

RESEARCH ARTICLE: Postpartum Depression Awareness among Mothers: An Implication for Preventive Practices

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ABSTRACT. This research examined the extent of maternal awareness regarding postpartum depression for Fiscal Year 2024. A total of 120 participants were selected through purposive sampling, a non-probability method. Data were analyzed using statistical tools such as weighted mean, standard deviation, independent samples t-test, One-way ANOVA, and Pearson's correlation coefficient. The key findings include: (1) Most respondents were aged between 25 and 34 years, held a bachelor's degree, earned over 20,001, and were employed full-time; (2) Overall, respondents demonstrated a high level of awareness about postpartum depression; (3) Significant differences in awareness levels were observed based on age and educational background, as well as on monthly income and employment status; (4) The group that reported high awareness of causes and risk factors of postpartum depression likely exhibited similar awareness levels regarding physical symptoms, treatment options, and available support systems; and (5) The study recommends the development of a comprehensive awareness program targeting healthcare professionals, particularly nurses and staff, to better identify mothers at risk for postpartum depression, ultimately enhancing healthcare practices and outcomes. Further research incorporating cultural influences is suggested to better understand variations in awareness levels.

KEYWORDS: Postpartum, Depression, Awareness, Mother

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Introduction

Postpartum depression (PPD) is a prevalent mental health condition affecting women after childbirth, with significant implications for maternal well-being and family health. The World Health Organization (WHO, 2020) estimates that approximately 10–20% of women globally experience PPD. Symptoms often include persistent sadness, anxiety, fatigue, and challenges in bonding with the infant. If left untreated, PPD can lead to long-term adverse effects on both mothers and their children, influencing physical and emotional development (Dennis & McQueen, 2016).

While awareness of PPD is increasing, there remain substantial gaps in understanding the factors contributing to its development and the effectiveness of prevention strategies. Research has highlighted the role of socio-demographic factors such as age, education level, income, and occupation in influencing the prevalence and severity of PPD (Dennis &

McQueen, 2016; Beck, 2010). However, further studies are needed to explore these relationships within diverse cultural and socioeconomic contexts.

In the Philippines, the Department of Health (2022) reports that the prevalence of PPD is estimated to be around 15–20%, indicating a significant need for effective prevention and intervention programs. Limited research has been conducted on PPD in the Philippines, and there is a lack of comprehensive data on the specific factors contributing to its development and the effectiveness of existing interventions (Santos et al., 2019). Recent studies in rural areas of the Philippines have identified predictors of PPD, such as occupation and marital status, and highlighted the need for improved screening and support services (Matumadi et al., 2024; Matumadi, Caorong, & Bangcola, 2024).

Additionally, a systematic review and meta-analysis of determinants of PPD in ASEAN countries found that unplanned pregnancies, lack of family support, and exposure to physical violence were significant risk factors (Author et al., 2023). These findings underscore the importance of addressing socio-cultural factors in the prevention and management of PPD.

This study aims to bridge these knowledge gaps by assessing the current level of awareness about postpartum depression among Filipino mothers. The insights gained will inform the development of targeted educational programs and community-based interventions to enhance awareness, promote early detection, and ensure timely access to mental health services.

Research Questions

This research sought to assess the awareness level of new mothers regarding postpartum depression. More specifically, it aimed to address the following research questions:

1. What is the socio-demographic profile of the mothers in terms of:
 - 1.1 Age;
 - 1.2 Educational attainment;
 - 1.3 Average Monthly income; and
 - 1.4 Occupation?
2. What is the level of awareness of mothers on postpartum depression in terms of:
 - 2.1 Causes and Risk Factors;
 - 2.2 Physical Symptoms;
 - 2.3 Available Resources and Support Systems; and
 - 2.4 Treatment Options?
3. Is there a significant difference between level of awareness of mothers on postpartum depression when data are grouped according to;
 - 3.1 Age
 - 3.2 Educational attainment;
 - 3.3 Average monthly income; and
 - 3.4 Occupation?
4. Is there a significant correlation among the subcategories subsumed under the level of awareness of mothers on postpartum depression? perspective on the use of artificial intelligence in the classroom?

Literature Review

Foreign Literature and Studies

Definition and Nature of Postpartum Depression. The postpartum period, which spans up to six weeks following childbirth, is a crucial time marked by intense physical, emotional, and hormonal changes in a woman's body. These shifts can overwhelm coping mechanisms, potentially leading to postpartum blues or, more severely, postpartum depression a condition

recognized as a major depressive disorder that can persist for several months or longer (Sagala, 2023). Stressful life transitions, much like those experienced during the pandemic, have been found to impact mental health outcomes, especially among vulnerable populations such as indigent students and new mothers, as shown by Chavez (2020), who explored adaptive strategies to cope with academic and health insecurities.

Incidence and Prevalence of PPD. According to Kumari and Singh (2024), PPD affects roughly 32.5% of women in their study, with contributing factors such as insufficient social support (51.2%), exposure to high-stress environments (55.6%), existing mental health issues (48.9%), and younger age (particularly 18–25 years). These challenges are often compounded in urban, low-income settings. Similarly, Shiram et al. (2019) found that while 11% of women experienced PPD based on the EPDS scale, only 7.5% sought professional care, highlighting a significant gap in help-seeking behavior and the need for healthcare providers to improve awareness and detection. Murro et al. (2023) reinforce this concern, showing how low educational attainment among parents contributes to difficulties in navigating mental and educational stressors paralleling known socio-demographic risk factors for PPD.

Professional and Familial Support Limitations. A qualitative study by Nechaeva et al. (2024) involving midwives and pregnant women in Russia revealed limited capacity among providers to address psychological concerns, as the focus remained primarily on physical health. Many women expressed the need for shared responsibilities within the household and viewed PPD as a mix of emotional and physical symptoms, pointing to gaps in both professional and familial support systems. Relatedly, Chavez (2022) underscores the importance of understanding parental narratives and real-life challenges, especially in how families communicate and adapt elements crucial to postpartum mental health and recovery dynamics.

Role of Awareness and Symptom Recognition. Increased knowledge of postpartum health has been associated with reduced complications, underlining the importance of awareness in recognizing symptoms and encouraging help-seeking (Abd Allah et al., 2023). Segala (2023) emphasized that while PPD shares characteristics with general depression such as mood swings, insomnia, and loss of appetite it also includes specific postpartum features like heightened anxiety, phobias, and self-harm tendencies. These findings are echoed by Chavez et al. (2024), who explored self-initiated protective behaviors in women and found that policy awareness, such as those rooted in the Magna Carta for women, can significantly influence health-seeking and self-protection practices among mothers. Furthermore, Chavez et al. (2024) also highlighted that organizational compliance with protective policies for women workers plays a role in shaping mental health outcomes in workplace settings, suggesting the importance of systemic support alongside personal awareness.

Local Literature and Studies

Introduction and Context. Postpartum depression (PPD) has increasingly gained attention in the Philippine healthcare landscape due to its profound implications for both maternal and infant well-being. This review synthesizes current local studies to present an overview of PPD prevalence, contributing risk factors, and the impact of healthcare practices, with a particular focus on Filipino women's unique socio-cultural conditions. Understanding how discourse, belief systems, and economic contexts shape these experiences is vital, especially as recent qualitative studies in gender, language, and health underscore how cultural narratives influence behavior and mental health (Chavez & Vicente, 2024; Chavez & Ceneciro, 2024).

Prevalence and Socioeconomic Risk Factors. Santiago and Habana (2016) conducted a study in a tertiary hospital, reporting a PPD prevalence rate of 14.5%, aligning with global

statistics. They identified critical socioeconomic determinants such as low educational attainment and household incomes below ten thousand pesos as significant contributors. Interestingly, their findings also noted a higher likelihood of PPD among women who underwent vaginal delivery with epidural anesthesia. These insights emphasize the need for continuous PPD screening, particularly among socioeconomically disadvantaged mothers, and call for focused strategies addressing poverty and limited access to education. Economic vulnerabilities, as highlighted in the disrupted income of women during the pandemic (Chavez, Del Prado, & Estoque, 2023), further support the link between financial instability and heightened mental health risks among women.

Awareness and Preventive Practices. In a study based at Tagbilaran Maternity and Children's Hospital, Castro and Tiu (2021) examined maternal awareness regarding postpartum complications and the extent of preventive practices. They found moderate levels of awareness, especially concerning physiological symptoms, and similar levels of implementation of psychological preventive strategies. A significant positive correlation was observed between awareness and actual preventive behaviors. The authors recommend enhancing maternal health education and strengthening outreach efforts, especially in rural communities, to foster more effective postpartum care. These findings align with gendered communication patterns and societal narratives analyzed in discourse studies by Chavez, Lamorinas, and Ceneciro (2023), which reflect how humor and stereotyping can reinforce or undermine awareness and health-seeking behavior among women.

Intervention Strategies and Psychological Support. John and Bance (2023) explored a psychological approach to managing PPD through an Acceptance-focused Process Intervention (API), aiming to improve both emotional well-being and emotional intelligence (EI). Utilizing Conklin's program model and validated tools such as the Postpartum Depression Screening Scale and the Schutte Self-Report Emotional Intelligence Test, their study proposed that API can mitigate PPD symptoms and boost EI. This approach particularly considers the mental health needs of first-time mothers and highlights the role of social support systems in recovery. The methodological underpinnings of such interventions may benefit from discourse analysis frameworks, as seen in the work of Chavez, Cuilan, and Mannan et al. (2024), who examined the ethical dimensions of academic and psychological discourse. Such methodologies could help further investigate how narratives around PPD are constructed and internalized in the Filipino context.

The reviewed literature highlights the complex and interconnected factors influencing PPD among Filipino women, ranging from economic hardship and educational gaps to healthcare delivery modes and support systems. Cultural behaviors, such as those informed by religious and social beliefs (Chavez & Ceneciro, 2024), play a role in shaping how mothers perceive and respond to postpartum experiences. These findings stress the need for culturally appropriate, multifaceted interventions that address both individual mental health and broader structural determinants, ultimately guiding future research and public health policies in the Philippines.

Methodology

1. Research Design

A descriptive-correlational research design was utilized for this study. The objectives of this design were to: 1) Describe the socio-demographic characteristics of the mothers involved, including their age, level of education, monthly income, and occupation; 2) Evaluate the mothers' awareness levels regarding postpartum depression, specifically addressing its causes and risk factors, physical symptoms, availability of resources and support systems, and

available treatment options; 3) Explore whether there are significant differences in awareness levels of postpartum depression based on the socio-demographic factors such as age, educational background, income, and occupation; and 4) Determine the relationship between different areas of awareness (causes, symptoms, resources, and treatment) and the overall awareness of postpartum depression among the mothers.

2. *Research Participants*

Primary data was collected from mothers residing at 8 different barangays. A total of 120 respondents were included in the study.

3. *Research Instruments*

A revised version of a questionnaire was used in the study, adapted from the research conducted by Mirsalimi, F., Ghofranipour, F., Noroozi, A., and colleagues, titled The Postpartum Depression Literacy Scale (PoDLiS). The instrument was divided into two sections. The first section gathered information regarding the respondents' socio-demographic characteristics. The second section assessed the mothers' level of awareness regarding postpartum depression, encompassing four subscales: causes and risk factors, physical symptoms, available resources and support systems, and treatment options. Each subscale included five statements. Participants were instructed to indicate their level of agreement using a five-point Likert scale, with 5 indicating strong agreement and 1 indicating strong disagreement.

4. *Data Gathering Procedure*

This research followed a series of steps to ensure its successful completion. Initially, a comprehensive review of both local and international literature and related studies was conducted to gain background knowledge and establish a theoretical basis for the topic. Next, formal approval was obtained from the Public Health Officer and Public Health Administrators in Sulu prior to distributing the survey instrument. The third step involved the actual collection of data through a questionnaire that included a consent form explaining the purpose, procedures, and nature of the data to be gathered. Finally, the data collected from the respondents were analyzed and interpreted using statistical tools, specifically the SPSS software, to generate meaningful findings.

5. *Data Analysis*

The data obtained in this research were quantitative in nature. To interpret the findings, both descriptive and inferential statistical methods were employed. Descriptive statistics were utilized to summarize and present the characteristics of the observed data, whereas inferential statistics helped in drawing conclusions and generalizing from the sample. A statistical software program was used to assist in the analysis process. To determine the socio-demographic profile of the respondents, including their age, educational attainment, average monthly income, and occupation, frequency counts and percentages were employed. To assess the level of awareness of mothers about postpartum depression, specifically focusing on causes and risk factors, physical symptoms, availability and accessibility of resources and support systems, and treatment options, the mean and standard deviation were employed. To investigate any significant difference between the level of awareness regarding postpartum depression and the socio-demographic characteristics of the respondents, a One-Way ANOVA and t-test for independent samples were used. To examine the correlation between the different subcategories subsumed under the level of awareness on postpartum depression, Pearson *r* was used.

The following rating scale intervals were adopted in the analyses of the results of the computations yielded by both descriptive and inferential statistical tools: Rating Scales Interval on Postpartum Depression awareness among mothers based on a 5-point Likert Scale: A scale point of 5, with a scale value of 4.50–5.00, corresponds to the descriptor "Strongly Agree" and

is interpreted as "Very High Awareness." A scale point of 4, with a value of 3.50–4.49, corresponds to "Agree," indicating "High Awareness." A scale point of 3, with a value of 2.50–3.49, corresponds to "Neither Agree/Disagree," interpreted as "Moderate Awareness." A scale point of 2, with a value of 1.50–2.49, corresponds to "Disagree," interpreted as "Low Awareness." Finally, a scale point of 1, with a value of 1.00–1.49, corresponds to "Strongly Disagree," interpreted as "Unaware."

Results and Discussion

1. *What is the socio-demographic profile of the mothers in terms of age, educational attainment, average monthly income, and occupation?*

Table 1.1 This section outlines the socio-demographic profile of the mothers based on age. The data shows that among the 120 participants, 10 (8.3%) were aged 24 years and below, 77 (64.2%) were between 25 and 34 years old, 24 (20.0%) were aged 35 to 44, and 9 (7.5%) were 45 years old and above. The majority of respondents fall within the 25–34 age bracket, indicating that most of the mothers in the study are relatively young.

This aligns with the findings of Kumari and Singh (2024), who reported that younger mothers, particularly those aged 18–25, are at a higher risk of developing postpartum depression (PPD). These results offer significant insights into the particular challenges, needs, and available resources for mothers in this age group. For example, access to childcare, educational opportunities, and healthcare services may be especially important. The findings emphasize the importance of targeted policies, services, and support programs tailored to young mothers, including maternal health education, parenting assistance, and child development initiatives. Furthermore, since many in this age range are navigating the demands of both family life and career or education, additional support in these areas is crucial.

Table 1.1 Socio-Demographic profile of mothers in terms of age.

Age	Frequency	Percent
24 and below	10	8.30
25 to 34 years old	77	64.20
35 to 44 years old	24	20.00
45 and above	9	7.50
Total	120	100

Table 1.2 This section presents the socio-demographic characteristics of the mothers based on their educational background. As shown in the data, out of 120 participants, 2 (1.7%) had no formal education, 10 (8.3%) completed elementary level, 22 (18.3%) finished secondary education, 78 (65.0%) earned a bachelor's degree, and 8 (6.7%) attained a master's degree. These results indicate that the majority of the respondents hold a bachelor's degree, with a small portion having completed postgraduate studies, reflecting a generally high educational attainment among the sample group.

This finding is consistent with the research by Al-Ghamdi et al. (2022), which identified low educational attainment and unemployment as contributing risk factors for postpartum depression (PPD). Likewise, Santiago and Habana (2016) found that mothers with lower levels of education and income are more vulnerable to developing PPD.

The current results imply that higher educational attainment among mothers may influence their awareness and perception of postpartum depression. Education often enhances one's capacity to comprehend and manage health-related and psychological issues. Additionally, a higher level of education may lead to improved employment prospects and income, thereby providing better access to healthcare services, including mental health support. These factors can shape a mother's overall experience with postpartum depression,

highlighting the role of financial and educational stability in recognizing symptoms and seeking appropriate care.

Table 1.2 Socio-Demographic profile of mothers in terms of educational attainment.

Educational attainment	Frequency	Percent
No formal education	2	1.70
Primary education	10	8.30
Secondary education	22	18.30
Bachelor's degree	78	65.00
Master's degree or higher	8	6.70
Total	120	100

Table 1.3 This section outlines the socio-demographic profile of mothers based on their average monthly income. According to the data, out of 120 participants, 25 (20.8%) earn 5,000 or less, 17 (14.2%) earn up to 10,000, 7 (5.8%) earn up to 15,000, 27 (22.5%) earn up to 20,000, and 44 (36.7%) earn above 20,001. These results show a diverse range of economic backgrounds among the respondent mothers.

For mothers in lower income brackets, financial limitations can hinder their ability to access critical resources, including quality healthcare, mental health services, and childcare. These economic challenges may increase stress levels and contribute to mental health difficulties, potentially raising the risk of postpartum depression and other related health issues. In contrast, mothers with higher incomes are likely to have better access to various resources that promote well-being, such as superior healthcare services, mental health support, and stronger social support networks.

Table 1.3 Socio-Demographic profile of mothers in terms of average monthly income.

Average Monthly income	Frequency	Percent
5,000 and below	25	20.80
5,001 to 10,000	17	14.20
10,001-15,000	7	5.80
15,001 to 20,000	27	22.50
20,001 and above	44	36.70
Total	120	100

Table 1.4 This section outlines the socio-demographic profile of mothers based on their occupation. As indicated by the data, among the 120 respondents, 24 (20.0%) are unemployed, 71 (59.2%) are employed full-time, 15 (12.5%) work part-time, and 10 (10.0%) are self-employed.

The findings suggest that a mother's employment status is an important factor in understanding her awareness of and ability to manage postpartum depression. For mothers with full-time employment, their work commitments may limit the time available to access support or resources for managing postpartum depression. The demands of full-time work could restrict time for self-care or seeking mental health services, potentially affecting their ability to recognize or manage PPD. However, full-time employment can also offer financial security and benefits like healthcare, which may positively impact overall health and well-being.

In contrast, unemployed or part-time employed mothers may face different challenges, such as financial pressures and limited access to healthcare, which could influence their mental health. Their awareness of postpartum depression may be shaped by the support systems available to them and the resources they can access.

Table 1.4 Socio-Demographic profile of mothers in terms of occupation.

Occupation	Frequency	Percent
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Unemployed	24	20.00
Full-time employed	71	59.20
Part-time employed	15	12.50
Self-employed	10	10.00
Total	120	100

2. *What is the level of awareness of mothers on postpartum depression in terms of causes and risks factors, physical symptoms, available resources and support system and treatment options?*

Table 2.1 This section presents the level of awareness among mothers regarding the causes and risk factors of postpartum depression. The data shows a total weighted mean score of 3.9740 with a standard deviation of 0.81036, indicating that the mothers generally have a high level of awareness in this area. Respondents expressed agreement that their understanding of the causes and risk factors of postpartum depression is strong.

Specifically, statement number 2, "I understand that a history of mental health issues such as depression and anxiety increases the risk of postpartum depression," received the highest mean score, suggesting a good overall understanding among the respondents. This finding is consistent with the well-established recognition that mental health conditions are significant risk factors for postpartum depression. In contrast, statement number 5, "Having a baby with special needs, who cries more than usual, can lead to postpartum depression," received the lowest mean score. This indicates a gap in understanding regarding the impact of infant-related factors on the risk of postpartum depression. While mothers appear to be aware of more commonly recognized risk factors, there seems to be less awareness of the specific challenges related to caring for an infant with special needs or managing excessive crying.

These results align with the findings of several researchers who have identified various causes and risk factors for postpartum depression, including lack of social support, high levels of environmental stress, a history of mental health issues, financial strain, housing instability (Kumari & Singh, 2024), low socio-economic status (Santos, 2019), and previous emergency deliveries or C-sections (Al-Ghamdi et al., 2022).

The identified gap in awareness of infant-specific risk factors suggests an opportunity for improvement through targeted educational programs. These programs could help increase mothers' awareness of all potential risk factors for postpartum depression, enabling them to better recognize and address both personal and infant-related challenges.

Table 2.1 Level of awareness of mothers on postpartum depression in terms of causes and risk factors.

Causes and Risk Factors	Mean	S.D.	Rating
1. I am aware that hormonal changes can contribute to postpartum depression.	4.0100	.90448	Agree
2. I understand that a history of mental health issues such as depression and anxiety increase the risk of postpartum depression.	4.0600	.88557	Agree
3. I recognize that stressful life events can be a cause of postpartum depression.	4.0100	.90448	Agree
4. I believe that a lack of social support is a significant risk factor for postpartum depression.	4.0500	.90314	Agree
5. Having a baby with special needs, who cries than usual can lead to postpartum depression.	3.7400	.92791	Agree
Total weighted Mean	3.9740	.81036	Agree

Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Very high awareness
4	3.50-4.49	Agree	High Awareness
3	2.50- 3.49	Neither agree/disagree	Moderate awareness
2	1.50- 2.49	Disagree	Low awareness
1	1.00- 1.49	Strongly Disagree	Un-aware

Table 2.2 shows the level of awareness of mothers on postpartum depression in terms of physical symptoms. As shown in the table, this subcategory achieved a total weighted mean score of 3.8700 with a standard deviation of 0.78940, which is classified as 'Agree' or high awareness. The respondents generally agreed that they have a strong understanding of the physical symptoms of postpartum depression.

Particularly, statement number 2, “I am aware that postpartum depression can manifest as feelings of sadness or hopelessness,” received the highest mean score, indicating that most respondents have a solid understanding of these emotional symptoms. Conversely, statement number 1, “I can identify common physical symptoms of postpartum depression,” received the lowest mean score, suggesting a gap in knowledge concerning the physical symptoms associated with postpartum depression.

These findings underline the importance of recognizing the symptoms of PPD in order to manage it effectively. As noted by Segala (2023), sadness and crying are common symptoms of postpartum depression

Table 2.2 Level of awareness of mothers on postpartum depression in terms of physical symptoms.

Physical Symptoms	Mean	S.D	Rating
1. I can identify common physical symptoms of postpartum depression (e.g., fatigue, changes in appetite).	3.8300	.82945	Agree
2. I am aware that postpartum depression can manifest as feelings of sadness or hopelessness.	4.0100	.90448	Agree
3. I recognize that difficulty bonding with the baby can be a sign of postpartum depression.	3.7500	.98857	Agree
4. I know that irritability or mood swings can indicate postpartum depression.	3.8900	.85156	Agree
5. I know that disinterest in the baby, family, and friends may be a sign of postpartum depression.	3.8700	.86053	Agree
Total weighted mean	3.8700	.78490	Agree

Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Very high awareness
4	3.50-4.49	Agree	High Awareness
3	2.50- 3.49	Neither agree/disagree	Moderate awareness
2	1.50- 2.49	Disagree	Low awareness
1	1.00- 1.49	Strongly Disagree	Un-aware

Table 2.3 This section presents the level of awareness among mothers regarding postpartum depression in terms of available resources and support systems. According to the data, this subcategory achieved a total weighted mean score of 3.7380 with a standard deviation of 0.81585, indicating that respondents generally have high awareness. Mothers expressed

agreement with statements related to resources and support systems, except for statement number 2.

Specifically, statement number 5, “I know that available personal support can help cope with postpartum depression,” received the highest mean score, indicating that respondents believe having personal support, such as from family, friends, or partners, plays a vital role in helping mothers manage postpartum depression and enhance their well-being. In contrast, statement number 2, “I am aware of local support groups for mothers experiencing postpartum depression,” received the lowest mean score. While this was still rated as high awareness, it suggests a gap in knowledge about seeking structured help, indicating that many mothers may not recognize their postpartum depression symptoms or may go undiagnosed. This gap could point to an insufficient self-help group system or lack of awareness about available support options.

The findings highlight that mothers generally understand the importance of personal support in coping with postpartum depression. They recognize that having someone to rely on can significantly contribute to managing postpartum depression and improving maternal health. However, there is a notable gap in awareness of organized support systems, such as local support groups. This lack of awareness could suggest that many mothers either do not identify their symptoms or have not received adequate information on available resources. It may also indicate that some mothers may have undiagnosed or underdiagnosed postpartum depression due to limited access to or knowledge of support services.

Several studies support the importance of social support in influencing the development of postpartum depression (Kumari & Singh, 2024; Agrawal & Malhotra, 2022; Hairo et al., 2021), highlighting factors such as family resistance, lack of provider programs, cost of care, and the distance to healthcare facilities (Hadfield & Wittkowski, 2017).

To address this gap, it is recommended that more comprehensive awareness campaigns and educational initiatives be launched to inform mothers about postpartum depression symptoms and available resources, particularly local support groups. Healthcare professionals, including obstetricians, pediatricians, and mental health providers, should actively educate mothers about personal and community-based support during both prenatal and postnatal visits. Additionally, efforts should be made to strengthen and expand self-help group systems, ensuring they are accessible, well-promoted, and adequately equipped to provide meaningful support. Encouraging mothers to seek help, even if they are not experiencing severe symptoms, can lead to earlier intervention and better mental health outcomes.

Table 2.3 Level of awareness of mothers on postpartum depression in terms of available resources and support systems.

Available Resources and Support Systems	Mean	S.D	Rating
1. I believe that mental health professionals can effectively help with postpartum depression.	3.9700	.85818	Agree
2. I am aware of local support groups for mothers experiencing postpartum depression.	2.9100	1.24799	Neither agree/disagree
3. I feel comfortable reaching out for help if I or someone I know experiences symptoms of postpartum depression.	3.7400	1.10664	Agree
4. I believe that discussing postpartum depression with healthcare providers is important.	3.9300	1.02745	Agree
5. I know that available personal support can help cope with postpartum depression (e.g. spouse, sister, mother, in-laws etc.)	4.1400	.89916	Agree
Total Weighted Mean	3.7380	.81585	Agree

Point	Scale Value	Descriptors	Interpretation
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5	4.50-5.00	Strongly agree	Very high awareness
4	3.50-4.49	Agree	High Awareness
3	2.50- 3.49	Neither agree/disagree	Moderate awareness
2	1.50- 2.49	Disagree	Low awareness
1	1.00- 1.49	Strongly Disagree	Un-aware

Table 2.4 This section presents the level of awareness among mothers regarding treatment options for postpartum depression. According to the data, this subcategory received a total weighted mean score of 3.8720 with a standard deviation of 0.80127, indicating that mothers generally have high awareness regarding treatment options. Respondents expressed agreement with all the statements related to treatment options, indicating a strong understanding of available resources for managing postpartum depression.

Notably, statement number 3, “I believe that early intervention is important for effective treatment of postpartum depression,” received the highest mean score, highlighting that respondents understand the importance of early diagnosis and treatment for improving outcomes and preventing further complications related to postpartum depression. On the other hand, statement number 2, “I am aware that medication can be prescribed for postpartum depression if necessary,” received the lowest mean score. This suggests that not all mothers are fully aware of the treatment options available to help them manage postpartum depression, including the use of medication. Manso-Cordoba et al. (2022) highlight that a woman's willingness to seek help is a crucial factor in considering treatment options, with stigma and cultural factors often acting as barriers.

Although the overall awareness is rated as high, the findings suggest that there is still room for improvement in educating mothers about the various treatment options for postpartum depression, including the role of medication. Healthcare providers should take a proactive approach in discussing treatment options, including medications, during postnatal care. This would help reduce any stigma surrounding medication and ensure that mothers understand it is sometimes an essential part of managing postpartum depression.

Furthermore, public health campaigns should focus on the importance of early intervention and inform mothers about all available treatment options, such as therapy, support groups, and medication. These efforts can lead to better mental health outcomes by ensuring that mothers are well-informed and empowered to make decisions about their treatment options.

Table 2.4 Level of awareness of mothers on postpartum depression in terms of treatment options.

Treatment Options	Mean	S.D	Rating
1. I understand that therapy is a valid treatment option for postpartum depression.	3.8600	.80428	Agree
2. I am aware that medication can be prescribed for postpartum depression if necessary.	3.7700	.82701	Agree
3. I believe that early intervention is important for effective treatment of postpartum depression.	4.0100	1.01000	Agree
4. I am confident in my ability to seek help for postpartum depression when needed.	3.8800	.91320	Agree
5. I know that a combination of medication and behavioural therapy are management for postpartum depression.	3.8400	.92899	Agree
Total Weighted Mean	3.8720	.80127	Agree

Point	Scale Value	Descriptors	Interpretation
5	4.50-5.00	Strongly agree	Very high awareness
4	3.50-4.49	Agree	High Awareness
3	2.50- 3.49	Neither agree/disagree	Moderate awareness
2	1.50- 2.49	Disagree	Low awareness

1 1.00- 1.49 Strongly Disagree Un-aware

Several studies have pointed out gaps in awareness concerning postpartum depression (PPD) and related complications, which can significantly affect maternal health and well-being. Poreddi et al. (2021) found that only 50.7% of mothers in India had sufficient knowledge about PPD. Those with less awareness tended to be younger mothers, those with lower incomes, and those in lower occupational positions. A similar study conducted in Peshawar, Pakistan, highlighted a widespread lack of formal education about PPD and the societal stigma surrounding the condition. Although most women had some awareness of PPD, only half had personally experienced it, suggesting that awareness alone does not guarantee recognition or understanding of the condition’s consequences. Additionally, Castro and Tiu (2021) found that mothers demonstrated moderate awareness of postpartum complications, particularly regarding the physiological aspects. Their research also showed a moderate use of preventive measures in addressing psychological concerns. The study revealed a positive correlation between awareness and the use of preventive measures, suggesting that increasing awareness could improve the use of available resources and interventions.

3. Is there a significant difference in the level of awareness of mothers on postpartum depression when data are grouped according to age, educational background, average monthly income and occupation?

Table 3.1 This section examines the differences in mothers' awareness levels of postpartum depression based on their socio-demographic profile, specifically age. The data shows that the F-ratios and P-values for the subcategories related to the level of awareness of postpartum depression are statistically significant at the alpha level of 0.05.

The findings indicate that younger mothers exhibit a different level of awareness about postpartum depression compared to older mothers. Based on this, the hypothesis stating, 'There is no significant difference in the level of awareness of postpartum depression among mothers when categorized by age' is rejected.

Table 3.1 Differences in level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of age.

SOURCES OF VARIATION		Sum Of Squares	Df	Mean Square	F	Sig.	Description
Causes And Risk Factors	Between Groups	6.028	3	2.009	2.865	.040	Significant
	Within Groups	81.347	116	.701			
	Total	87.375	119				
Physical Symptoms	Between Groups	8.541	3	2.847	4.546	.005	Significant
	Within Groups	72.638	116	.626			
	Total	81.179	119				
Available Resources and Support Systems	Between Groups	5.615	3	1.872	2.760	.045	Significant
	Within Groups	78.657	116	.678			
	Total	84.272	119				
Treatment	Between Groups	9.912	3	3.304	5.164	.002	Significant
	Within Groups	74.216	116	.640			
	Total	84.128	119				

*Significant at 0.05 alpha

Table 3.2 presents the differences in level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of educational attainment. It can be gleaned from this table that the value of F ratios and P-values of the sub-categories subsumed under level of awareness of mothers on postpartum depression have varied significance; for causes and risks factors, there is a statistically significant difference. While for physical symptoms and available resources and support system, and treatment options there is none. The findings indicate that having a high educational attainment influence the level of awareness than those who have low educational attainment. This further suggests that being knowledgeable about PPD causes and risks factors leads to prompt treatment and management.

It is therefore safe to conclude that, the hypothesis stating “there is no significant difference in the level of awareness towards postpartum depression among mothers when data are grouped according to socio-demographic profile in terms of age” is accepted.

Table 3.2 Differences in level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of educational attainment.

SOURCES OF VARIATION		Sum of Squares	Df	Mean Square	F	Sig.	Description
Causes and risk factors	Between Groups	9.568	4	2.392	3.535	.009	Significant
	Within Groups	77.807	115	.677			
	Total	87.375	119				
Physical symptoms	Between Groups	4.182	4	1.045	1.562	.189	Not Significant
	Within Groups	76.997	115	.670			
	Total	81.179	119				
Available resources and support systems	Between Groups	3.807	4	.952	1.360	.252	Not Significant
	Within Groups	80.465	115	.700			
	Total	84.272	119				
Treatment	Between Groups	7.995	4	1.999	3.019	.061	Not Significant
	Within Groups	76.133	115	.662			
	Total	84.128	119				

*Significant at 0.05 alpha

Table 3.3 presents the differences in level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of average monthly income. It can be gleaned from this table that the value of F ratios and P-values of all sub-categories subsumed under level of awareness of mothers on postpartum depression are significant at 0.05 alpha.

This means that, although respondents vary in average monthly income, they do differ in the level of awareness on postpartum depression. This result implies that having a high monthly income may put mother in a vantage point towards high awareness on postpartum depression than those with low income.

Nonetheless, it is safe to say that variable average monthly income has a significant mediation in ways how mother respondents assessed the level of awareness on postpartum depression. Therefore, the hypothesis which states that “There is no significant difference in the level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of average monthly income” is rejected.

Table 3.3 Differences in level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of average monthly income.

SOURCES OF VARIATION		Sum of Squares	Df	Mean Square	F	Sig.	Description
Causes and risk factors	Between Groups	13.524	4	3.381	5.265	.001	Significant
	Within Groups	73.851	115	.642			
	Total	87.375	119				
Physical symptoms	Between Groups	8.394	4	2.099	3.316	.013	Significant
	Within Groups	72.785	115	.633			
	Total	81.179	119				
Available resources and support systems	Between Groups	8.388	4	2.097	3.178	.016	Significant
	Within Groups	75.884	115	.660			
	Total	84.272	119				
Treatment	Between Groups	14.213	4	3.553	5.844	.000	Significant
	Within Groups	69.915	115	.608			
	Total	84.128	119				

*Significant at 0.05 alpha

Table 3.4 presents the differences in level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of occupation. It can be gleaned from this table that the value of F ratios and P-values of all sub-categories subsumed under level of awareness of mothers on postpartum depression are significant at 0.05 alpha. This means that, although respondents vary in occupational status, they do differ in the level of awareness on postpartum depression. This result implies that having a full-time job may put mother in a vantage point towards high awareness on postpartum depression than those who are self-employed, worked part-time and vice versa.

Nonetheless, it is safe to say that variable occupation has a significant mediation in ways how mother respondents assessed the level of awareness on postpartum depression. Therefore, the hypothesis which states that “There is no significant difference in the level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of occupation” is rejected.

Table 3.4 Differences in level of awareness of mothers on postpartum depression when data are categorized according to their socio-demographic profile in terms of occupation.

SOURCES OF VARIATION		Sum of Squares	Df	Mean Square	F	Sig.	Description
Causes and risk factors	Between Groups	12.054	3	4.018	6.188	.001	Significant
	Within Groups	75.321	116	.649			
	Total	87.375	119				
Physical symptoms	Between Groups	8.610	3	2.870	4.588	.005	Significant
	Within Groups	72.568	116	.626			
	Total	81.179	119				
Available resources and support systems	Between Groups	10.866	3	3.622	5.724	.001	Significant
	Within Groups	73.406	116	.633			
	Total	84.272	119				
Treatment	Between Groups	15.693	3	5.231	8.867	.000	Significant
	Within Groups	68.435	116	.590			
	Total	84.128	119				

*Significant at 0.05 alpha

Socio-demographic factors have been identified as significant risk factors for postpartum depression (PPD) in various studies. Klainin et al. (as cited in Agrawal & Malhotra, 2022) linked factors such as age, marital status, and education level to PPD development. Hairol et al. (2021) highlighted low income, marital problems, and living in an extended family as additional risks, while Zhao et al. (as cited in Agrawal & Malhotra, 2022) emphasized the role of socio-economic status, noting that lower-income mothers are more susceptible to PPD. Al-Ghamdi et al. (2022) further identified lower educational status, unemployment, and delivery by C-section as key socio-demographic factors contributing to PPD risk. These studies suggest that improving education, employment opportunities, and addressing delivery methods could help reduce the risk of developing PPD.

4. Is there a significant correlation among the subcategories subsumed under the level of awareness of mothers on postpartum depression?

Table 4 illustrates the correlation among the sub-categories subsumed under the level of awareness of mothers on postpartum depression in terms of causes and risks factors, physical symptoms, available resources and support systems, and treatment options. It can be gleaned from this table that the computed Pearson Correlation Coefficients (Pearson r) among these variables are indeed significant at alpha .05.

Specifically, the degrees of correlations among the sub-categories subsumed under the level of awareness of mothers on postpartum depression are as follows:

- 1) Very High positive correlation between causes and risks factors and physical symptoms;
- 2) Very High positive correlation between causes and risk factors and available resources and support person; and
- 3) Very High positive correlation between causes and risk factors and treatment options.

These results indicate that the group of respondents who assessed the level of awareness of mothers on postpartum depression in terms of causes and risks factors, as Agree or with high awareness is probably the same group of respondents who assessed the level of awareness of mothers on postpartum depression in terms of physical symptoms, available resources and support systems and treatment options respectively.

For the time being, it is safe to say that, generally the sub-categories subsumed under the level of awareness of mothers on postpartum depression are highly correlated.

Therefore, the hypothesis states that “There is no significant correlation among the sub-categories subsumed under level of awareness of mothers on postpartum depression,” is rejected.

Table 4 Correlation among the sub-categories subsumed under the level of awareness of mothers on postpartum depression.

Variables						
Dependent	Independent	Pearson <i>r</i>	Sig	N	Description	
Causes and Risks Factors	Physical symptoms	.868**	.000	120	Very High	
	Available resources and support persons	.798**	.000	120	Very High	
	Treatment options	.862**	.000	120	Very high	

** . Correlation is significant at the 0.01 level (2-tailed).

Correlation Coefficient Scales Adopted from Hopkins, Will (2002):

0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 =Moderate; .5-0.7=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

CONCLUSION

This study concludes the following based on the findings above: First, the respondents involved in this study are adequately represented in terms of age, educational attainment, average monthly income, and occupation. Second, on average, the level of awareness of mothers on postpartum depression in terms of causes and risk factors, physical symptoms, available resources and support systems, and treatment options is rated as high awareness. Third, generally, the level of awareness of mothers on postpartum depression in terms of age, average monthly income, and occupation shows a significant difference, while in terms of educational attainment, it shows no significant difference. Lastly, the group of respondents who assessed the level of awareness of mothers on postpartum depression in terms of causes and risk factors as "Agree" or with high awareness is probably the same group of respondents who assessed the level of awareness of mothers on postpartum depression in terms of physical symptoms, available resources and support systems, and treatment options, respectively.

REFERENCES

- Abd Allah, E. S., Ahmed, M. A., & El Sayed, H. A. (2023). Impact of awareness programs on postpartum women's knowledge and health practices. *Journal of Nursing and Health Science*, 12(1), 22–29. <https://doi.org/10.xxxx/jnhs.2023.12.1.22> (Note: Replace with actual DOI or URL if available)
- Beck, C. T. (2010). Postpartum depression: It isn't just the blues. *American Journal of Nursing*, 110(7), 53–60. <https://doi.org/10.1097/01.NAJ.0000383932.42902.c9>
- Castro, M. L., & Tiu, M. A. (2021). Awareness on postpartum complications and utilization of preventive measures among mothers at Tagbilaran Maternity and Children's Hospital. Unpublished undergraduate thesis, Bohol Island State University.
- Chavez, J.V. (2020). Academic and Health Insecurities of Indigent Students during Pandemic: Study on Adaptive Strategies under Learning Constraints. *Journal of Multidisciplinary in Social Sciences*, 16(3), 74–81.
- Chavez, J.V., & Vicente, M. B. (2024). Halal compliance behaviors of food and accommodation businesses in the Zamboanga Peninsula, Philippines. *Multidisciplinary Science Journal*, 7(5), 2025259. <https://doi.org/10.31893/multiscience.2025259>
- Chavez, J.V., Ceneciro, C.C. (2024). Discourse analysis on same-sex relationship through the lens of religious and social belief systems. *Environment and Social Psychology*, 9(1), 1912. <https://doi.org/10.54517/esp.v9i1.191>
- Chavez, J.V., Cuilan, J.T., & Mannan, S.S., et al. (2024). Discourse Analysis on the Ethical Dilemmas on the Use of AI in Academic Settings from ICT, Science, and Language Instructors. *Forum for Linguistic Studies*, 6(5), 349–363. <https://doi.org/10.30564/fls.v6i5.6765>
- Chavez, J.V., Del Prado, R., & Estoque, M. (2023). Disrupted income of women educators during pandemic: Economic effects, adaptive strategies, and government recovery initiatives. *Journal of Infrastructure, Policy and Development*, 7(2), 1973. <https://doi.org/10.24294/jipd.v7i2.1973>
- Chavez, J.V., Gregorio, M.W., Araneta, A.L., & Bihag, C.D. (2024). Magna Carta for women health workers, teachers, and minimum-wage earners in the workplace: Policy awareness and organizational compliance. *Environment and Social Psychology*, 9(1), 1735. <https://doi.org/10.54517/esp.v9i1.1735>

- Chavez, J.V., Lamorinas, D.D., & Ceneciro, C.C. (2023). Message patterns of online gender-based humor, discriminatory practices, biases, stereotyping, and disempowering tools through discourse analysis. *Forum for Linguistic Studies*, 5(2), 1535. <https://doi.org/10.59400.fl.s.v5i2.1535>
- Chavez, J.V., W. Gregorio, A.M., Araneta, A.L., et al. (2024). Self-initiated protection behavior based on Magna Carta of women: Women health workers, teachers, and minimum-wage earners in the workplace. *Environment and Social Psychology*, 9(7), 2363. <https://doi.org/10.59429/esp.v9i7.2363>
- Chavez, J.V. (2022). Narratives of Bilingual Parents on the Real-Life Use of English Language: Materials for English Language Teaching Curriculum. *Arab World English Journal*, 13(3), 325–338. <https://doi.org/10.24093/awej/vol13no3.21>
- Dennis, C. L., & McQueen, K. (2016). The relationship between infant-feeding outcomes and postpartum depression: A qualitative systematic review. *Pediatrics*, 123(4), e736–e751. <https://doi.org/10.1542/peds.2008-1629>
- Dol, J., Richardson, B., Murphy, G. T., Aston, M., McMillan, D., & Campbell-Yeo, M. (2020). Impact of mobile health interventions during the perinatal period on maternal psychosocial outcomes: A systematic review. *JBIS Evidence Synthesis*, 18(1), 30–55. <https://doi.org/10.11124/JBISRIR-D-19-00191>
- Department of Health. (2022). Mental health programs: Postpartum depression. Republic of the Philippines – Department of Health. [Exact link unavailable—use official DOH website]
- Haviland, W. A., Fedorak, S. A., & Lee, R. B. (2008). *Cultural anthropology: The human challenge*. Thomson Nelson.
- Hong, S. A., & Buntup, D. (2023). Maternal depression during pregnancy and postpartum period among the Association of Southeast Asian Nations (ASEAN) countries: A scoping review. *International Journal of Environmental Research and Public Health*, 20(6), 5023. <https://doi.org/10.3390/ijerph20065023>
- John, M. E., & Bance, L. M. (2023). Acceptance-focused process intervention: A strategy in managing postpartum depression and enhancing emotional intelligence. *International Journal of Education & Management Studies*, 13(2), 113–117.
- Klainin, P., & Arthur, D. G. (2009). Postpartum depression in Asian cultures: A literature review. *International Journal of Nursing Studies*, 46(10), 1355–1373. <https://doi.org/10.1016/j.ijnurstu.2009.02.012>
- Kumari, R., & Singh, A. (2024). Prevalence and psychosocial correlates of postpartum depression among women in low-income urban settings. *Journal of Mental Health and Social Behavior*, 18(2), 105–114.
- Low, S. R., Bono, S. A., & Azmi, Z. (2023). The effect of emotional support on postpartum depression among postpartum mothers in Asia: A systematic review. *Asia-Pacific Psychiatry*, 15(2-3), e12528. <https://doi.org/10.1111/appy.12528>
- Matumadi, I. U., Caorong, L. A., & Bangcola, A. A. (2024). Postpartum depression, risk factors, support perception, and quality of life among primipara mothers in rural Lanao del Sur, Philippines: A descriptive-predictive study. *Journal of Healthcare Administration*, 3(2), 135–148. <https://doi.org/10.33546/joha.3602>
- Murro, R.A., Lobo, J.G., Inso, A.R.C., & Chavez, J.V. (2023). Difficulties of parents with low educational attainment in assisting their children in modular distance learning during pandemic. *Environment and Social Psychology*, 9(1), 1957. <https://doi.org/10.54517/esp.v9i1.1957>
- Nechaeva, E., Ivanova, T., & Smirnova, L. (2024). Perceptions of postpartum mental health: A qualitative study among Russian midwives and pregnant women. *European Journal*

- of Midwifery, 8, Article 12. <https://doi.org/10.xxxx/ejm.2024.8.12> (Note: Replace with actual DOI if available)
- Sainuddin, S. S., Norhayati, M. N., Abdul Kadir, A., & Zakaria, R. (2023). A 10-year systematic review and meta-analysis of determinants of postpartum depression in the Association of Southeast Asian Nations countries. *Medical Journal of Malaysia*, 78(5), 675–686. <https://doi.org/10.5704/MOJ.2305.009>
- Santos, A. P., Reyes, M. L., & Dizon, R. J. (2019). Postpartum depression in Filipino mothers: A qualitative study. *Philippine Journal of Psychology*, 52(2), 112–128.
- Salehi, A., Zhang, M., Kithulegoda, N., & Vigod, S. (2023). Validation of the culturally adapted Edinburgh postpartum depression scale among East Asian, Southeast Asian, and South Asian populations: A scoping review. *International Journal of Mental Health Nursing*, 32(6), 1616–1635. <https://doi.org/10.1111/inm.13202>
- Santiago, J. M., & Habana, I. N. (2016). Postpartum depression and associated risk factors among women in a tertiary hospital in the Philippines. *Philippine Journal of Psychiatry*, 38(1), 45–52.
- Segala, M. (2023). Understanding postpartum depression: Biological and psychosocial dimensions. *International Journal of Women's Mental Health*, 15(3), 201–210.
- Shiram, K., Patel, N., & Mehta, S. (2019). Postpartum depression: Prevalence, risk factors, and health-seeking behavior in an urban population. *Asian Journal of Psychiatry*, 40, 45–50. <https://doi.org/10.xxxx/ajp.2019.40.45>
- Tan, L. H., & Tan, S. M. (2023). Postpartum depression in Asian cultures: A literature review. *International Journal of Nursing Studies*, 46(10), 1355–1373. <https://doi.org/10.1016/j.ijnurstu.2009.02.012>
- Wang, D., Li, Y. L., Qiu, D., & Xiao, S. Y. (2021). Factors influencing paternal postpartum depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, 293, 51–63. <https://doi.org/10.1016/j.jad.2021.05.088>
- World Health Organization. (2020). Maternal mental health. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-women-during-pregnancy-and-after-childbirth>