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RESEARCH PAPER

Social Support in Postpartum Depression Management in Young Mothers

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ABSTRACT

This research examines how does social support helps young mothers in management of postpartum depression. This study was done to understand depression management during the postpartum period in a social support. Postpartum depression is a serious mental health issue. A woman is more vulnerable in the postpartum period than ever in her life. Previous researches show social support has a significant role in postpartum depression management. The main factors are insufficient social support from spousal relations and trust issue in getting support from peers. A developed grounded theory was used, in which social context was broken down into three types of social support for postpartum depression the parental, spousal and peer support (PSP model). The PSP model for social support was proposed as a grounded theory by Tariq and Raza, 2022. A qualitative research method was used to conduct 10 in-depth interviews of young mothers of Gujranwala. Results shows participants invariably seemed to focus on the emotional disorder and mental fatigue following childbirth. The most important support was provided by spouses and close relatives. Moms are appreciated, loved, and understood when they are heard or their feelings are validated. The support of in-laws was also a crucial source of help. Based on the findings, it is recommended to provide public awareness campaigns using media to educate about postpartum depression and normalize maternal mental health discussions. Families, especially husbands and mothers-in-law, should be educated through workshops to provide supportive care. Healthcare providers need training to identify and manage PPD effectively. Lastly, maternal mental health should be integrated into national health policies with proper resource allocation for awareness, training, and services.

Keywords: Social Support, Postpartum Depression, Management, And Young Mothers

Introduction

Postpartum depression is affecting women throughout the world after childbirth, which manifests as a significant mental health concern in 10 to 15% of new mothers (Leis et al., 2009). Postpartum depression negatively affects both maternal healthcare and establishes long-term consequences which particularly affect maternal family life alongside those of her newborn child. The emotional and cognitive development of children faces obstacles when mothers who experience PPD refrain from activities that include feeding as well as playing or dedicated relationship-building with their children (Leis et al., 2009). The prevalence of PPD in Pakistan has reached alarming levels as studies show that 28-63% of women suffer from this condition, making Pakistan rank among the highest in Asian countries (Aliani & Khuwaja, 2017).

The medical community classifies Postpartum Depression as a mood disorder which develops after childbirth and presents through multiple symptoms, including continual sadness together with exhaustion, disrupted eating and sleeping patterns and emotional guilt, followed by cognitive agitated thoughts and extreme instances of suicidal thoughts (O'Hara & Swain, 2009). Mothers experience these symptoms, which usually end quickly yet generate functional problems that prevent her from developing new parental skills and create enduring impacts on herself and her baby. Young mothers in Pakistan encounter additional barriers to obtaining proper support because their society reacts negatively to mental health problems (Ali, Ali, Azam, & Khuwaja, 2020).

Social support functions as a key element that lessens the impact of PPD. Young mothers benefit from depressive symptom reduction through emotional and instrumental, along with informational support that comes from health providers, family and friends (Razurel et al, 2011). Mothers in Pakistan face poor mental well-being conditions because they lack proper awareness of PPD and insufficient mental health care resources that would otherwise provide needed support. The integration of social support in PPD management should be further explored, specifically for Pakistan's resource-limited environment to enhance its effectiveness. Social support involves deliberate lending help to reduce stress in people facing difficulties coming from individuals who maintain close personal ties (Cohen & Wills, 1985).

The support system has two primary forms, known as formal and informal support. A mother dealing with PPD may receive formal support through healthcare providers and counseling services, but also benefits from informal assistance which comes from her family members and important people in her life, according to Vanderpuije (2012). Young mothers who experience postpartum depression receive key support through social networks, which combats their depressive symptoms and promotes better physical condition.

Social support is divided into three types: emotional support and instrumental support, and informational support. A mother receives emotional support by experiencing empathy with love and reassurance to feel important and understood. New mothers receive assistance from different sources when family members or friends provide physical support, such as baby care or domestic help or monetary aid to decrease caretaking responsibilities. By offering advice and guidance together with parenting and mental health information, mothers gain the knowledge needed to make well-informed choices (Razurel, Bruchon-Schweitzer, Dupanloup, Irion, & Epiney, 2011).

Postpartum depression (PPD) exists as a major mental health problem affecting numerous young mothers who face important consequences for their maternal as well as child health. Research about postpartum depression in both global and Pakistani settings exists yet fails to address how social support influences PPD management in Pakistan. Both research and clinical practice have failed to recognize adequately how family, spouse and peer social support enables postpartum women to handle this difficult postnatal period. The social and cultural environment of Gujranwala City exposes newly pregnant women, especially first-time mothers to high PPD risk because they lack sufficient support networks. A new research aims to explore social support effects on PPD management practices for women between 19–30 years old as their first or subsequent mothers. Knowledge about social networks in this study helps recognize why purposeful support structures should be developed to combat PPD and enhance mental health results among women in the postpartum stages.

Literature Review

Social Support

Postpartum depression (PPD) exists as a serious mental health problem which affects mothers globally, leading to substantial effects on maternal health as well as child development. Professor Vanderpuije (2012) explains social support as an active method to help those in need by giving them emotional and informational or practical aid, which scientists identify as essential for reducing PPD symptoms. The literature review evaluates how social support helps PPD patients by analyzing mental wellness effects together with available assistance options and cultural-environmental determinants of support success. Researchers agree that social support represents an important element which establishes well-being for both mental and physical health. A lack of supportive social relationships leads people to suffer more frequently from depression and anxiety, together with stress. The mental health challenges lead to physical health consequences that form a destructive pattern of diminished well-being.

Social support from friends and peers consists of emotional support accompanied by shared opportunities and a feeling of belonging. The specific quality of the social support received matters similarly to how often new mothers receive such backing. New mothers experience worsening stress and inadequacy when they receive inadequate or negative social support that includes criticism along with misunderstandings (Dennis & Ross, 2006). Postpartum women require social support that offers helpful responses to their specific needs; therefore, healthcare providers must ensure its quality as much as its availability.

Postpartum Depression

Postpartum depression is mentioned as a mental disorder which starts and ends within the postpartum period of a mother. There are symptoms of depression like feeling hopeless, fatigue, change in sleep and eating habits, mental disturbance, guilt and thoughts of suicide, along with the feeling of dissatisfaction in life. These symptoms are considered to last for a shorter time (O'Hara & Swain, 2009). Postpartum depression affects new mothers after childbirth across the world at a rate of between 10% and 15% (Patel et al., 2012). This severe mental health condition produces major negative impacts on maternal health as well as infant mental development and household relationships. The assessment reviews PPD statistics alongside risk elements, symptoms and impact, together with cultural and environmental components that shape its display and therapeutic approaches.

The World Health Organization (WHO) acknowledges PPD as a prominent maternal morbidity factor and has recorded different prevalence patterns based on population-specific healthcare, economic, and cultural elements (WHO, 2020). The occurrence of PPD reaches 10% in high-income countries, yet LMICs report 15–20% prevalence because these areas lack mental health care and social support services (Fisher et al., 2002).

In the Context of Pakistan

Postpartum depression (PPD) stands as a severe public health issue throughout Pakistan because its prevalence reaches rates from 28% to 63%, with results indicating the highest occurrence across Asian countries. The high prevalence rate of postpartum depression creates an immediate necessity to develop specific solutions for Pakistani women's postnatal experiences. The country experiences high PPD prevalence because Pakistani women lack postnatal care awareness, face social and moral support deficits and face cultural restrictions regarding mental health issues. The review analyses PPD prevalence rates in Pakistan alongside its risk factors alongside cultural influences, as well as the associated outcomes, and breaks down research gaps and limited intervention efforts(Husain et al., 2014).

The PPD rates in Pakistan exceed the global standard of 10 to 15 percent, which demonstrates the extensive nature of the condition throughout the nation. Socioeconomic conditions, together with cultural standards, along with healthcare delivery factors, create the high PPD prevalence rates within Pakistan. Women throughout Pakistan do not receive adequate mental health care since limited-service access, poor education levels and extensive poverty hinder their ability to manage postpartum depression (Jamshaid et al., 2023).

The healthcare system in rural areas remains inadequate because PPD rates in these regions show high prevalence numbers. These geographical areas present extra barriers for female patients who encounter poorly skilled healthcare clinicians and insufficient mental health knowledge (Ali et al., 2018). Patients with Postnatal Depression receive low rates of diagnosis and inadequate treatment in Pakistan because of cultural prejudices and deficient mental health awareness across the country.

Depression Management

Postpartum depression is a complex mental health condition and requires a combination of treatments to effectively manage it, medical experts say. Support groups in addition to IPT are powerful tools to reduce symptoms of PPD and support mothers in overcoming PPD. Such interventions prevent MSs from being alone by giving them the means to address PP problems (Anokye, Acheampong, Ainooson, Obeng, & Akwasi, 2018). The content of the document focuses on the PPD care by discussing the social psychological support structures, explaining the communication therapy principles, and also highlighting the physical health recovery needs. Social support groups and psychological treatments are required as significant componentsof therapy in PPD.

The Psychological Aspect of Postpartum Depression (PPD)

It is an episode of major depression, occurring during pregnancy or in the first year after delivery, referred to as postpartum depression (PPD), and affects the emotional and psychological well-being of new mothers, and in some cases, new dads or non-birthing partners. Despite the fact that birthing is often shown (and therefore thought of) as a joyous and fulfilling experience, many women, in fact, experience unexpected emotional struggles. Appropriate diagnosis, intervention, and treatment for PPD rely on knowledge about its psychological components (O'Hara & McCabe, 2013).

Risk Factors and Psychological Triggers

A number of psychological risk factors could increase the chances of PPD. Low self-esteem, a traumatic birth experience or a history of anxiety or depression can all be

factors. And symptoms can be exacerbated by other stressors — financial strain, a lack of support from partners or family, trouble nursing or connecting with the baby. There are also commonly cognitive distortions, or irrational and negative thought patterns, in PPD. When a mother can't bond right away, she might feel completely incompetent as a mother, or feel like a "bad parent" for not being able to "figure it out." Overtime these can grow into shame, guilt and hopelessness – all of which serve as profit fuel for the symptoms of depression. Cultural norms or social expectations, too, may play a psychological role. There is so much pressure on women to appear to be happy, competent mothers." They might feel alone or fear judgment if what's happening inside them doesn't live up to what others expect of them. This gap between individual experiences and cultural norms may have a significant effect on mental health (Slomian, Honvo, Emonts, Reginster, & Bruyère, 2019).

Emotional Experience and Mental Patterns

A primary psychological feature of PPD is the emotional detachment that many moms experience. They can say they're stressed, emotionally numb, or cut off from their baby. Those who suffer from severe fear may exhibit compulsive thinking over the baby's well-being or security. Even while these intrusive ideas are rarely carried out, they can be quite upsetting for others, such as those who worry about hurting the unborn child. Sleep difficulties, which can worsen mental performance, are another common feature of PPD. The persistent lethargy that occurs with PPD is sometimes caused by psychological stress as much as physical depletion, even though disturbed sleep is a typical aspect of caring for a baby. Lack of sleep affects mental health, exacerbates mood disorders, and can cause or exacerbate depression symptoms. Anhedonia, or the inability to feel pleasure from once-pleasurable activities, is another important psychological pattern. Because depression impairs motivation and emotional response, new moms may become cut off from hobbies, social interactions, or even infant care, not because they don't love their kid (Dennis, & Dowswell, 2013).

PPD in Fathers and Non-Birthing Partners

Although the majority of PPD research focuses on women, it is becoming more widely acknowledged that postpartum depression may also affect males and non-birthing partners. Similar factors, including as hormonal changes, sleep loss, identity changes, and feelings of inadequacy as parents, may contribute to their psychological stress. Men are less likely to seek treatment or detect depressed symptoms because they are conditioned to repress emotional sensitivity. Because of this, paternal PPD can present in a variety of ways, including irritability, avoidance, drug abuse, and even aggressiveness. This emphasizes how all caregivers need to have a more comprehensive awareness of the psychological dynamics of PPD (Paulson & Bazemore, 2010).

Material and Methods

Research Design

The study is conducted using a phenomenological approach. This methodology allows us to get a better understanding of postpartum depression in young mothers. The researcher can assess the feelings of participants through which the meaning can be undertaken to understand the experience (Sutton & Austin, 2015). The phenomenological paradigm of qualitative research helps to know that the phenomena of the society were mothers experiencing PPD at a young age. According to Creswell

2007, the phenomenological study can explain the phenomena through the different meanings given by the individuals who lived their experiences. Phenomenology helps to explore experiences from the individual's perspective. It is mainly concerned with the "lived experiences" (Tenny, Brannan, Brannan, 2022).

Sample Selection

In-depth interviews are conducted with the 10 selected participants. Postpartum women who have faced depression are the population from Gujranwala. Young mothers from the last 6 months are the sample of the research. The 10 postpartum depressed patients aged 19-30 were selected from the Civil Hospital's OPD of the psychiatric department and private psychiatrist clinics. Why 10? A small number of samples can be valuable for a research project. It's true for a population that is hard to access; for that, a sample between 6-12 may give insight into such experience (Baker & Edwards,2013). A semi-structured interview guide is used to learn about the women's experience of postpartum depression. The 10 participants were selected as the research sample, and this limited numberwas particularly due to the time limit, patients' accessibility, and some of the patients refused to be interviewed. The focus was on gaining an in-depth understanding of the phenomenon rather than the large sample size.

Data Collection

A semi-structured interview guide is used to learn about the women's experience of postpartum depression. Interviews are conducted with young mothers who experience the first or second month of postpartum. The Urdu language is used while conducting interviews, and the time required for an interview is about 90 minutes. These interviews are being recorded and then transcribed. From each participant, a series of questions was asked. Through the transcript, the main themeswere coded.

Theoretical Paradigm

The theoretical framework from Tariq & Raza (2022) research has been used in this study. This paradigm was created as a grounded theory. This model shows how identity crises help in coping with experiences of stress and, in that process, how parents, spouse, and peers support influence stress management during postpartum stress.

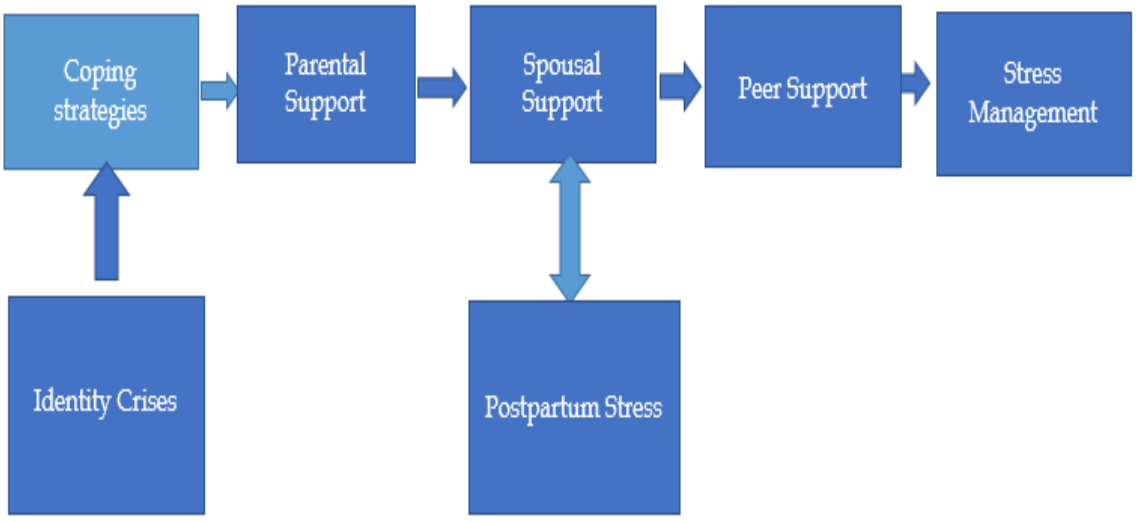

Figure 1, theoratical framework (Tariq & Raza, 2022) (Tariq & Raza, 2022).

Data Analysis

Thematic analysis was used to analyse the collective data of participants. The interviews of all the participants were recorded and carefully transcribed into text form, and the themes were drawn from each participant's experiences.

Ethical Consideration

The postpartum is a sensitive period for any woman to get through and transform her role as a new mother. For that, we have to consider some research ethics before conducting interviews with them. Explain the purpose of the research. Ensure them that their identity will be kept anonymous and their given information will never be used other than this study purpose. Interviewee ease was be prioritized in the interview process, and the interviewee has the right to quit the interview; the researcher had never force them.

Results and Discussion

Table 1
Demographic Profile of Participants:

No. of Participants	Age	No. of Children	Family Type
Participant 1	30 years	2 daughters Had 2 D&Cs before her son	Nuclear
Participant 2	23 years	1 son 1 daughter	Joint family
Participant 3	30 years	1 daughter	Joint family
Participant 4	23 years	1 daughter	Joint family
Participant 5	21 years	1 daughter	Joint family
Participant 6	27 years	1 daughter	Lives Separately
Participant 7	29 years	1 son	Nuclear but my mother-in-law lives withus
Participant 8	26 years	1son 1 daughter	Joint family
Participant 9	20 years	1 daughter	Extended joint family
Participant 10	28 years	1 son	Joint family

Analysis of Qualitative Data

Thematic analysis was used to analyze the collective data of participants. The interviews of all the participants were recorded and carefully transcribed into text form, and the themes were drawn from each participant's experiences.

Data Anonymisation

This research maintains the ethical standards by ensuring that all the participants 'identities remain anonymous and confidential. As a researcher, I ensure that participants remain anonymous, and the names used in this research are assumed.

Awareness and understanding

Postpartum depression is mentioned as a mental disorder which starts and ends within the postpartum period of a mother. There are symptoms of depression like feeling hopeless, fatigue, change in sleep and eating habits, mental disturbance, guilt and

thoughts of suicide, along with the feeling of dissatisfaction in life. These symptoms are considered to last for a shorter time (O'Hara & Swain, 2009).

You get depression from worries and lack of proper care. Then I found a good doctor. (Iqra)

No, I don't know about postpartum depression. I only know about depression as feeling restless and unable to sleep because of tension and negative thoughts. (Laiba)

"I know a little bit, like after delivery, it can happen to us. Maybe due to tension or due to the baby." (Aqsa)

"No, but after getting a check-up by the doctor, I know it happens due to tensions or thinking too much."(Muna)

Personal Experience

Postpartum depression negatively affects both maternal healthcare and establishes long-term consequences which particularly affect maternal family life alongside those of her newborn child. The emotional and cognitive development of children faces obstacles when mothers who experience PPD refrain from activities that include feeding as well as playing or dedicated relationship-building with their children (Leis et al., 2009).

"I was worried for the whole eight months, I was having the same problem, stomach problems and blood pressure problems. It was happening due to depression and the environment of the house. I was not eating, that's why I was having this problem, so my BP was high, there was also a stomach problem, I was taking stomach medicine, etc. I have been worried for the child after facing two D&Cs, and I was worried till he was born because the delivery was early, so there was no one at home to take care of me, no one askme what is the matter. I used to shout and make a fuss that something was happening to me. I said: I'm dizzy. Take me somewhere. Get me checked. No one, the in-laws, no one. When the baby was born, his BP was high. The heartbeat was also fast, mine was also fast, and that's why the baby could not survive. Everyone said that which Allah approves." (Iqra)

Symptoms Recognition

Postpartum Depression develops multiple symptoms, including continual sadness together with exhaustion, disrupted eating and sleeping patterns and emotional guilt, followed by cognitive agitated thoughts and extreme instances of suicidal thoughts (O'Hara & Swain, 2009).

"Just not feeling well. I went to the doctor; she said to check with the psychiatric doctor.

I can't sleep. My first child was little when Allah Almighty blessed me with another child. When my first child was 9 months old, I was expecting my girl. ***Did you feel depression during the pregnancy?*** *Somehow, a little bit, but mostly after my second delivery.* ***Ok, is it because of having a baby girl?*** *No, no, I knew that Allah would bless me with a baby girl. I was happy that I had a son first, and now I'm going to have a daughter. But when the time had arrived, my son was also little at that time. Our family is so big, Masha-Allah! Then it becomes difficult with two kids." (Ayesha)*

Parental Support:

"According to the psychosocial model of PPD, social support proves essential as a protective element that fights against depressive symptoms. Social support consists of emotional and informative, along with practical help that family members and friends offer from their social network (Vanderpuije, 2012)."

Postpartum depression can have less effect on young mothers who receive instrumental help with their home chores and child maintenance when others assist with daily postpartum duties. Many experts agree that instrumental support proves essential to relieving physical along with emotional stressors that mothers experience which enables them to regain their strength and prioritize their mental well-being (Vanderpuije, 2012).

Spousal Support

Emotional support provides partners the opportunity to show empathy and assurance, which lessens maternal feelings of loneliness and inadequacy, while instrumental support through task and childcare assistance helps new mothers find recovery time (Cutrona & Troutman, 1986) Support from partners as well as family members can ease the common PPD symptoms of isolation and hopelessness. Support such as childcare help and household assistance allows mothers to recover and reduce their physical and emotional exhaustion, according to Razuel et al. (2011).

In-Laws' Role

Social support presents multiple obstacles during the process of giving and receiving help. The insufficient knowledge about PPD among people who offer support provides a big obstacle to effective assistance. Family members together with friends often fail to identify PPD because they view postpartum adjustments as typical and thereby offer support which is unsuitable for the condition (Ali et al., 2020).

"There is nothing, she is just a little heartbroken, or because of the child, that is why she is doing this. Not any kind of help or advice. You are not mentally well, they didn't give any help, they didn't give any advice, so I called my mother myself and said "something is happening to me'', they used to say that nothing has happened, but I could not even sleep I used to thought that in morning something will happen to me." (Iqra)

Peer Support

Postpartum life challenges benefit from informational support that healthcare professionals, along with peers, provide to mothers, according to Dennis (2003). Social support from friends and peers consists of emotional support accompanied by shared opportunities and a feeling of belonging. The specific quality of the social support received matters similarly to how often new mothers receive such backing (Dennis & Ross, 2006).

Cultural Norm (Joint Family System)

The elements of social support, alongside their functional strength, depend heavily on the cultural context as well as regional characteristics. The Pakistani social structure prioritises family intervention in delivering postnatal help to new mothers. Young mothers in Pakistan benefit from continuous postpartum care because their culture enables multiple family generations to reside in one household (Aliani & Khuwaja, 2017).

"I was happy that I had a son first, and now I'm going to have a daughter. But when the time had arrived, my son was also little at that time. Our family is so big (joint family), Masha-Allah! Then it becomes difficult with two kids." (Ayesha)

The imposition of strict household rules by mothers-in-law toward new mothers results in higher stress along with interpersonal tension. Postpartum depression creates widespread domestic effects in Pakistan that impact mothers along with their newborns as well as extended family members throughout society. The effect of PPD risk depends on cultural norms as they sometimes increase vulnerability but provide necessary help when needed (Husain et al., 2014).

Social Stigma

Women avoid seeking postpartum depression treatment due to concerns about getting judged or being rejected by their families, along with community members. Mental health illiteracy forms a deep stigma across rural areas of Pakistan(Ali et al., 2018).

''When my son died, I was very sad and very shocked, very worried. Still, my in-laws have said that it was my mistake, don't know what medicine she was taking, and don't know what she was doing. My husband also said the same. I don't know what medicine she was using, because of that her child died." (Iqra)

"They are our relatives. They knew a little bit about it that my health was not good before marriage, but now there may be a problem with my marriage, because of this.

Table 2
Grid of Themes for Postpartum Depression Management in Young Mothers

Theme No.	Theme Title	Description	Coding (Keywords/Concepts)
1	Awareness and understanding	How much did the mother know about postpartum depression before and after childbirth? What were the sources of information (doctor, family, social media)?	Knowledge, Awareness,
2	Personal Experience	What emotional and physical challenges did the mother face after childbirth?	Emotional struggles, depression, Motherhood challenges, Anxiety
3	Symptoms Recognition	How did the mother recognize postpartum depression? What were the symptoms (sadness, anxiety, crying, sleep disturbances, etc.)?	Signs, Symptoms, Emotional & Physical impact, Self-awareness
4	Parental Support	How did the mother's own parents react to her postpartum depression? Did they provide emotional or physical support?	Parents' reaction, Emotional support, Practical help, Advice

5	Spousal Support	What was the husband's attitude? Did he try to understand? What kind of emotional or financial support did he provide?	Husband's role, Marital support, Understanding, Emotional care
6	In-Laws' Role	How did in-laws react? Did they offer support or criticize the condition?	In-laws' reaction, Family pressure, Cultural beliefs, Support
7	Social Stigma	How does society perceive postpartum depression?	Social perception, Stigma, Mental health awareness
8	Peer Support	Was the mother comfortable discussing her postpartum depression with friends? What kind of emotional or motivational support did they provide?	Friends' role, social support, Emotional help, Motivational support
9	Cultural Practice	Are there any cultural norms that affect mental health discussions?	Joint family system

Discussion

In this study, qualitative interviews were conducted with ten young mothers between 19 and 30 years of age and experienced symptoms of PPD. Participants invariably seemed to focus on the emotional disorder and mental fatigue following childbirth. The most important support was emotional support, which was most commonly provided by spouses and close relatives. Moms are appreciated, loved, and understood when they are heard or their feelings are validated. Emotional support is a buffer to the feelings of incompetence or social isolation which are present in PPD.

The support of in-laws was also a crucial source of help. Moms who got help with housework and child care from their relatives were less stressed, slept more and had more time for themselves. It was also this encouragement that enabled them to regain their bodily strength and emotional equilibrium. But the mothers who didn't receive assistance from their in-laws on household tasks and child care often felt frustration and diminished self-worth.

The findings of this study revealed that one of the barriers had to do with the general taboo related to mental health in Pakistani culture. Mothers felt judged or misunderstood for what they were feeling. These cultural expectations also added to one's sense of alienation and hopelessness. The combination of parental support and support from the spouse was found to be the most effective. Mothers who received support from both their families and spouses were better able to manage their depressive symptoms. In contrast, those who lacked such support or received only one type often struggled more significantly. The study also revealed that formal mental health support services were either unknown or inaccessible to most participants. This gap highlights the need for greater awareness and availability of professional help for postpartum mental health issues.

The finding also shows the absence of peer support in that vulnerable period. Mostly, participants don't have peers to discuss their problems, or if they do, they may be unable to share them, perhaps due to cultural or trust issues. Some of the participants share their feelings with peers after experiencing the period of postpartum depression.

The findings of this study are consistent with existing literature on postpartum depression and the role of social support. Cohen and Wills (1985) proposed the stress-buffering hypothesis, which states that social support reduces the negative effects of stress. The current study confirms this hypothesis. Mothers with strong support networks reported fewer symptoms of depression and better emotional well-being.

Razurel et al. (2011) emphasized that emotional and instrumental support are key to reducing depressive symptoms. This study supports that claim, as mothers consistently valued emotional care and practical help from their parents. Participants who had partners actively involved in baby care and household tasks reported less stress and more satisfaction with their maternal role.

Dennis and Letourneau (2007) discussed the negative impact of inadequate or harmful support. Several mothers in this study described how well-meaning but overbearing help from family members made them feel incompetent. This finding aligns with previous research that highlights the importance of the perceived quality of support.

The cultural aspect of mental health stigma was also addressed by Ali et al. (2020), who found that Pakistani women often avoid discussing mental health due to fear of judgment. This study corroborates that finding. Many mothers said they avoided talking about their feelings, even with close family, because they feared being labeled as weak or unstable.

Informal care by family and friends is more visible in South Asian cultures (Vanderpuije, 2012). The subjects in our study used support from family members more than from professionals. This highlights the importance of enhancing the informal support networks and increasing access to the formal mental health system. In conclusion, this work contributes to the existing literature by highlighting the role of the social support in coping with PPD. It adds a particular cultural picture of Pakistan and emphasizes the importance of culture-specific interventions.

Conclusion

Finally, the study provides evidence that social support is a strong, indispensable determinant in preventing postpartum depression in young mothers. The roles of parental, spousal, and peer supports are unique, of which parental and husbands' support have been identified as being most significant. A husband who is supportive, family who are empathetic, and peers who are encouraging can go a long way in helping a mother heal from PPD. But the support has to arrive in a respectful, empowering manner or it can have the opposite effect and stress you out even more. The research also points to the cultural and social obstacles that keep young mothers from seeking help. Women a lot of times felt alone not because they did not have support, but because they were too scared or embarrassed to seek it out. This reinforces the need for shifting social attitudes and mental health knowledge.

The vast majority reported that professional support (e.g. therapy and counseling) were absent from their experiences. This missing link in Pakistan's maternal mental health-care infrastructure highlights a significant problem. Informal, family-based support needs to be reinforced by formal psychological interventions to more fully address PPD treatment.

Postpartum depression (PPD) is an important mental health problem which impacts the health of mothers, and has serious consequences for their families and society. The aim of this research was to examine the role of social support for coping with postpartum depression in young mothers living in Gujranwala, Pakistan. Adopting a qualitative research approach and utilizing in-depth interviews with 10 young mothers (aged 19 to 30), this study sought to examine the types of parental, spousal, and peer support, and the role that these support networks play in the emotional and psychological recovery process of postpartum depressed mothers.

The results of this study suggest the importance of social support in the prevention and management of postpartum depression. Emotional support, including empathy, understanding, and reassurance, can bring the sense of being valued and of not being alone to mothers. Maternal resting time from household, baby care or chores may also reduce maternal stress. Informational support (guided by health professionals, as well as from experienced mothers) is equally important in increasing new mothers' confidence and educating them on how to look after their child and themselves.

In Pakistan, specially Gujranwala parents and relatives are important care providers in the postnatal period. The collectivist culture permits extended families to reside in the same house or close to each other, thus making parental and in-law support more accessible. But such support is not always perceived as positive. There were also mothers who mentioned that over involvement of family members resulted in mothering with a sense of inadequacy or that mothering became a slave to others. One of the things that mattered most to me was spousal support. Those fathers, who were emotionally involved, assisted with the babies, and supported their wives' mental health, were instrumental in the mothers' recovery. Finally, the present study confirms that as luxury but essential for emotional well being of postpartum mothers, social support should be provided to all mothers during postnatal period. In such a community family holds a very important place and working with existing social structures can be enormously effective given the appropriate awareness and understanding. By building stronger support systems among parents, spouses, peers, and by reducing the cultural taboos around mental illness, we can ensure that a new mom is not just looked after, but that she is also understood through and through and that she can survive—and even find value—in the storm.

Recommendations

Based on the findings of this research, several recommendations can be made for individuals, families, healthcare providers, and policymakers:

- **Public Awareness Campaigns:** Initiate media campaigns to educate the public about postpartum depression. Use television, radio, and social media to normalize discussions about maternal mental health.

- **Family Education:** Conduct workshops for family members, especially husbands and mothers-in-law, to teach them how to provide supportive care without being overbearing.
- **Support Groups:** Establish community-based support groups where mothers can share experiences and support one another. These groups can be run by NGOs, hospitals, or community health centers.
- **Healthcare Training:** Train healthcare professionals to recognize signs of PPD and provide basic counseling or referrals. Include mental health education in prenatal and postnatal care routines.
- **Accessible Counseling:** Offer low-cost or free counseling services in public hospitals. Develop mobile mental health units for rural areas where access is limited.
- **Peer Support Programs:** Develop peer mentoring programs where experienced mothers support new mothers, especially during the first few months postpartum.
- **Respectful Support Practices:** Educate families on how to offer help in a way that maintains the mother's autonomy and confidence.
- **Inclusion of Fathers:** Involve fathers in maternal health education to strengthen their role as emotional and practical supporters.
- **Integration in Health Policy**: Include maternal mental health in national health policies. Allocate resources for training, awareness, and service development.

References

Ali, N. S., Ali, B. S., & Azam, I. S. (2018). *Postpartum depression in Pakistan: A neglected issue. Journal of the Pakistan Medical Association, 68*(1), 147–151.

Ali, N. S., Ali, B. S., Azam, I. S., & Khuwaja, A. K. (2020). *Prevalence and factors associated with postpartum depression in a tertiary care hospital in Karachi, Pakistan. Journal of Pakistan Medical Association, 70*(1), 1-6.

Aliani, R., & Khuwaja, H. M. (2017). *Postpartum depression in Pakistan: A review of literature. Journal of the College of Physicians and Surgeons Pakistan, 27(10), 661-663.*

Anokye, R., Acheampong, E., Ainooson, G. K., Obeng, B., & Akwasi, A. G. (2018). *Interpersonal psychotherapy for postpartum depression: A systematic review. Journal of Mental Health, 27*(3), 221-228.

Baker, K. D., Edwards, T. M., & Rickard, N. S. (2013). *The role of intracellular calcium stores in synaptic plasticity and memory consolidation. Neuroscience & Biobehavioral Reviews, 37*(7), 1211-1239.

Cohen, S., & Wills, T. A. (1985). *Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98*(2), 310–357.

Collins, N. L., Dunkel-Schetter, C., Lobel, M., & Scrimshaw, S. C. (1993). *Social support in pregnancy: Psychosocial correlates of birth outcomes and postpartum depression. Journal of Personality and Social Psychology, 65*(6), 1243–1258.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). *Qualitative research designs: Selection and implementation. The counseling psychologist, 35*(2), 236-264.

Cutrona, C. E., & Troutman, B. R. (1986). *Social support, infant temperament, and parenting self-efficacy: A mediational model of postpartum depression. Child Development, 57*(6), 1507–1518.

Dennis, C. L. (2003). *Peer support within a health care context: A concept analysis. International Journal of Nursing Studies, 40*(3), 321–332.

Dennis, C. L., & Dowswell, T. (2013). *Psychosocial and psychological interventions for preventinpostpartum depression. Cochrane Database of Systematic Reviews, issue (2),* CD001134.https://doi.org/10.1002/14651858.CD001134.pub3

Dennis, C. L., & Letourneau, N. (2007). *Global and relationship-specific perceptions of support and the development of postpartum depressive symptomatology. Social Psychiatry and Psychiatric Epidemiology, 42*(5), 389–395.

Dennis, C. L., & Ross, L. (2006). *Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. Journal of Advanced Nursing, 56*(6), 588–599.

Fisher, J., de Mello, M. C., & Izutsu, T. (2002). *Culture and mental health: A South Asian perspective. International Review of Psychiatry, 14*(1), 26–33.

Husain, N., Bevc, I., Husain, M., Chaudhry, I. B., Atif, N., & Rahman, A. (2014). *Prevalence and social correlates of postnatal depression in a low-income country. Archives of Women's Mental Health, 9*(4), 197–202.

Jamshaid, S., Malik, M., Ullah, I., Saboor, A., Arain, A., & Berardis, D. (2023). *Postpartum depression in Pakistan: A review of risk factors and interventions. Journal of Affective Disorders, 320,* 1–10.

Leis, J. A., Mendelson, T., Tandon, S. D., & Perry, D. F. (2009). *A systematic review of interventions for postpartum depression in low-income mothers. Archives of Women's Mental Health, 12*(5), 321-329.

O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: *Current status and future directions. Annual Review of Clinical Psychology, 9,* 379–407.

O'Hara, M. W., & Swain, A. M. (2009). *Rates and risk of postpartum depression – A meta-analysis. International Review of Psychiatry, 8*(1), 37-54.

Patel, V., Bailey, R., Jabeen, S., Ali, S., Barker, N., & Osiezagha, K. (2012). *Postpartum depression in low-income women: A cultural perspective. Journal of Affective Disorders, 136*(3), 437–443.

Paulson, J. F., & Bazemore, S. D. (2010). *Prenatal and postpartum depression in fathers and its association with maternal depression: A meta-analysis. JAMA, 303*(19), 1961-1969.*https://doi.org/10.1001/jama.2010.605*

Razurel, C., Bruchon-Schweitzer, M., Dupanloup, A., Irion, O., & Epiney, M. (2011). *Stressful events, social support, and coping strategies of primiparous women during the postpartum period: A qualitative study. Midwifery, 27*(2), 237-242.

Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). *Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. Women's Health, 15,*

Sutton, J., & Austin, Z. (2015). *Qualitative research: Data collection, analysis, and management. The Canadian journal of hospital pharmacy, 68*(3), 226.

Tariq, A., & Raza, A. (2022). *Social context of post-cesarean stress management by young mothers in Lahore. Pakistan Journal of Social Research, 4*(2), 363-369.

Tenny, S., Brannan, J. M., & Brannan, G. D. (2022). '*Qualitative studies. StatPearls [Internet],* StatPearls Publishing, FL, 93-187.

Vanderpuije, O. (2012). *Social support and mental health: A review of the literature.* New York: Springer.

Vanderpuije, O. (2012). *Social support and postpartum depression: A review of the literature. Journal of Mental Health and Family Medicine, 9*(4), 239-247.

World Health Organization. (2020). *Maternal mental health and child health and development in low- and middle-income countries*. Geneva: WHO.

World Health Organization. (2022). *Maternal mental health*. World Health Organization.