

PERCEPTIONS OF CHILD-BEARING MOTHERS WITH POST-PARTUM DEPRESSION AT SIR GANGARAM HOSPITAL LAHORE

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Abstract

Background: Postpartum depression (PPD) is a major maternal mental health issue globally, particularly in low- and middle-income countries like Pakistan, where cultural beliefs and stigma hinder early diagnosis and treatment. Early identification is essential to prevent long-term harm to mothers and infants. This study explored how postpartum mothers at Sir Ganga Ram Hospital, Lahore, perceive PPD in relation to cultural, family, and personal factors, and how they understand and manage the condition.

Materials and Methods: A cross-sectional descriptive study was conducted with 278 postpartum mothers diagnosed with PPD. Data were collected using the Edinburgh Postnatal Depression Scale (EPDS), Brief Illness Perception Questionnaire (B-IPQ), and demographic forms. Questionnaires were completed privately, and ethical approval was obtained from the Institutional Review Board of Fatima Jinnah Medical University.

Results: Findings showed that 84.5% of mothers had severe PPD. Many (39.2%) perceived their condition as severe, reported significant effects on maternal identity, high concern, and limited control over symptoms.

Conclusion: PPD is highly prevalent and burdensome among Pakistani mothers. Early screening, psychoeducation, and culturally sensitive care are essential to reduce adverse outcomes and support maternal mental health.

INTRODUCTION

Postpartum depression (PPD) is a major global maternal mental health concern, particularly in low- and middle-income countries where social stigma, cultural beliefs, and limited screening hinder early identification and treatment (Diyaulu, 2025; Sari & bin Sansuwito, 2025). PPD is a serious psychological condition characterized by sadness, anxiety, fatigue, and impaired functioning after childbirth, emerging

from intertwined biological, psychological, and social factors (Guan et al., 2025). Global evidence indicates that PPD remains widespread, with a pooled prevalence of 13% across more than 80 countries and significantly higher rates—close to 25%—in low-resource settings (Ji & Wang, 2025; Mitchell et al., 2023). In Pakistan, prevalence estimates range from 19.3% to 30%, highlighting substantial psychosocial burden shaped by

context-specific cultural and family dynamics (Atif et al., 2021; Yadav et al., 2020).

PPD profoundly affects maternal functioning, couple relationships, and child socio-emotional development, especially when symptoms remain undetected or untreated (Amer et al., 2024). Qualitative studies from low- and middle-income settings reveal recurring themes of guilt, social isolation, weakened maternal identity, and reliance on informal coping strategies due to stigma and limited mental health literacy (Dartey et al., 2024; Sultan et al., 2025). Despite growing global recognition, Pakistan still faces major barriers—including lack of integrated services, limited awareness, and cultural interpretations of emotional distress—which contribute to delayed help-seeking and inadequate follow-up care (Place et al., 2024). These challenges highlight the need for culturally competent screening tools and care models tailored to local beliefs and maternal experiences (Abdullah et al., 2024; Sharma et al., 2024).

Theoretical frameworks such as the Common-Sense Model (CSM) offer insight into how mothers perceive illness causes, consequences, controllability, and appropriate coping responses, and recent work supports its relevance to perinatal mental health (Cheung et al., 2025). Studies also emphasize the role of mental health literacy in shaping help-seeking behaviors during the postpartum period (He et al., 2025). However, gaps remain in Pakistan regarding detailed emotional trajectories in the first postpartum year, culturally rooted understandings of “normal” recovery, and CSM-based illness perception profiles linked to real care pathways (Place et al., 2024; Sultan et al., 2025). This study addresses these gaps by exploring Pakistani mothers’ perceptions of PPD and generating culturally responsive insights to strengthen screening, psychoeducation, and referral practices within postnatal and community healthcare settings.

1. Materials and Methods

1.1 Study Design and Setting

A cross-sectional descriptive study was conducted in the Obstetrics Department of Sir Ganga Ram

Hospital, Lahore, to assess mothers’ perceptions of postpartum depression (PPD).

1.2 Study Population and Sampling

The study population was included postpartum mothers aged 18–40 years diagnosed with PPD by a consultant or psychologist. A random sampling technique was used to recruit eligible participants from the obstetric units. The initial sample size of 384 was calculated using Cochran’s formula, and the adjusted sample size of 278 mothers was determined using the Finite Population Correction method for an estimated population of 1,000 PPD cases. The study duration will be six months.

1.3 Eligibility Criteria

Inclusion criteria were women aged 18–40 years, EPDS score ≥ 10 , ability to understand Urdu or English, and willingness to provide informed consent.

Exclusion criteria included severe mental illnesses other than PPD, major obstetric/medical complications, refusal to participate, and mothers with critically ill or deceased infants.

1.4 Study Variables

Independent variable: Perceptions of PPD

Dependent variable: Postpartum Depression

1.5 Data Collection Tools

Data was collected using three instruments:

- i. Demographic Data Form
- ii. Edinburgh Postnatal Depression Scale (EPDS), a 10-item scale assessing PPD severity (scores: 0–9 no risk, 10–12 moderate risk, 13–30 high risk)
- iii. Brief Illness Perception Questionnaire (B-IPQ), an 8-item tool assessing mothers’ perceptions of illness consequences, duration, control, concern, identity, understanding, treatment perception, and causal beliefs.

Both the EPDS (Cronbach $\alpha = 0.92$) and B-IPQ (Cronbach $\alpha = 0.815$) have strong validity and reliability, and will be administered in a quiet, private space. Completing the questionnaires will take 20–30 minutes.

1.6 Data Collection Procedure

Mothers meeting the criteria were recruited after informed consent. Questionnaires were self-administered in a quiet area, with assistance available for clarification. Confidentiality and anonymity were maintained.

1.7 Ethical Considerations

Ethical approval was obtained from the IRB of Fatima Jinnah Medical University, and permission will be sought from the hospital administration. Participation ensured voluntary, and mothers may withdraw at any time without

consequences. Data was coded and securely stored.

1.8 Data Analysis Plan

Data was entered into SPSS v26 for analysis. Descriptive statistics (frequency, mean, SD) was conducted to summarize demographic variables, EPDS scores, and illness perception scores. Participants were categorized into mild, moderate, and severe PPD based on EPDS scoring. Tables and charts presented EPDS and B-IPQ score distributions.

2. Results

Table 1. Demographic Characteristics of the Respondents

Demographic Data					
	N	Minimum	Maximum	Mean	Std. Deviation
Age category of the participant	278	1	4	2.15	.789
Highest level of education	278	1	6	2.67	.998
Months since birth	278	1	4	1.39	.696
Mental health history before pregnancy	278	1	2	1.67	.470
Number of children	278	1	3	2.27	.671
Living with partner or spouse	278	1	3	1.09	.315
Chronic health conditions before pregnancy	278	1	2	1.64	.481
Breastfeeding status	278	1	2	1.49	.501
Help available with childcare	278	1	3	1.93	.792
Knowledge about postpartum depression	278	1	3	1.62	.507

The demographic characteristics of 278 postpartum mothers showed considerable variation across key factors. The average age category of participants was 2.15 ± 0.79 , indicating that most women were in the mid-range of the defined age groups. Education levels also varied, with a mean score of 2.67 ± 0.99 , suggesting that participants generally had secondary to intermediate education. The time since childbirth averaged 1.39 ± 0.69 , meaning most mothers were within the early postpartum months.

Regarding health history, the mean score for prior mental health conditions was 1.67 ± 0.47 ,

reflecting that a substantial number reported no previous mental health issues. Participants had an average of 2.27 ± 0.67 children, and most lived with their partner or spouse (mean 1.09 ± 0.31). Chronic health conditions before pregnancy were relatively uncommon (mean 1.64 ± 0.48), while breastfeeding was practiced by about half of the respondents (mean 1.49 ± 0.50). Support with childcare showed wider variability (mean 1.93 ± 0.79), and knowledge of postpartum depression had an average score of 1.62 ± 0.50 , indicating moderate awareness among participants.

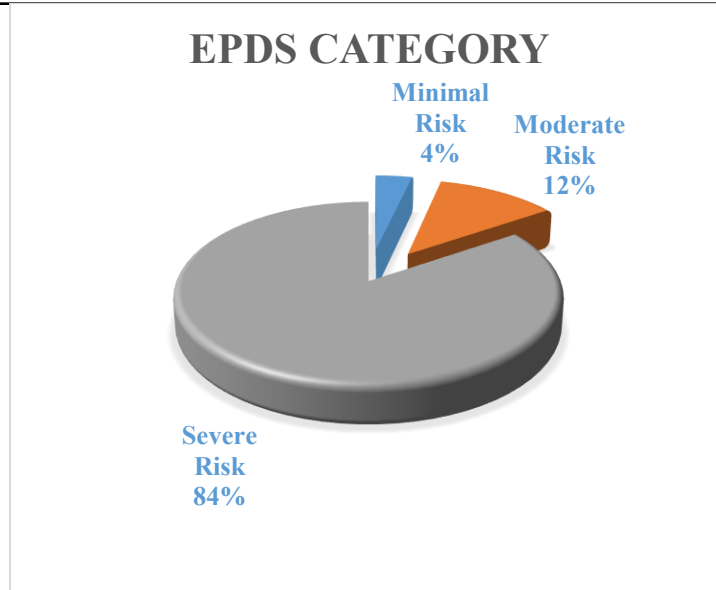


Figure 1. Percentage Distribution of EPDS Categories

The EPDS results show that the majority of postpartum mothers fell into the severe risk category, with 235 participants (84%) scoring between 13–30, indicating a high likelihood of significant postpartum depression. A smaller proportion, 33 mothers (12%), were categorized as having moderate risk, with scores between 10–

12 requiring further assessment. Only 10 participants (4%) scored in the minimal risk range (0–9), suggesting no immediate depressive symptoms. This distribution highlights an alarming prevalence of severe postpartum depression among the study population.

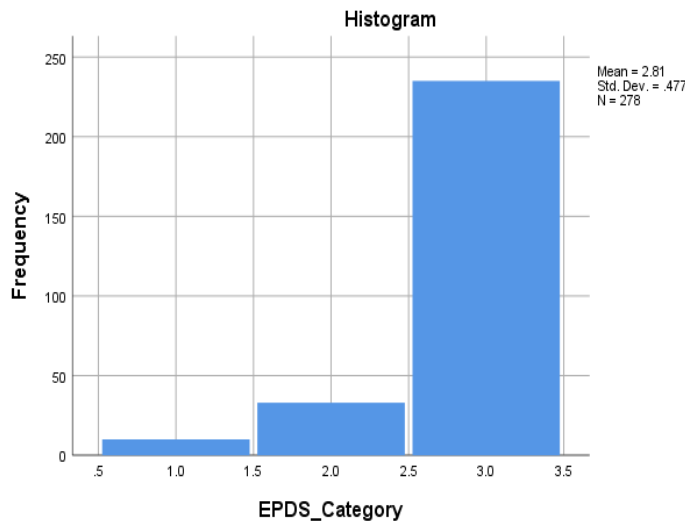


Figure 2. Frequency Distribution and Descriptive Statistics of EPDS Categories

The histogram illustrates the frequency distribution of EPDS categories among 278 postpartum mothers. The vast majority of

participants (235 mothers; 84%) fall within the severe risk category (score 13–30), represented by the tallest bar. A smaller group (33 mothers;

12%) shows moderate risk (score 10–12), while only 10 participants (4%) are in the mild or minimal risk category (score 0–9). The mean EPDS category score is 2.81, with a standard deviation of 0.477, indicating that the

distribution is heavily skewed toward the severe category. Overall, the histogram highlights a high burden of severe postpartum depression within the sample.

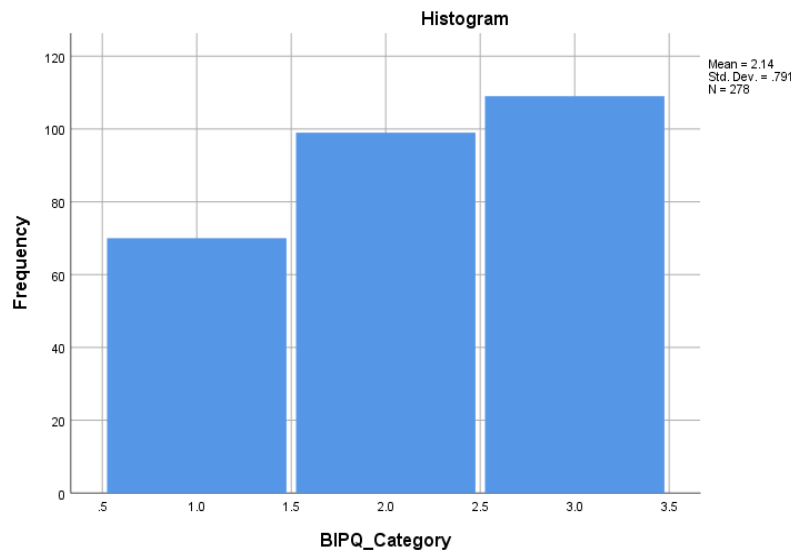


Figure 3. Frequency Distribution and Descriptive Statistics of BIPQ Categories

The histogram illustrates the distribution of Brief Illness Perception Questionnaire (B-IPQ) categories among 278 postpartum mothers. The largest proportion of participants (109 mothers; 39.2%) fell into the severe perception category (scores 50–73), indicating strong negative beliefs and heightened emotional responses toward postpartum depression. This is followed by 99 participants (35.6%) in the moderate perception group (scores 42–49), showing moderately concerning illness perceptions. The remaining 70 mothers (25.1%) demonstrated mild perceptions (scores 0–41), reflecting lower perceived impact or concern. The mean B-IPQ category score was 2.14, with a standard deviation of 0.791, suggesting that most mothers’ perceptions leaned toward the moderate-to-severe range.

3. Discussions

The findings of this study align with previous research emphasizing the strong cultural influences and lack of social support that shape postpartum depression (PPD) experiences among

mothers. Similar to Sultan et al. (2025), the present study confirms that cultural beliefs, stigma, and perceived absence of support significantly affect help-seeking behaviors. The high levels of depression and distress identified through the EPDS in this study are consistent with Dutta and Sharma (2025), who reported strong associations between unintended pregnancy, low partner support, and PPD across South Asia.

Our results also parallel multinational findings showing that inadequate social support and infant-related challenges are key predictors of severe PPD (Amer et al., 2024). Mothers in this study who scored high on B-IPQ scales reported intense concern, low control over their condition, and significant impact on their identity, reflecting earlier work highlighting emotional distress, stigma, and misinterpretation of symptoms in Pakistan (Padhani et al., 2024). Evidence from Jamshaid et al. (2023) and Riaz et al. (2023) further supports the observed link between poor social support, diminished coping

ability, and increased depression severity—reinforcing the need for family-integrated and community-based support in PPD care.

4. Conclusion

PPD is major problem among mothers in Pakistan, where prevalence is high with great emotional and psychological consequences. There is a strong desire to have more culturally responsive care, mental health literacy, and support system to enable mothers cope with PPD and its effects.

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