-laws during the postpartum period. Contributing factors may include generational differences, reduced privacy, and interference in childcare decisions, which collectively increase psychological pressure. This living arrangement can strain a mother's autonomy and emotional well-being. Nevertheless, a smaller group found living with in-laws to be less stressful, possibly reflecting households where positive relationships and support systems are in place, highlighting variability in family dynamics.
5. Gender-Based Pressure and Emotional Distress Post-Childbirth: The findings reveal that societal and familial gender biases continue to influence maternal emotional well-being, with many women experiencing distress after giving birth to a female child. This emotional strain appears linked to cultural preferences and concerns about acceptance or future responsibilities associated with the child's gender. Such pressures underscore ongoing gender-based inequalities that affect mothers' mental health. However, a significant minority did not associate the birth of a female child with distress, indicating shifting attitudes or more supportive family environments in certain communities.
6. Emotional Challenges of Living in a Nuclear Family: Many respondents acknowledged that living in a nuclear family increased their emotional or mental stress during the postpartum period. The absence of extended family support often leaves new mothers feeling overwhelmed with childcare and household duties, contributing to heightened stress. This suggests that the support traditionally provided by parents or in-laws plays a crucial role in alleviating postpartum burden. However, some women reported that nuclear family living did not increase their stress, potentially due to stronger spousal support, access to professional help, or personal preferences for independence.
7. Impact of Mother-in-Law as Primary Caregiver on Emotional Well-Being: A significant proportion of women reported that their emotional well-being was negatively affected when the mother-in-law took on the role of primary caregiver after childbirth. This dynamic may create feelings of stress, loss of autonomy, or tension as mothers negotiate their maternal role. The presence of a dominant caregiver figure within the household can complicate postpartum adjustment. However, a notable

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minority did not perceive this caregiving arrangement as harmful, suggesting that in some families, the mother-in-law's involvement may be supportive or welcomed.

8. Effects of Living in Extended Families on Mental Well-Being: Many participants reported that living with multiple generations affected their mental well-being after delivery. The presence of an extended family can introduce interpersonal conflicts, reduce privacy, and create differing expectations, all of which may increase psychological stress. Nonetheless, a sizable portion of respondents did not experience negative impacts from this living arrangement, indicating that the effect of extended family living on postpartum mental health is variable and may depend on the quality of relationships and household dynamics.

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