



EFFECTS OF POSTPARTUM DEPRESSION ON PERSONAL LIFE OF WOMEN

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ABSTRACT

This study investigates the effects of postpartum depression (PPD) on the personal lives of women, focusing on emotional well-being, self-esteem, relationships, and social engagement. Utilizing a descriptive research design, data were collected through a questionnaire from 230 women in selected districts of Kerala using convenience sampling. Findings reveal that many women experience emotional distress, strained marital and familial relationships, reduced maternal confidence, and social withdrawal during the postpartum period. These challenges highlight the profound impact of PPD on women's personal lives and emphasize the need for timely psychological support, awareness, and interventions to promote maternal mental health and overall family well-being.

INTRODUCTION

According to estimations from the World Health Organization (WHO), depression will rank second in terms of primary causes of disability by 2030 and significantly increase the burden of disease; Funk (2016). 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.

Depression is one of the most widely recognized psychological concepts, alongside others like stress and resilience. However, its popularity has also led to ambiguous and sometimes inaccurate usage, resulting in various related challenges. Depression has been understood in multiple ways: as a thought disorder, as a mood disorder, and even debated as an emotion often equated simply with sadness or as a pathological condition. This ongoing controversy around its precise definition highlights the complexity of depression and underscores the difficulties in clearly distinguishing it from normal emotional experiences or other psychological phenomena.

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 (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.

Postpartum depression (PPD) can have profound effects on the personal life of a woman, influencing her emotional well-being, self-esteem, and sense of identity. Women suffering from PPD often experience feelings of sadness, worthlessness, and overwhelming guilt, which can lead to a decline in self-confidence and self-worth. These emotional disturbances can interfere with a woman's ability to engage in everyday activities, maintain personal hygiene, or take interest in previously enjoyed hobbies and relationships. Sleep disturbances, fatigue and changes in appetite further contribute to a decline in physical health and overall functioning. The sense of joy and fulfillment typically associated with motherhood is often replaced by a sense of burden, leading to feelings of detachment and isolation.

Additionally, postpartum depression can strain relationships with partners, family members, and friends. Women with PPD may withdraw socially, feel misunderstood, or struggle to communicate their emotional needs. This emotional distancing can result in a lack of intimacy and increased conflicts in marital or familial relationships. The condition may also impact mother-infant bonding, which is crucial during the early stages of child development. When a mother struggles to connect emotionally with her baby, it can create guilt and anxiety, perpetuating the cycle of depression. The combined effects of these personal challenges underscore the importance of timely intervention, support systems, and awareness to help women navigate the emotional aftermath of childbirth.

Postpartum depression (PPD) significantly impairs maternal mental health and quality of life, affecting not only the mother but also the well-being of the entire family. Women experiencing PPD often display symptoms of irritability, anxiety, and emotional instability. They may struggle with routine tasks, express feelings of inadequacy, and feel disconnected from their infants. These emotional struggles are frequently accompanied by overwhelming guilt and hopelessness, contributing to difficulties in daily functioning. Many women with PPD appear withdrawn, tearful, and overwhelmed by responsibilities, often resulting in tension and conflict within the household. The emotional strain can lead to marital dissatisfaction and, in more severe cases, the breakdown of relationships; Boyce & Todd (1992).

REVIEW OF LITERATURE

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

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

Adewuya et al. (2008) carried out a study in Nigeria examining the impact of postnatal depression (PND) on infants' physical growth during the first nine months. The findings showed that depressed mothers tended to wean their babies earlier, and their infants had a higher risk of diarrhoea and other infections. The study suggests that maternal and child health policies in the area should include measures to prevent postnatal depression and ensure regular monitoring of infant growth.

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.

Mitchell (2009) identified several reasons for the underdiagnosis of postpartum depression (PPD), such as the tendency of those affected to avoid seeking help, the lack of clear protocols for universal screening of postpartum women, insufficient awareness among obstetricians regarding the severity of PPD, and the inadequate use of standardized screening instruments.



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

Gürber et al. (2012) found that depressive symptoms often co-occurred with severe adverse symptoms related to postpartum recovery (ASRs). Their study showed that 3.2% of women experienced this comorbidity one week after delivery, which declined to 1.4% by three weeks postpartum. These results indicate that depressive symptoms may play a significant role in worsening postpartum recovery problems during the initial weeks.

Letourneau et al. (2012) sought to investigate the wider effects of postpartum depression (PPD) on mothers, fathers, and children. The study proposes that PPD should be recognized as a mental health concern affecting the entire family, as its impact goes beyond the mother to shape family relationships, dynamics, and the overall well-being of all members, especially during early child development.

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, 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.

Khamidullina et al. (2025) highlighted that postpartum depression (PPD) is a widespread and serious mental health issue. Although a range of effective treatments is available such as medication, psychological therapies, psychosocial support and neuromodulation methods many of these remain insufficiently studied and are rarely used in practice. Despite growing awareness and discussion surrounding PPD, stigma continues to discourage many women from seeking help. In low-income nations, mental health care is often deprioritized, and even when women attempt to access services, they may encounter difficulties finding professionals with expertise in perinatal mental health.

OBJECTIVE OF THE RESEARCH STUDY

- To analyze the effects of postpartum depression on personal life of 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 EFFECTS OF POSTPARTUM DEPRESSION ON PERSONAL LIFE OF WOMEN

Table 1: Table showing the response related to effects of postpartum depression on personal life of women

| S. No. | Questions | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--------|--|-----------------|----------------|---------------|----------------|-------------------|
| 1 | I experienced emotional and mental health struggles that affected my ability to enjoy daily life after childbirth. | 98 (42.61%) | 88 (38.26%) | 10 (4.35%) | 16 (6.96%) | 18 (7.82%) |
| 2 | My marital relationship became strained as a result of emotional changes after delivery. | 68 (29.56%) | 72 (31.3%) | 15 (6.52%) | 31 (13.48%) | 44 (19.13%) |
| 3 | My relationships with other family members were negatively affected during the postpartum period. | 68 (29.56%) | 69 (30%) | 19 (8.26%) | 49 (21.3%) | 25 (10.87%) |
| 4 | I found it difficult to bond emotionally with my newborn. | 62 (26.95%) | 63 (27.39%) | 20 (8.7%) | 49 (21.3%) | 36 (15.65%) |
| 5 | I experienced a decline in self-esteem or felt less confident in my role as a mother. | 98 (42.6%) | 72 (31.3%) | 15 (6.53%) | 29 (12.61%) | 16 (6.96%) |
| 6 | I felt disconnected from society or lacked interest in maintaining social relationships. | 111 (48.26%) | 68 (29.56%) | 11 (4.78%) | 23 (10%) | 17 (7.4%) |

CONCLUSION

1. Emotional and Psychological Struggles After Childbirth: A large majority of women reported experiencing significant emotional and psychological difficulties during the postpartum period. This highlights the widespread impact childbirth can have on mental health, affecting daily enjoyment and well-being. Only a small segment did not face such challenges, indicating that emotional distress is a common issue many new mothers must confront as they adjust to their new roles.
2. Strain in Marital Relationships Due to Postpartum Emotional Changes: Many women experienced strain in their marital relationships following childbirth, as emotional changes affected their interactions with their spouses. While a notable proportion acknowledged this negative impact, a smaller group reported no such strain, suggesting that some couples may be better equipped to navigate postpartum emotional challenges or receive adequate support during this transitional period.
3. Negative Impact on Relationships with Other Family Members: A considerable number of women felt their relationships with family members were negatively affected during the postpartum period. This disruption in family dynamics can contribute to feelings of isolation or additional stress. However, some respondents did not report such challenges, indicating variability in family support and communication during this critical phase.
4. Difficulty in Emotional Bonding with Newborn: A significant portion of new mothers reported challenges in forming an emotional bond with their newborns during the postpartum period. This difficulty in bonding may impact maternal confidence and infant care. Nonetheless, a substantial number of women did not face this issue, reflecting differences in emotional adjustment and possibly the presence of supportive factors.
5. Decline in Self-Esteem and Maternal Confidence: Many women experienced a decline in self-esteem or felt less confident in their roles as mothers after childbirth. This reduction in self-worth underscores the psychological impact of postpartum changes and the need for supportive interventions to bolster maternal confidence. A smaller group, however, maintained their self-esteem during this time.
6. Sense of Social Withdrawal and Disengagement: A large proportion of women reported feeling disconnected from society or losing interest in social relationships postpartum. This social withdrawal can exacerbate feelings of loneliness and depression. Conversely, some women maintained social engagement, suggesting differences in coping mechanisms or social support networks.



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