KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 10 March 2025
Revised 19 April 2025
Accepted 09 May 2025
Published online 01 July 2025

Psychology of Woman Journal

Volume 6, Issue 3, pp 1-9

PWJ
Psychology of Woman Journal
Publisher: KMANPub

E-ISSN: 3041-8515

Factors Influencing Help-Seeking Behavior in Women with Postpartum Depression

Amelia. Wright[1], Dimitra. Kalogeropoulos[2*], Giselle. Mata[3]

[1] Department of Psychology, University of Leeds, Leeds, UK
[2] Department of Clinical Psychology, University of Crete, Rethymno, Greece
[3] Research Centre in Education (CIE-ISPA), ISPA—Instituto Universitário de Ciências Psicológicas, Sociais e da Vida, 1149-041 Lisbon, Portugal

*** Corresponding author email address**: d.kalogeropoulos@uoc.gr

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Wright, A., Kalogeropoulos, D., & Mata, G. (2025). Factors Influencing Help-Seeking Behavior in Women with Postpartum Depression. *Psychology of Woman Journal, 6*(3), 1-9.
http://dx.doi.org/10.61838/kman.pwj.6.3.6

A B S T R A C T

Objective: This study aimed to explore the psychological, interpersonal, structural, and systemic factors influencing help-seeking behavior among women experiencing postpartum depression in Greece.

Methods and Materials: A qualitative research design was employed using semi-structured, in-depth interviews with 21 women diagnosed with postpartum depression within the first year after childbirth. Participants were recruited using purposive sampling, and data collection continued until theoretical saturation was reached. Interviews were transcribed verbatim and analyzed thematically using NVivo 14 software. Thematic analysis followed Braun and Clarke's six-step framework. Rigor was ensured through independent coding, member checking, and maintenance of reflexivity throughout the research process.

Findings: Thematic analysis revealed four main categories: (1) Psychological and Emotional Barriers, including fear of stigma, internalized guilt, and denial of illness; (2) Interpersonal and Social Influences, such as spousal support, family dynamics, and cultural expectations; (3) Structural and Systemic Barriers, including limited accessibility, financial constraints, and mistrust in healthcare services; and (4) Facilitators of Help-Seeking, such as empathetic healthcare professionals, psychoeducation, community networks, and positive prior experiences with mental health care. Participants' narratives highlighted a complex interplay between internal struggles and external conditions that either hindered or encouraged their willingness to seek professional help.

Conclusion: Help-seeking behavior in women with postpartum depression is shaped by a constellation of interrelated psychological, social, and systemic factors. Addressing these barriers requires a multidimensional approach that includes stigma reduction, mental health literacy, empathetic provider training, and culturally sensitive, accessible services. Interventions should empower women to recognize and validate their emotional experiences while facilitating supportive environments that normalize seeking care during the postpartum period.

Keywords: *Postpartum depression; Help-seeking behavior; Qualitative research; Maternal mental health*

1. Introduction

Postpartum depression (PPD) is a prevalent yet often underrecognized mental health condition that affects a significant proportion of women following childbirth, posing risks not only to maternal well-being but also to infant development, family functioning, and broader public health. Globally, the burden of PPD remains substantial, with prevalence estimates ranging from 10% to 20%, though rates vary across populations due to sociocultural, biological, and systemic factors (Khamidullina et al., 2025; Sita & Meenakshi, 2021). Despite increased awareness in clinical and policy settings, help-seeking for postpartum mental health concerns remains critically low. Understanding the complex web of barriers and facilitators influencing women's willingness and ability to seek help is essential for developing responsive health systems, effective interventions, and supportive community structures.

Help-seeking behavior for postpartum depression is shaped by a multitude of interrelated factors, encompassing individual psychological states, family dynamics, social environments, and structural healthcare conditions (Fischbein et al., 2022; Place et al., 2024). While some women access formal services such as psychotherapy or psychiatric consultations, many others rely on informal support or avoid disclosure altogether due to stigma, cultural beliefs, or systemic barriers (Amarasinghe & Agampodi, 2022; Xiao et al., 2025). This variability underscores the need to explore help-seeking as a dynamic process influenced by contextual factors unique to each setting. For instance, women in low-resource or rural areas often report reduced access to care and increased reliance on traditional or familial coping systems (Amarasinghe & Agampodi, 2022; Odufuwa et al., 2022).

One of the most persistent barriers to help-seeking is mental health stigma, which manifests both externally through societal judgment and internally via self-stigmatization and guilt (Beck, 2023; Xiao et al., 2025). Many women report fears of being labeled as "unfit mothers" or concerns about the potential consequences of disclosure, such as loss of custody or judgment by healthcare professionals (Place et al., 2024). These concerns are compounded by cultural expectations of maternal joy and emotional resilience, which create unrealistic standards and silence women experiencing distress (Beck, 2023; Korolyova et al., 2024). In a study on women of color in the United States, for example, mothers often hesitated to seek help due to intersecting stigmas related to race, class, and motherhood norms (Beck, 2023).

In addition to stigma, low mental health literacy is a significant impediment to help-seeking. Women often struggle to recognize the symptoms of PPD or to distinguish them from normal postpartum adjustments (Mirsalimi et al., 2020). Without adequate knowledge, many delay or avoid seeking help, believing their sadness, irritability, or fatigue are temporary or personal failings rather than symptoms of a treatable condition (Fischbein et al., 2022; Ong et al., 2024). Tools such as the Postpartum Depression Literacy Scale (PoDLiS) have revealed considerable variation in awareness and understanding of PPD symptoms across populations, highlighting the role of educational interventions in improving early recognition (Mirsalimi et al., 2020).

Family and interpersonal factors also play a pivotal role. The involvement—or lack thereof—of partners, parents, and in-laws can either facilitate or hinder help-seeking efforts. Supportive spousal relationships have been associated with reduced PPD symptoms and greater willingness to access care (Putri, 2023). Conversely, women reporting conflict or neglect within the family context may feel isolated or discouraged from disclosing emotional struggles (Jones & Duong, 2024; Korolyova et al., 2024). In many collectivist cultures, decision-making around mental health may be mediated by elders or male family members, creating additional hurdles for women seeking autonomy in their healthcare decisions (I.T et al., 2022).

The healthcare system itself can present formidable challenges. Structural and systemic issues such as limited availability of services, financial constraints, poor continuity of care, and culturally insensitive practices often prevent women from accessing appropriate mental health support (Kharchenko et al., 2024; Odufuwa et al., 2022). A multi-country review of PPD services found that even in high-income settings, services were often fragmented and reactive, failing to provide proactive or preventive outreach to at-risk mothers (Khamidullina et al., 2025). Furthermore, the design and delivery of perinatal services frequently lack cultural tailoring, which can alienate immigrant or minority women who may already feel marginalized within the healthcare system (Beck, 2023; Place et al., 2024).

In response to these challenges, scholars have emphasized the importance of socio-ecological models in understanding the multi-level determinants of help-seeking behavior. These frameworks illustrate how individual, interpersonal, institutional, and policy-level factors converge to influence health behaviors and outcomes

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8515

(Fischbein et al., 2022; Place et al., 2024). For instance, Ong et al. (Ong et al., 2024) identify socioeconomic status, marital satisfaction, and healthcare accessibility as interacting variables that shape mental health trajectories in postpartum women. Similarly, Kita's (Kita, 2025) national survey in Japan revealed how employment conditions, partner involvement, and healthcare attitudes intersect to influence consultation behavior among postpartum women.

While quantitative studies have contributed valuable knowledge about prevalence and predictors, qualitative research is particularly well-suited to unpack the nuanced experiences and decision-making processes surrounding help-seeking (Fischbein et al., 2022; Jones & Duong, 2024). Through in-depth interviews and thematic analysis, researchers have identified recurring patterns in women's narratives, such as feelings of maternal failure, identity loss, fear of medicalization, and distrust of formal institutions (Branquinho et al., 2022; Kharchenko et al., 2024). These qualitative insights not only enrich our theoretical understanding but also offer concrete implications for practice—informing the development of mother-friendly, culturally competent interventions and policies.

In parallel, the digital landscape is emerging as a powerful influence on help-seeking behaviors. Social media platforms, online forums, and mental health apps offer anonymity, accessibility, and community—a compelling alternative to traditional healthcare pathways (Jones & Duong, 2024). Yet, the reliability of digital information and the risk of self-diagnosis without follow-up remain critical concerns (Fischbein et al., 2022; Ong et al., 2024). Nevertheless, for some women, particularly those in rural or underserved regions, these digital platforms may be the only accessible source of validation and information.

It is also vital to acknowledge global variations in help-seeking behavior. Cultural, legal, and infrastructural differences influence how women perceive PPD and their options for seeking care. For example, in Sri Lanka, Amarasinghe and Agampodi (Amarasinghe & Agampodi, 2022) found that although awareness of depression was relatively high, intentions to seek professional help were low due to stigma, privacy concerns, and fears of institutionalization. In contrast, in Kazakhstan and other Central Asian contexts, limited service capacity and lack of standardized diagnostic criteria hinder formal recognition and response to PPD (Khamidullina et al., 2025). In China, comparative studies indicate higher help-seeking rates among multiparous women than primiparous mothers, possibly due to greater experiential familiarity with perinatal mental distress (Zhang et al., 2024).

This study is situated within this growing body of international research and aims to contribute by providing an in-depth, qualitative exploration of the factors influencing help-seeking behavior in women experiencing postpartum depression in Greece.

2. Methods and Materials

2.1. Study design and Participant

This study employed a qualitative research design grounded in an exploratory approach to gain an in-depth understanding of the factors influencing help-seeking behavior in women with postpartum depression (PPD). The study was conducted in Greece and followed a purposive sampling strategy to recruit participants who had self-identified or were clinically diagnosed with postpartum depression within the first year after childbirth. A total of 21 women participated in the study, representing diverse sociodemographic backgrounds including variations in age, parity, marital status, educational attainment, and employment status.

Eligibility criteria included women aged 18 years and above who had experienced symptoms of postpartum depression and were willing to articulate their lived experiences in relation to help-seeking. Exclusion criteria included women currently receiving inpatient psychiatric treatment or with a diagnosis of psychosis or bipolar disorder, to ensure clarity and consistency in narratives related specifically to depressive symptoms in the postpartum period.

Theoretical saturation guided the sample size, which was reached after 21 interviews when no new themes or sub-themes were emerging from the data, indicating that the data were rich and sufficient to answer the research questions.

2.2. Measures

Data were collected using semi-structured, in-depth interviews conducted in private and safe environments either in participants' homes or in clinical/community centers. Each interview lasted approximately 45 to 75 minutes. An interview guide was developed based on a review of relevant literature and expert consultation, encompassing open-ended questions about participants' emotional experiences, perceptions of mental health, awareness and attitudes toward postpartum depression, experiences with professional and

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8515

informal support systems, and barriers or facilitators to seeking help.

Interviews were conducted in Greek and audio-recorded with the participants' informed consent. The recordings were transcribed verbatim and, when necessary, translated into English for analytical consistency. Field notes were also taken during and after interviews to capture contextual insights and non-verbal cues.

2.3. Data Analysis

Data were analyzed thematically using NVivo software version 14 to manage and code the data systematically. Thematic analysis followed Braun and Clarke's six-step framework: (1) familiarization with the data, (2) generation of initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Coding was performed inductively, allowing themes to emerge directly from participants' narratives.

Two researchers independently coded the transcripts to enhance reliability. Discrepancies in coding were discussed and resolved through consensus. Member checking was employed with selected participants to validate the interpreted themes and ensure that their voices were accurately represented. Reflexivity was maintained throughout the research process to minimize bias, with the researchers continuously reflecting on their positionality and assumptions regarding postpartum mental health and help-seeking behavior.

3. Findings and Results

The study included 21 women from various regions of Greece who had experienced postpartum depression within the first year after childbirth. Participants ranged in age from 22 to 41 years, with a mean age of 31.2 years. Most participants (n = 15) were married or in cohabiting relationships, while 6 were single or divorced. In terms of parity, 12 women were first-time mothers, whereas 9 had two or more children. Regarding educational attainment, 5 participants held only secondary school diplomas, 10 had completed undergraduate studies, and 6 had postgraduate degrees. Employment status varied: 9 participants were employed full-time, 4 were employed part-time, and 8 were unemployed or homemakers at the time of the interview. The majority of participants (n = 17) identified as middle-income, while 4 reported experiencing significant financial hardship during the postpartum period. Most interviews were conducted between 6 and 12 months postpartum (n = 13), while the remaining (n = 8) were within the first 6 months. All participants identified as cisgender women and native Greek speakers.

Table 1

Categories, Subcategories, and Concepts Related to Help-Seeking Behavior in Women with Postpartum Depression

Categories (Themes)	Subcategories	Concepts (Open Codes)
1. Psychological and Emotional Barriers	Fear of Stigma	Shame, social labeling, fear of being judged, fear of gossip, self-stigmatization
	Internalized Guilt	Feeling like a bad mother, self-blame, belief of weakness, disappointment in oneself
	Denial of Illness	Normalizing symptoms, rejecting labels, believing it will pass, avoiding self-identification
	Low Self-Esteem	Feeling unworthy of help, lack of confidence, fear of rejection
	Emotional Overload	Feeling overwhelmed, emotional exhaustion, confusion, difficulty articulating feelings
	Fear of Consequences	Losing custody fears, fear of psychiatric hospitalization, concerns over being seen as unfit
	Postpartum Identity Crisis	Feeling disconnected from self, losing sense of identity, feeling emotionally fragmented
2. Interpersonal and Social Influences	Spousal Relationship	Partner support, emotional neglect, communication gaps, fear of conflict, fear of judgment
	Family Dynamics	In-law pressure, lack of maternal support, intergenerational silence, dismissive attitudes
	Social Isolation	Lack of friends, physical distancing, emotional loneliness, withdrawal from others
	Cultural Expectations	Ideal motherhood narrative, gender roles, silence as strength, social obedience
	Peer Support or Pressure	Encouragement from other mothers, comparison culture, peer minimization, toxic positivity
3. Structural and Systemic Barriers	Accessibility of Services	Distance from clinics, transportation issues, waiting lists, scheduling conflict

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8515

	Financial Constraints	Cost of therapy, lack of insurance, economic dependency, childcare expenses
	Mistrust in Healthcare System	Prior bad experiences, dismissive professionals, rushed consultations, disbelief in maternal mental health
	Lack of Tailored Services	Inadequate PPD screening, male-dominated system, language barriers, cultural irrelevance
	Limited Awareness of Resources	Not knowing where to go, lack of outreach, confusing information, misinformation on PPD
	Inflexibility of Healthcare Models	Inaccessible hours, rigid appointment systems, lack of home visits
4. Facilitators of Help-Seeking	Empathetic Healthcare Professionals	Active listening, non-judgmental attitudes, validating emotions, building trust
	Supportive Partner Involvement	Encouragement to seek help, emotional closeness, logistical support, shared parenting
	Psychoeducation and Awareness	Knowing symptoms of PPD, exposure to others' stories, social media education, prenatal mental health info
	Community and Peer Networks	Mother-baby groups, mental health advocates, postpartum networks, religious or neighborhood support
	Positive Past Experience with Help-Seeking	Feeling better after help, satisfaction with care, continuity of care, relief after disclosure

Theme 1: Psychological and Emotional Barriers

Fear of Stigma. Many participants expressed reluctance to disclose their symptoms due to the fear of social stigma. They worried about being judged or perceived as weak or unfit mothers. One mother shared, *"If I tell people I feel like crying every day, they'll think I'm crazy or not fit to care for my baby."* The fear of gossip and being labeled led several women to hide their emotional struggles.

Internalized Guilt. A deep sense of guilt pervaded participants' narratives, with many blaming themselves for not feeling joyful after childbirth. This guilt often deterred them from seeking help. As one participant noted, *"I kept thinking, 'Why can't I just be happy? I have a healthy baby. What's wrong with me?'"* Such thoughts contributed to a cycle of self-blame and avoidance.

Denial of Illness. Some women minimized or dismissed their symptoms, believing that their feelings were a normal part of motherhood. They delayed seeking help in hopes that the emotional pain would resolve naturally. *"I thought it was just baby blues. I didn't want to make a fuss over nothing,"* one participant explained.

Low Self-Esteem. Several women described struggling with feelings of unworthiness, which reduced their motivation to seek support. One participant stated, *"I didn't feel like I deserved help. I thought I should just tough it out on my own."* Low self-confidence and fear of being dismissed contributed to their silence.

Emotional Overload. The intensity of emotional experiences, including anxiety, confusion, and sadness, left many participants feeling overwhelmed. This emotional burden sometimes made it difficult to articulate their needs. *"There were days I just sat and cried. I didn't know how to even begin explaining how I felt,"* said one woman.

Fear of Consequences. A significant concern for several mothers was the fear of negative repercussions, such as losing custody of their child or being institutionalized. One participant reflected, *"I was scared they'd take my baby away if I said I wasn't coping."* This fear often silenced their cries for help.

Postpartum Identity Crisis. Some women experienced a disconnection from their previous sense of self, leading to confusion and emotional instability. *"I didn't recognize myself anymore. I used to be confident, but after giving birth, I felt like a stranger in my own body,"* one participant shared. This identity fragmentation complicated their understanding of what they were experiencing.

Theme 2: Interpersonal and Social Influences

Spousal Relationship. The quality of the partner relationship emerged as a critical factor. Women who felt emotionally neglected or criticized by their partners were less likely to seek help. *"He kept telling me to snap out of it and stop being dramatic,"* said one woman, reflecting a lack of empathy that discouraged her from opening up.

Family Dynamics. In some cases, participants described pressure from in-laws or lack of maternal support, which invalidated their experiences. *"My mother-in-law said every woman feels tired after birth—it's not depression,"* reported a participant. Cultural expectations and dismissive attitudes from family members often reinforced silence.

Social Isolation. Several women recounted experiences of being physically or emotionally distanced from friends and support networks. *"My friends disappeared after I gave birth. I felt completely alone,"* shared one participant. This isolation compounded their sense of helplessness and reduced their avenues for help.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8515

Cultural Expectations. Societal norms around ideal motherhood created unrealistic standards that left many women feeling inadequate. *"You're supposed to be glowing and happy. When you're not, you feel like a failure,"* one woman expressed. These cultural narratives discouraged vulnerability.

Peer Support or Pressure. While some participants mentioned positive peer encouragement, others felt invalidated by comparison culture or toxic positivity. One mother shared, *"Everyone else seemed to handle it so well. I felt like the odd one out."* This perceived discrepancy contributed to reluctance in admitting difficulties.

Theme 3: Structural and Systemic Barriers

Accessibility of Services. Physical access to mental health services was a recurring issue. Participants cited distance to clinics, lack of transport, and difficulty with appointments. *"The nearest center was over an hour away, and I couldn't leave my baby for that long,"* one woman said.

Financial Constraints. Cost was another prominent barrier. Several women reported being unable to afford therapy or medications, particularly if they were not working. *"We had no extra money. My mental health had to wait,"* remarked one participant. Dependency on spouses for financial decisions also played a role.

Mistrust in Healthcare System. Previous negative encounters with healthcare professionals left some participants skeptical of seeking help. *"Last time I tried talking to a doctor, she brushed me off and said I needed rest,"* one woman reported. Such experiences eroded trust and deterred future engagement.

Lack of Tailored Services. Women noted that healthcare services were not designed with their specific postpartum needs in mind. *"The counselor didn't understand what it's like to be up all night nursing and feeling broken,"* said one participant. The lack of culturally and contextually relevant care was a key limitation.

Limited Awareness of Resources. Many participants were unaware of available support services or confused about how to access them. *"No one told me there were groups or hotlines. I found out months later,"* reported one mother. The absence of proactive outreach was a missed opportunity.

Inflexibility of Healthcare Models. Inconvenient appointment times and bureaucratic procedures made the process of seeking help burdensome. *"They only had appointments during the day when I was alone with the baby,"* shared a woman. Lack of home visits or mobile support limited access for many.

Theme 4: Facilitators of Help-Seeking

Empathetic Healthcare Professionals. The presence of compassionate and attentive professionals significantly facilitated help-seeking. *"The nurse didn't rush me. She just listened. That made all the difference,"* said one participant. A trusting relationship with caregivers helped women feel safe to disclose their struggles.

Supportive Partner Involvement. Women with emotionally supportive and engaged partners were more likely to seek help. *"My husband kept reminding me it was okay to talk to someone. He even booked my appointment,"* one participant shared. Active encouragement and logistical help were vital.

Psychoeducation and Awareness. Education on postpartum depression, whether through prenatal classes, online forums, or health campaigns, empowered women to recognize their symptoms and seek support. *"I saw a post about PPD on Instagram and realized I wasn't alone,"* one woman stated.

Community and Peer Networks. Belonging to supportive groups or networks provided a safe space for sharing and receiving encouragement. *"The mom group I joined saved me. We cried and laughed together,"* said one participant. Peer validation eased the burden of silence.

Positive Past Experience with Help-Seeking. For women who had previously received helpful support for emotional issues, the threshold for seeking help again was lower. *"I'd had therapy before, so I wasn't afraid to go back. I knew it could help,"* shared a participant. Positive expectations fueled openness.

4. Discussion and Conclusion

The findings of this qualitative study reveal a multidimensional landscape of factors influencing help-seeking behavior in women experiencing postpartum depression (PPD). These factors span psychological, interpersonal, structural, and systemic domains, highlighting that help-seeking is neither a linear nor solely rational process. Rather, it is an emotionally and socially constructed decision influenced by cultural expectations, access to resources, personal beliefs, and the perceived legitimacy of emotional suffering. The prominence of psychological barriers such as stigma, internalized guilt, and denial of illness was particularly striking. These results are consistent with previous studies emphasizing that women often view

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8515

the experience of PPD as a personal failure, resulting in shame and secrecy (Beck, 2023; Xiao et al., 2025). As observed in our study, many participants feared being judged as "bad mothers" or weak, which parallels the findings of Beck (Beck, 2023), who noted that women of color in particular experience intersecting stigmas related to motherhood and societal expectations.

The internalization of guilt and self-blame reported in this study aligns with the literature on emotional schemas and cognitive appraisals in postpartum depression. The notion that mothers "should" feel happy after childbirth creates a discord between expectation and reality, deepening emotional distress and impeding help-seeking (Korolyova et al., 2024). Similarly, the denial of illness and normalization of symptoms—seen as “baby blues” or temporary fatigue—reflects a low level of mental health literacy, which has been widely documented as a barrier to help-seeking (Mirsalimi et al., 2020). This finding underscores the importance of targeted psychoeducation, as mothers may not identify their symptoms as requiring professional support until they become severe or debilitating (Fischbein et al., 2022).

Interpersonal dynamics further complicated the help-seeking process. The role of spousal relationships was critical—supportive partners often served as emotional anchors and facilitators, whereas emotionally distant or critical partners reinforced silence. This pattern supports the findings of Putri (Putri, 2023), who emphasized that active male involvement in postpartum care can significantly mitigate depressive symptoms and encourage professional engagement. Conversely, as also shown in the study by Jones and Duong (Jones & Duong, 2024), unsupportive family environments, especially in-laws or dismissive elders, often reinforce traditional views that discourage emotional expression or label distress as weakness. Our findings also indicated that many women experienced profound social isolation, with minimal peer or community engagement during the postpartum period. This is echoed in Ong et al.'s work (Ong et al., 2024), which highlighted that lack of social capital and community networks are significant predictors of unmet mental health needs in postpartum women.

The influence of cultural expectations around motherhood emerged as a strong suppressor of help-seeking behavior. Women often described the internal and external pressure to perform as “perfect mothers” and avoid burdening others with their emotional challenges. These findings resonate with those of Beck (Beck, 2023) and Amarasinghe and Agampodi (Amarasinghe & Agampodi, 2022), who found that idealized narratives of motherhood contribute to maternal silence and psychological distress. Furthermore, the comparison culture and peer pressure, especially through social media portrayals of effortless motherhood, contributed to feelings of inadequacy. This aligns with Jones and Duong’s (Jones & Duong, 2024) observation that digital platforms can both empower and disempower women, depending on the context and nature of the discourse they are exposed to.

From a structural perspective, this study identified several systemic barriers to help-seeking. These include limited accessibility to maternal mental health services, long waiting lists, financial constraints, and inflexible care models. Our findings echo those of Place et al. (Place et al., 2024), who used the socio-ecological model to map how environmental and institutional barriers discourage mothers from seeking professional help. Many participants in our study described the healthcare system as unwelcoming or ill-equipped to address postpartum emotional distress. These concerns were mirrored in Kharchenko et al.’s (Kharchenko et al., 2024) examination of Russia’s maternal mental health services, where economic factors and healthcare inaccessibility were found to significantly delay care-seeking. Moreover, mistrust of providers and perceptions of being dismissed or misunderstood were common, echoing the findings from Odufuwa et al. (Odufuwa et al., 2022), who emphasized that lack of provider sensitivity often discourages future help-seeking.

Another key issue raised by participants was the lack of tailored and culturally competent services. Many felt that maternal mental health care was not adapted to the specific needs of postpartum women, particularly those from minority or lower-income groups. This mirrors the conclusions drawn by Khamidullina et al. (Khamidullina et al., 2025), who argue that standardized protocols often ignore sociocultural context, leading to inequities in care outcomes. Similarly, in a large-scale survey of postpartum women in Japan, Kita (Kita, 2025) identified cultural and institutional mismatches as a barrier to accessing effective support, particularly for those who lacked strong familial networks or were employed full-time.

Notably, the findings also identified several facilitators of help-seeking. Empathetic healthcare professionals were described as instrumental in creating a safe space for disclosure. This supports the work of Branquinho et al. (Branquinho et al., 2022), who emphasized the importance of the therapeutic alliance in treatment engagement for PPD. Additionally, previous positive experiences with therapy or

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8515

mental health services served as motivators for help-seeking during the postpartum period. Participants who had sought help for anxiety or depression prior to childbirth demonstrated greater comfort in initiating care. These observations align with findings from Fischbein et al. (Fischbein et al., 2022), who used machine learning to show that prior help-seeking is a strong predictor of future engagement.

Access to community and peer networks also emerged as protective. Women who participated in mother–baby groups or received encouragement from friends were more likely to seek formal care. This aligns with Sita and Meenakshi's (Sita & Meenakshi, 2021) study in India, which found that social integration reduced the perceived burden of mental distress. Moreover, increased awareness through social media campaigns and digital resources played a role in normalizing emotional discussions. As Xiao et al. (Xiao et al., 2025) note, digital interventions have the potential to reduce psychological barriers by offering anonymity and community validation, though these platforms must be used with caution to avoid misinformation.

Finally, it is worth noting that help-seeking is not only a matter of access or knowledge but also of empowerment and identity. Several participants described how naming their emotions and being heard was itself a transformative act. This reflects findings from studies such as those by Ong et al. (Ong et al., 2024) and Amarasinghe (Amarasinghe & Agampodi, 2022), who suggest that self-recognition and validation of suffering are precursors to formal care-seeking. Help-seeking is thus both a behavioral and psychological process that unfolds in response to a complex web of internal and external conditions.

5. Limitations and Suggestions

This study is not without limitations. First, the sample was limited to women residing in Greece, which may affect the generalizability of the findings to other sociocultural contexts. Additionally, while thematic saturation was achieved, the qualitative nature of the study limits its capacity to quantify associations or causality between variables. Participants were self-selected and may have been more willing to speak about their emotional experiences than those who remained entirely silent, potentially introducing response bias. Furthermore, the study relied on retrospective self-reports, which may be subject to recall bias or emotional reframing over time.

Future research should consider longitudinal designs that follow women from pregnancy through the postpartum period to better understand how help-seeking intentions evolve. Comparative studies across different cultural and healthcare systems would offer valuable insight into the contextual universality or specificity of identified themes. There is also a need for more research focused on underserved populations, including immigrant, refugee, and rural women, whose barriers to help-seeking may be compounded by structural inequities. Mixed-method studies that integrate qualitative depth with quantitative validation could enrich our understanding of the mechanisms driving help-seeking behaviors.

Mental health interventions targeting postpartum women must be embedded within culturally sensitive, flexible, and family-inclusive care models. Training for healthcare professionals in empathetic communication and early detection of PPD symptoms is critical. Community outreach, digital psychoeducation, and peer support programs should be scaled up to foster a climate of openness and reduce stigma. Most importantly, women must be empowered to view seeking help not as a sign of weakness but as a step toward reclaiming their mental health and sense of self.

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.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

References

Amarasinghe, G., & Agampodi, S. (2022). Help-Seeking Intention for Depression and Suicidal Ideation During Pregnancy and Postpartum in Rural Sri Lanka, a Cross-Sectional Study. *Rural and Remote Health*. https://doi.org/10.22605/rrh7273

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

Branquinho, M., Canavarro, M. C., & Fonseca, A. (2022). A Blended Cognitive–Behavioral Intervention for the Treatment of Postpartum Depression: A Case Study. *Clinical Case Studies*, *21*(5), 438-456. https://doi.org/10.1177/15346501221082616

Fischbein, R., Cook, H., Baughman, K. R., & Díaz, S. (2022). Using Machine Learning to Predict Help-Seeking Among 2016–2018 Pregnancy Risk Assessment Monitoring System Participants With Postpartum Depression Symptoms. *Women S Health*, *18*. https://doi.org/10.1177/17455057221139664

I.T, A., O.O, O., P.O, A., A.E, N., Dangana, J., & Faith, J. (2022). Predictors of Help-Seeking Intention of Nursing Mothers Towards Postpartum Depression in Osogbo, Osun State. *African Journal of Health Nursing and Midwifery*, *5*(4), 60-70. https://doi.org/10.52589/ajhnm-mvyln2on

Jones, A., & Duong, C. C. (2024). Exploring Predictors of Help-seeking Behaviors Among Women With Postpartum Depression: A Social Media Recruited Sample. *Public Health Nursing*, *41*(5), 894-900. https://doi.org/10.1111/phn.13350

Khamidullina, Z., Marat, A., Muratbekova, S., Mustapayeva, N. M., Chingayeva, G., Shepetov, A., Ibatova, S. S., Terzić, M., & Aimagambetova, G. (2025). Postpartum Depression Epidemiology, Risk Factors, Diagnosis, and Management: An Appraisal of the Current Knowledge and Future Perspectives. *Journal of clinical medicine*, *14*(7), 2418. https://doi.org/10.3390/jcm14072418

Kharchenko, A., Yurieva, V. S., Yakupova, V., & Suarez, A. (2024). Psychological and Pharmacological Care for Postpartum Depression and Postpartum PTSD in Russia: Socio-Economic Factors. *Counseling Psychology and Psychotherapy*, *32*(2), 9-30. https://doi.org/10.17759/cpp.2024320201

Kita, Y. (2025). Influence on Consultation Behavior of Pregnant and Postpartum Women in Japan: Insights From a Nation-Wide Survey. *Healthcare*, *13*(12), 1422. https://doi.org/10.3390/healthcare13121422

Korolyova, D. V., Yakunina, S. A., Shemyakin, V. V., Svidinskaya, E. A., & Sosnova, E. A. (2024). Risk Factors for Postpartum Depression. *V F Snegirev Archives of Obstetrics and Gynecology*, *11*(3), 280-292. https://doi.org/10.17816/aog628811

Mirsalimi, F., Ghofranipour, F., Noroozi, A., & Montazeri, A. (2020). The Postpartum Depression Literacy Scale (PoDLiS): Development and Psychometric Properties. *BMC Pregnancy and Childbirth*, *20*(1). https://doi.org/10.1186/s12884-019-2705-9

Odufuwa, O., Olaniyan, O., & Okuonzi, S. A. (2022). Determinants of Mental Healthcare-Seeking Behavior of Postpartum Women in Ibadan, Nigeria. *Frontiers in Global Women S Health*, *3*. https://doi.org/10.3389/fgwh.2022.787263

Ong, C. M., Briones, D. J., Mallari, M. A., Paboroquez, A., Sanchez, J. M., Rufino, N. L., Agustin, A. M., & Adarlo, G. (2024). Examining the Social Determinants of Seeking Help for Postpartum Mental Health. *Journal of Systemics Cybernetics and Informatics*, *22*(2), 54-62. https://doi.org/10.54808/jsci.22.02.54

Place, J. M., Renbarger, K. M., Griend, K. V. D., Guinn, M., Wheatley, C., & Holmes, O. (2024). Barriers to Help-Seeking for Postpartum Depression Mapped Onto the Socio-Ecological Model and Recommendations to Address Barriers. *Frontiers in Global Women S Health*, *5*. https://doi.org/10.3389/fgwh.2024.1335437

Putri, L. W. (2023). Literature Review: Husband's Role in Reduce the Incidence of Postpartum Depression in Working Women in Indonesia. *Muhammadiyah International Public Health and Medicine Proceeding*, *3*(1), 198-205. https://doi.org/10.61811/miphmp.v3i1.439

Sita, V. K., & Meenakshi. (2021). A Cross Sectional Study on Prevalence of Postpartum Depression Among Recently Delivered Women in a Tertiary Care Hospital, Chennai, India. *Journal of Pharmaceutical Research International*, 7-11. https://doi.org/10.9734/jpri/2021/v33i63b35246

Xiao, M., Huang, S., Tang, G., Hu, Y., & Lei, J. (2025). Status and Perceived Barriers of Psychological Help-Seeking Behaviors for Perinatal Depressive Symptoms Among Chinese Women: A Cross-Sectional Study. *Journal of Psychosocial Nursing and Mental Health Services*, 1-10. https://doi.org/10.3928/02793695-20250416-01

Zhang, J., Wang, P., Fan, W., & Lin, C. (2024). Comparing the Prevalence and Influencing Factors of Postpartum Depression in Primiparous and Multiparous Women in China. *Frontiers in Psychiatry*, *15*. https://doi.org/10.3389/fpsyt.2024.1479427

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8515