

The Role of Social Support Systems in Enhancing Mental Health in Women Experiencing Postpartum Depression

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ABSTRACT

Objective: The objective of this study was to explore the role of social support systems in enhancing the mental health of women experiencing postpartum depression (PPD) in Tehran.

Methods and Materials: This qualitative study employed a phenomenological approach to investigate the lived experiences of 24 women diagnosed with postpartum depression. Participants were selected through purposive sampling, and data were collected using semi-structured interviews. Theoretical saturation was achieved after 24 interviews, ensuring a comprehensive understanding of the topic. The data were analyzed thematically using NVivo software, following Braun and Clarke's (2006) six-step process for thematic analysis. The study focused on the influence of family, peer, and professional support on mental health outcomes.

Findings: The findings revealed that social support played a critical role in alleviating postpartum depression. Family support, particularly from spouses and parents, was identified as the most significant factor in reducing depressive symptoms. Peer support networks provided emotional validation, while professional mental health services contributed to managing severe symptoms. However, many participants faced barriers in accessing professional help, particularly during the COVID-19 pandemic. Physical activity was also found to be a mitigating factor for PPD, though participants cited challenges in maintaining regular exercise.

Conclusion: This study underscores the importance of comprehensive social support systems in enhancing the mental health of women with postpartum depression. Family involvement, peer networks, and professional healthcare services are vital in mitigating the impact of PPD. Healthcare providers should prioritize culturally sensitive, accessible mental health services to address the needs of postpartum women, particularly in times of crisis.

Keywords: Postpartum depression, social support, family support, peer networks, professional healthcare, mental health.

1. Introduction

Postpartum depression (PPD) is a common mental health condition that affects many women after childbirth. Characterized by persistent feelings of sadness, anxiety, and exhaustion, PPD can significantly hinder a woman's ability to care for her newborn and herself (Beck, 2023). The effects of postpartum depression extend beyond emotional disturbances, affecting physical health, interpersonal relationships, and overall well-being (Abdollahi & Zarghami, 2018). In particular, the role of social support systems in enhancing mental health outcomes for women with PPD has become a critical area of research, with evidence suggesting that such support can mitigate the severity of depressive symptoms (Milgrom et al., 2019).

PPD is a debilitating condition that affects a significant percentage of new mothers worldwide, with studies indicating that it can persist long after childbirth if not adequately addressed (Beck, 2023; Dol et al., 2022). Research conducted by Abdollahi and Zarghami (2018) highlights that women continue to experience mental and physical health challenges up to four years postpartum, particularly those who lack adequate social support. These long-term effects underscore the importance of early detection and intervention (Abdollahi & Zarghami, 2018).

One of the most alarming aspects of PPD is its underdiagnosis, especially in women of color and those from low-income backgrounds. Beck (2023) emphasized the experiences of women of color, who often face additional barriers to receiving mental health care, including cultural stigma and lack of access to resources. Similarly, Boyd et al. (2011) found that low-income women are often overlooked for screening and referral for postpartum depression. These findings illustrate the need for more inclusive healthcare policies that address the disparities in postpartum mental health care (Boyd et al., 2011).

Social support is widely recognized as a protective factor against the onset and exacerbation of postpartum depression (Haga et al., 2012). Support from family, friends, and healthcare professionals can provide emotional, informational, and practical assistance, all of which are crucial during the postpartum period (Hetherington et al., 2018). The importance of this support has been particularly evident during the COVID-19 pandemic, which has intensified feelings of isolation among postpartum women. Brik et al. (2022) conducted a Spanish multicenter study during the pandemic and found that social support played a vital role in buffering the mental health impacts of COVID-

19 restrictions (Brik et al., 2022). Similarly, White et al. (2023) noted that postpartum social support had a significant positive impact on mental health outcomes during the pandemic (White et al., 2023).

In contrast, the absence of social support can exacerbate postpartum depression, leading to poor maternal and child health outcomes. A study by Inekwe and Lee (2022) demonstrated the positive effect of perceived social support on postpartum mental health (Inekwe & Lee, 2022), while Haga et al. (2012) showed that low levels of social support are associated with higher risks of PPD. The findings from these studies reinforce the need for structured support systems to help mitigate the negative effects of PPD (Haga et al., 2012).

In addition to social support, physical activity has been shown to have a positive influence on postpartum mental health. Akbari-Nassaji et al. (2023) explored women's experiences regarding physical activity during the postpartum period and found that engaging in regular exercise helped reduce depressive symptoms (Akbari-Nassaji et al., 2023). Their feminist poststructuralist study suggests that empowering women to prioritize physical activity can serve as a form of self-care, promoting both mental and physical well-being. Moreover, a systematic review by Kołomańska-Bogucka and Mazur-Biały (2019) found a consistent link between physical activity and reduced rates of postnatal depression (Kołomańska-Bogucka & Mazur-Biały, 2019).

However, despite the well-established benefits of physical activity, many women face barriers to maintaining an active lifestyle postpartum. These barriers include lack of time, energy, and support, as well as societal expectations about the mothering role (Akbari-Nassaji et al., 2023). Addressing these obstacles through targeted interventions, such as community-based exercise programs and family-inclusive activities, may offer a valuable approach to reducing PPD rates.

Cultural and societal factors play a significant role in shaping the experiences of postpartum women. In many cultures, traditional practices and expectations can either support or hinder a woman's mental health during the postpartum period. For example, Ho et al. (2015) examined the association between behavior restrictions during the "doing-the-month" practice in Chinese culture and mental health outcomes, finding that such restrictions can negatively impact women's mental health. This highlights the importance of understanding cultural contexts when

designing interventions for postpartum depression (Ho et al., 2015).

Similarly, studies have shown that societal expectations around motherhood can contribute to the onset and severity of PPD. Seymour-Smith et al. (2021) found that women who experienced a decline in social support following childbirth were at increased risk of depression (Seymour-Smith et al., 2021). This aligns with the findings of Racine et al. (2021), who demonstrated that adverse childhood experiences, coupled with societal pressures, can significantly influence maternal mental health. These studies underscore the need for culturally sensitive approaches to postpartum care that acknowledge the diverse experiences of women (Racine et al., 2021).

Social support systems vary widely across different cultural and socio-economic contexts. Baiden and Evans (2020) explored the perceptions of postpartum mental health services among Black African newcomer women in Canada, revealing that many women felt disconnected from the support systems available to them. Cultural differences and language barriers often prevented these women from accessing the care they needed (Baiden & Evans, 2020). Similarly, Jamshaid et al. (2023) highlighted the role of perceived social support in mitigating PPD symptoms among Pakistani women, emphasizing the importance of culturally tailored interventions (Jamshaid et al., 2023).

In Ethiopia, Mesfin et al. (2023) found that social support was a critical factor in determining the mental health of postpartum women in rural settings. Their study revealed that women who lacked social support were more likely to experience depressive symptoms, reinforcing the global significance of social support in postpartum mental health (Mesfin et al., 2023).

Healthcare providers play a crucial role in supporting women with postpartum depression. Negron et al. (2012) emphasized that mothers often rely on healthcare professionals to provide both emotional and informational support during the postpartum period (Negron et al., 2012). However, gaps in healthcare services, particularly for marginalized groups, can lead to inadequate care. A focus group study by Raymond et al. (2014) found that underserved urban women faced significant challenges in accessing perinatal depression services, highlighting the need for more equitable healthcare systems (Raymond et al., 2014).

Moreover, the adoption of eHealth interventions has emerged as a potential solution to improving access to mental health services. Jahre (2024) explored the drivers and

barriers to the acceptance of eHealth interventions in postpartum mental health care, finding that while these interventions hold promise, barriers such as technological literacy and access to resources must be addressed (Jahre, 2024). Expanding digital health solutions could provide an accessible and scalable option for women experiencing PPD, particularly in under-resourced areas. Therefore, this study explores how various forms of social support contribute to the mental health of women experiencing postpartum depression in Tehran.

2. Methods and Materials

2.1. Study design and Participant

This qualitative research explores the role of social support systems in enhancing the mental health of women experiencing postpartum depression. The study employs a phenomenological approach to capture the lived experiences of participants. A total of 24 women diagnosed with postpartum depression were selected through purposive sampling. All participants reside in Tehran and were recruited from various healthcare facilities specializing in maternal and mental health. The sample size was determined by theoretical saturation, where data collection ceased once no new themes emerged from the interviews.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected using semi-structured interviews, which provided flexibility for participants to share their experiences while allowing the researcher to explore specific aspects of social support. An interview guide was developed based on existing literature on postpartum depression and social support systems. Each interview lasted approximately 45 to 60 minutes and was conducted in a private setting to ensure participant comfort and confidentiality. With participant consent, interviews were audio-recorded and transcribed verbatim for analysis.

2.3. Data Analysis

Thematic analysis was employed to analyze the data, following Braun and Clarke's (2006) six-step process. NVivo software was used to organize and code the transcribed data, facilitating the identification of key themes and subthemes. Initial coding was carried out inductively, allowing the emergence of patterns directly from the data.

Codes were then grouped into broader themes reflecting participants' experiences of postpartum depression and the influence of social support systems. Data analysis continued until theoretical saturation was achieved, ensuring a comprehensive understanding of the phenomenon under study.

3. Findings and Results

The participants in this study were 24 women, all of whom had been diagnosed with postpartum depression and were residing in Tehran. The participants' ages ranged from

22 to 38 years, with the majority (n=15, 62.5%) being between 25 and 30 years old. Most participants were married (n=21, 87.5%), while a smaller proportion (n=3, 12.5%) were either divorced or separated. In terms of educational background, 9 participants (37.5%) held a high school diploma, 12 (50%) had a bachelor's degree, and 3 (12.5%) had completed postgraduate studies. Regarding employment status, 10 participants (41.7%) were full-time homemakers, 8 (33.3%) were employed part-time, and 6 (25%) were employed full-time. The number of children ranged from 1 to 3, with the majority (n=17, 70.8%) being first-time mothers.

Table 1

The Results of Qualitative Analysis

Categories (Themes)	Subcategories (Subthemes)	Concepts (Open Codes)
1. Emotional Impact of Postpartum Depression	1.1 Feelings of Isolation	Loneliness, Lack of family support, Social withdrawal
	1.2 Anxiety and Fear	Overwhelming worry, Fear of being a bad mother, Intrusive thoughts
	1.3 Emotional Exhaustion	Fatigue, Lack of motivation, Burnout
	1.4 Guilt and Shame	Self-blame, Embarrassment, Feeling inadequate
	1.5 Emotional Detachment from the Baby	Difficulty bonding, Sense of disconnection, Indifference
2. Role of Social Support Systems	2.1 Family Support	Supportive spouse, Parental help, Sibling involvement
	2.2 Peer Support	Support groups, Friend circle, Shared experiences
	2.3 Professional Support	Counselor assistance, Medical professionals, Community services
	2.4 Informal Social Networks	Neighbors, Religious organizations, Local community engagement
	2.5 Challenges in Accessing Support	Financial barriers, Time constraints, Cultural stigma
3. Coping Mechanisms	3.1 Seeking Professional Help	Therapy, Medical intervention, Psychiatric consultations
	3.2 Self-Care Practices	Meditation, Rest and relaxation, Healthy eating
	3.3 Sharing Emotions	Talking to family, Communicating with friends, Journaling
	3.4 Distracting from Negative Thoughts	Engaging in hobbies, Focusing on baby care, Social activities
4. Barriers to Effective Support Systems	4.1 Societal Expectations	Pressure to be a "perfect" mother, Gender roles, Family obligations
	4.2 Lack of Awareness	Uninformed family, Lack of medical knowledge, No awareness of resources
	4.3 Cultural and Religious Influences	Traditional beliefs, Religious expectations, Role of women
	4.4 Stigmatization of Mental Health Issues	Fear of judgment, Feeling misunderstood, Concealment of emotions
	4.5 Insufficient Professional Resources	Lack of postpartum specialists, Inconsistent therapy availability, Unavailability of local resources

3.1. Emotional Impact of Postpartum Depression

Feelings of Isolation: Participants frequently expressed feelings of isolation, citing loneliness and lack of support from family members. Social withdrawal was common, with one participant stating, "I felt like nobody understood what I was going through, not even my own family." These feelings contributed to a sense of emotional disconnection from the outside world.

Anxiety and Fear: Many women reported experiencing intense anxiety and fear related to their roles as new mothers. Concerns about being inadequate or harming their child dominated their thoughts. One participant shared, "I was constantly worried that I was doing everything wrong, that I would hurt my baby without even realizing it." This overwhelming anxiety often led to intrusive and distressing thoughts.

Emotional Exhaustion: Emotional exhaustion was another recurring theme, with participants describing a profound sense of fatigue and burnout. Many expressed feeling unmotivated to perform daily tasks. "I was so tired all the time, emotionally drained. Even simple tasks felt like climbing a mountain," said one mother, reflecting the overwhelming nature of postpartum depression.

Guilt and Shame: Feelings of guilt and shame were deeply embedded in participants' experiences. Many felt they were not fulfilling societal expectations of motherhood, leading to self-blame and embarrassment. One mother noted, "I was ashamed because I couldn't feel happy, and I felt like a failure." These emotions exacerbated their depressive symptoms.

Emotional Detachment from the Baby: Several participants mentioned difficulties in bonding with their newborns, feeling emotionally distant and indifferent. One participant explained, "I felt like I wasn't really connecting with my baby. I just didn't feel that immediate bond everyone talks about." This emotional detachment deepened their sense of inadequacy as mothers.

3.2. Role of Social Support Systems

Family Support: The majority of participants identified family support as a critical factor in managing their postpartum depression. Supportive spouses and extended family members, such as parents and siblings, provided emotional and practical assistance. One participant shared, "My husband was really there for me. He took care of the

baby so I could rest and recover." This family involvement was crucial in alleviating some of the emotional burden.

Peer Support: Many participants highlighted the importance of peer support, especially from other mothers who had experienced postpartum depression. Support groups and close friends provided a space for shared experiences. One participant explained, "Talking to other moms who went through the same thing helped me realize I wasn't alone." Peer support served as a validating and comforting resource.

Professional Support: Access to professional support, including counselors and medical professionals, was vital for many women. Therapists and postpartum counselors helped participants understand and manage their emotions. One participant noted, "My counselor really helped me navigate the feelings I was having. I don't know what I would have done without her guidance." Professional support often served as a turning point in their recovery journey.

Informal Social Networks: Some participants found support through informal networks, such as neighbors, religious groups, or community-based organizations. These networks often provided practical help, such as child care or meal delivery. One participant said, "My neighbor would come by just to check in and offer help. That made a huge difference."

Challenges in Accessing Support: Despite the importance of social support, some participants faced barriers to accessing these resources. Financial constraints, cultural stigma, and time limitations were significant obstacles. One participant shared, "I wanted to see a therapist, but it was too expensive, and I didn't have the time." These challenges often intensified their feelings of isolation and helplessness.

3.3. Coping Mechanisms

Seeking Professional Help: Many women sought professional help to cope with postpartum depression. Therapy and medical interventions were frequently mentioned as effective strategies. One participant noted, "I decided to see a therapist when things got too overwhelming, and it really helped." For others, psychiatric consultations and medication provided relief from more severe symptoms.

Self-Care Practices: Participants also engaged in self-care practices such as meditation, relaxation, and maintaining a healthy diet to alleviate their symptoms. One mother stated, "I tried to focus on my physical health, eating better and taking time to rest. It wasn't easy, but it helped." These

practices allowed them to regain a sense of control over their wellbeing.

Sharing Emotions: Many participants found that talking about their emotions with trusted family members or friends helped ease their mental burden. As one participant said, "When I finally opened up to my sister, I felt like a weight had been lifted off my chest." Sharing their experiences was a key coping mechanism for processing complex emotions.

Distracting from Negative Thoughts: Several participants used distraction techniques to shift focus away from negative thoughts. Engaging in hobbies, focusing on baby care, or participating in social activities helped some women manage their symptoms. One participant explained, "I would immerse myself in activities like reading or gardening to keep my mind off the depression."

3.4. *Barriers to Effective Support Systems*

Societal Expectations: Participants frequently referenced the societal pressure to be the "perfect" mother, which compounded their mental health struggles. Many felt obligated to fulfill traditional gender roles and familial expectations. "There's this idea that a good mother should never feel depressed, and that made everything worse," said one participant. These unrealistic expectations often deepened their feelings of guilt and inadequacy.

Lack of Awareness: A lack of awareness among family members and the wider community about postpartum depression further hindered the effectiveness of support systems. Some participants mentioned that their families were uninformed about mental health, which led to dismissive attitudes. One participant remarked, "They didn't take my depression seriously because they didn't understand what I was going through."

Cultural and Religious Influences: Cultural and religious beliefs shaped participants' experiences of postpartum depression and their ability to seek help. Some participants encountered traditional expectations about motherhood that discouraged them from voicing their struggles. One participant explained, "In my community, women are expected to be strong and not complain, which made it hard to admit I was struggling."

Stigmatization of Mental Health Issues: The stigma surrounding mental health issues posed a significant barrier to accessing support. Many participants were reluctant to seek help out of fear of judgment. One participant shared, "I didn't tell anyone about my depression because I was afraid

they would think I was a bad mother." This stigmatization often exacerbated feelings of isolation and delayed recovery.

Insufficient Professional Resources: Some participants expressed frustration over the lack of specialized professional resources for postpartum depression. Inconsistent therapy availability and limited access to postpartum specialists made it difficult for some women to receive timely support. "There aren't enough resources for women like me. I had to wait months to see a specialist," said one mother, underscoring the gaps in mental health services.

4. **Discussion and Conclusion**

The findings of this study illustrate the significant impact of social support systems on enhancing the mental health of women experiencing postpartum depression (PPD) in Tehran. Consistent with previous literature, the availability of family, peer, and professional support played a crucial role in alleviating depressive symptoms, while a lack of social support exacerbated feelings of isolation, anxiety, and emotional exhaustion (Milgrom et al., 2019; Abdollahi & Zarghami, 2018). Furthermore, the COVID-19 pandemic intensified these challenges, reinforcing the need for robust support networks to counter the effects of increased isolation (Brik et al., 2022; Ashby et al., 2022). These results align with the growing body of research that emphasizes the importance of comprehensive support systems during the postpartum period (Baiden & Evans, 2020; Beck, 2023).

One of the most prominent findings of this study was the role of family support in mitigating postpartum depression. Participants who had strong support from spouses, parents, and siblings reported significantly lower levels of depressive symptoms. This finding is consistent with research by Abdollahi and Zarghami (2018), who found that women with sustained family support had better mental health outcomes four years postpartum (Abdollahi & Zarghami, 2018). Moreover, Hetherington et al. (2018) emphasized that maternal mental health is positively influenced by family involvement during the first year postpartum (Hetherington et al., 2018). The availability of emotional and practical assistance, such as help with childcare and household responsibilities, contributed to the overall well-being of mothers in this study, mirroring findings from previous studies that underscore the value of family support (Negron et al., 2012; Raymond et al., 2014).

Peer support also emerged as a critical factor in this study. Women who participated in support groups or received encouragement from friends who had experienced similar

challenges reported feeling less isolated and more understood. This finding aligns with the work of Brik et al. (2022), who noted that peer support networks were instrumental in buffering the negative effects of postpartum depression, especially during the COVID-19 pandemic (Brik et al., 2022). Similarly, Jamshaid et al. (2023) found that perceived social support from friends and peers was a protective factor against PPD in Pakistani women (Jamshaid et al., 2023). The emotional validation and shared experiences provided by peer networks helped participants navigate the challenges of new motherhood, reducing feelings of isolation and anxiety.

In addition to family and peer support, professional healthcare services were vital for managing postpartum depression. Participants who sought help from therapists, counselors, and healthcare providers reported significant improvements in their mental health. This finding is supported by Negron et al. (2012), who found that healthcare providers are often a key source of support for postpartum women, offering both emotional and informational guidance (Negron et al., 2012). However, the results also highlight barriers to accessing professional mental health services, particularly during the pandemic. Ashby et al. (2022) and Cîtu et al. (2022) similarly noted that many women faced difficulties in accessing healthcare during COVID-19 due to restrictions and financial limitations, which exacerbated their mental health issues (Ashby et al., 2022; Cîtu et al., 2022). These barriers were particularly pronounced among women from low-income backgrounds, further emphasizing the need for equitable access to postpartum mental health services (Baiden & Evans, 2020; Boyd et al., 2011).

The COVID-19 pandemic emerged as a significant factor that amplified the challenges faced by postpartum women. Participants reported heightened feelings of isolation due to social distancing measures, limited access to healthcare services, and reduced support from family and friends. This is consistent with findings from multiple studies that explored the impact of the pandemic on postpartum mental health. For instance, Stojanov et al. (2020) found that women were at increased risk for nonpsychotic postpartum mood and anxiety disorders during the pandemic, while Silverman et al. (2020) highlighted that restrictions on social interactions further exacerbated mental health issues in new mothers. Moreover, Brik et al. (2022) emphasized that the lack of in-person support networks during the pandemic had a profound impact on postpartum women's mental health. These findings underscore the importance of addressing the unique challenges posed by global crises and ensuring that

postpartum women have access to adequate support systems, even in times of social disruption.

Another important finding of this study was the role of physical activity in mitigating postpartum depression. Participants who engaged in regular exercise reported lower levels of depressive symptoms, which is consistent with the findings of Akbari-Nassaji et al. (2023) and Kołomańska-Bogucka and Mazur-Biały (2019), who demonstrated that physical activity is associated with reduced rates of postnatal depression (Akbari-Nassaji et al., 2023; Kołomańska-Bogucka & Mazur-Biały, 2019). However, many participants in this study cited barriers to maintaining an active lifestyle, including lack of time, energy, and social support, which limited their ability to engage in regular physical activity. Addressing these barriers through community-based exercise programs or family-inclusive activities could offer a valuable approach to reducing PPD rates (Akbari-Nassaji et al., 2023).

Despite the clear benefits of social support, this study also identified significant barriers to accessing these resources. Cultural and societal factors often prevented women from seeking help or receiving adequate support. For instance, some participants reported feeling pressure to conform to traditional gender roles, which discouraged them from acknowledging their mental health struggles. This finding is consistent with studies by Beck (2023) and Racine et al. (2021), who found that societal expectations around motherhood can contribute to the onset and severity of PPD (Beck, 2023; Racine et al., 2021). Additionally, cultural practices, such as the "doing-the-month" tradition in Chinese culture, have been shown to restrict postpartum women's behavior and negatively impact their mental health (Ho et al., 2015). These findings highlight the need for culturally sensitive interventions that take into account the diverse experiences and challenges faced by postpartum women.

5. Limitations and Suggestions

This study has several limitations that should be acknowledged. First, the sample size was limited to 24 participants, all residing in Tehran. While this allowed for an in-depth exploration of their experiences, the findings may not be generalizable to other regions or populations. Second, the data were collected through semi-structured interviews, which rely on self-reported information. This may introduce bias, as participants may underreport or overreport certain aspects of their experiences due to social desirability or recall bias. Furthermore, this study focused solely on the

experiences of women who sought social support, and did not account for the experiences of those who did not receive any form of support, potentially limiting the scope of the findings.

Future research should aim to address the limitations of this study by expanding the sample size and including participants from diverse geographical locations and cultural backgrounds. This would allow for a more comprehensive understanding of the role of social support systems in enhancing postpartum mental health across different contexts. Additionally, longitudinal studies could provide valuable insights into the long-term effects of social support on postpartum depression, as well as the impact of various types of support at different stages of the postpartum period. Researchers should also explore the experiences of women who do not seek or receive social support, to better understand the barriers to accessing these resources and develop targeted interventions to address these challenges. Finally, further research is needed to investigate the role of eHealth interventions in providing postpartum mental health support, particularly in light of the challenges posed by global crises such as the COVID-19 pandemic (Jahre, 2024).

From a practical perspective, the findings of this study suggest several key recommendations for healthcare providers and policymakers. First, healthcare systems should prioritize the integration of social support services into postpartum care, ensuring that all new mothers have access to emotional, informational, and practical support. This could include the development of community-based peer support groups, as well as family-inclusive mental health interventions that involve spouses and other family members in the support process (Brik et al., 2022). Second, healthcare providers should receive training on the cultural and societal factors that influence postpartum women's mental health, enabling them to deliver culturally sensitive care that meets the unique needs of diverse populations (Baiden & Evans, 2020; Beck, 2023). Finally, eHealth interventions should be explored as a scalable and accessible solution for providing mental health support to postpartum women, particularly in times of crisis or for those living in remote areas with limited access to healthcare services (Jahre, 2024).

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Abdollahi, F., & Zarghami, M. (2018). Effect of Postpartum Depression on Women's Mental and Physical Health Four Years After Childbirth. *Eastern Mediterranean Health Journal*, 24(10), 1002-1009. <https://doi.org/10.26719/2018.24.10.1002>
- Akbari-Nassaji, N., Aston, M., Hughes, J., Cassidy, C., & Benoit, B. (2023). Women's Experiences Regarding Physical Activity During the Postpartum Period: A Feminist Poststructuralist Study. *Nursing Reports*, 13(1), 445-455. <https://doi.org/10.3390/nursrep13010041>
- Ashby, G. B., Riggan, K. A., Huang, L., Torbenson, V. E., Long, M. E., Wick, M. J., Allyse, M., & Rivera-Chiauzzi, E. Y. (2022). "I Had So Many Life-Changing Decisions I Had to Make Without Support": A Qualitative Analysis of Women's Pregnant and Postpartum Experiences During the COVID-19 Pandemic. *BMC Pregnancy and Childbirth*, 22(1). <https://doi.org/10.1186/s12884-022-04816-7>
- Baiden, D., & Evans, M. (2020). Black African Newcomer Women's Perception of Postpartum Mental Health Services in Canada. *Canadian Journal of Nursing Research*, 53(3), 202-210. <https://doi.org/10.1177/0844562120934273>
- Beck, C. T. (2023). Experiences of Postpartum Depression in Women of Color. *MCN the American Journal of Maternal/Child Nursing*, 48(2), 88-95. <https://doi.org/10.1097/nmc.0000000000000889>
- Boyd, R. C., Mogul, M., Newman, D., & Coyne, J. C. (2011). Screening and Referral for Postpartum Depression Among Low-Income Women: A Qualitative Perspective From

- Community Health Workers. *Depression research and treatment*, 2011, 1-7. <https://doi.org/10.1155/2011/320605>
- Brik, M., Sandonis, M., Murillo, E. R. H., Ortiz, R. M., Fernandez, A. A., Arriba, M., Fernández, S., Román, N. I., Parramón-Puig, G., Suy, A., Dip, M. E., Marín, A. P., Maíz, N., Ramos-Quiroga, J. A., & Carreras, E. (2022). Social Support and Mental Health in the Postpartum Period in Times of SARS-CoV-2 Pandemic: Spanish Multicentre Cohort Study. *International journal of environmental research and public health*, 19(23), 15445. <https://doi.org/10.3390/ijerph192315445>
- Cîtu, C., Gorun, F., Motoc, A. G. M., Sas, I., Burlea, B., Cîtu, I. M., Biriş, M., Forga, M., Neagoe, O., & Gorun, O. M. (2022). Prevalence and Risk Factors of Postpartum Depression in Romanian Women During Two Periods of COVID-19 Pandemic. *Journal of clinical medicine*, 11(6), 1628. <https://doi.org/10.3390/jcm11061628>
- Dol, J., Hughes, B., Aston, M., McMillan, D., Murphy, G. T., & Campbell-Yeo, M. (2022). Impact of COVID-19 Restrictions on the Postpartum Experience of Women Living in Eastern Canada During the Early Pandemic Period: A Cross-sectional Study. *Journal of Nursing Scholarship*, 55(1), 178-186. <https://doi.org/10.1111/jnu.12843>
- Haga, S. M., Ulleberg, P., Slinning, K., Kraft, P., Steen, T. B., & Staff, A. (2012). A Longitudinal Study of Postpartum Depressive Symptoms: Multilevel Growth Curve Analyses of Emotion Regulation Strategies, Breastfeeding Self-Efficacy, and Social Support. *Archives of Women's Mental Health*, 15(3), 175-184. <https://doi.org/10.1007/s00737-012-0274-2>
- Hetherington, E., McDonald, S., Williamson, T., Patten, S. B., & Tough, S. (2018). Social Support and Maternal Mental Health at 4 Months and 1 Year Postpartum: Analysis From the All Our Families Cohort. *Journal of Epidemiology & Community Health*, 72(10), 933-939. <https://doi.org/10.1136/jech-2017-210274>
- Ho, M. C., Li, T. C., Liao, C.-C., Su, S.-Y., & Su, S.-Y. (2015). The Association Between Behavior Restrictions in Doing-the-Month Practice and Mental Health Status Among Postpartum Women. *The Journal of Alternative and Complementary Medicine*, 21(11), 725-731. <https://doi.org/10.1089/acm.2013.0474>
- Inekwe, J. N., & Lee, E. (2022). Perceived Social Support on Postpartum Mental Health: an Instrumental Variable Analysis. *PLoS One*, 17(5), e0265941. <https://doi.org/10.1371/journal.pone.0265941>
- Jahre, L. M. (2024). Drivers and Barriers of Acceptance of eHealth Interventions in Postpartum Mental Health Care: A Cross-Sectional Study. <https://doi.org/10.21203/rs.3.rs-4143017/v1>
- Jamshaid, S., Malik, N. I., Ullah, I., Saboor, S., Arain, F., & Berardis, D. D. (2023). Postpartum Depression and Health: Role of Perceived Social Support Among Pakistani Women. *Diseases*, 11(2), 53. <https://doi.org/10.3390/diseases11020053>
- Kołomańska-Bogucka, D., & Mazur-Biały, A. (2019). Physical Activity and the Occurrence of Postnatal Depression—A Systematic Review. *Medicina*, 55(9), 560. <https://doi.org/10.3390/medicina55090560>
- Mesfin, A. A., Yimer, A., Begashaw, A., Nigusu, A., Assefa, A., Zewde, A., Mesfin, S., & Genetu, A. (2023). Magnitude and Factors Associated With Depressive Symptoms Among Post-Partum Mothers Visiting Rural Health Center in Ethiopia, a Cross Sectional Study. <https://doi.org/10.21203/rs.3.rs-2508544/v1>
- Milgrom, J., Hirshler, Y., Reece, J., Holt, C., & Gemmill, A. W. (2019). Social Support—A Protective Factor for Depressed Perinatal Women? *International journal of environmental research and public health*, 16(8), 1426. <https://doi.org/10.3390/ijerph16081426>
- Negron, R., Martin, A., Almog, M., Balbierz, A., & Howell, E. A. (2012). 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>
- Racine, N., Devereaux, C., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Adverse Childhood Experiences and Maternal Anxiety and Depression: A Meta-Analysis. *BMC psychiatry*, 21(1). <https://doi.org/10.1186/s12888-020-03017-w>
- Raymond, N. C., Pratt, R., Godecker, A., Harrison, P. A., Kim, H., Kuendig, J., & O'Brien, J. (2014). Addressing Perinatal Depression in a Group of Underserved Urban Women: A Focus Group Study. *BMC Pregnancy and Childbirth*, 14(1). <https://doi.org/10.1186/1471-2393-14-336>
- Seymour-Smith, M., Cruwys, T., & Haslam, S. A. (2021). More to Lose? Longitudinal Evidence That Women Whose Social Support Declines Following Childbirth Are at Increased Risk of Depression. *Australian and New Zealand Journal of Public Health*, 45(4), 338-343. <https://doi.org/10.1111/1753-6405.13099>
- White, L. K., Kornfield, S. L., Himes, M. M., Forkpa, M., Waller, R., Njoroge, W., Barzilay, R., Chaiyachati, B. H., Burris, H. H., Duncan, A. F., Seidlitz, J., Parish-Morris, J., Elovitz, M. A., & Gur, R. E. (2023). The Impact of Postpartum Social Support on Postpartum Mental Health Outcomes During the COVID-19 Pandemic. *Archives of Women's Mental Health*, 26(4), 531-541. <https://doi.org/10.1007/s00737-023-01330-3>