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Original Article

A Qualitative Exploration of Awareness, Perceptions, and Help-Seeking Behaviors among Parents of Post-Partum Depression in Islamabad, Pakistan

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ABSTRACT

Postpartum depression (PPD) profoundly impacts mothers' and fathers' mental health but remains underdiagnosed and stigmatized in the majority of low-resource settings. Cultural role expectations and gender roles further accentuate awareness and help-seeking in Pakistan. This research investigated parental awareness, perceptions, and help-seeking behavior towards PPD within Islamabad. **Objectives:** To investigate parental knowledge of PPD, determine barriers and facilitators to seeking help, evaluate the awareness and utilization of available resources and support systems for PPD. **Methods:** A two-stage qualitative design was employed, utilizing a non-probability purposive sampling technique. In Phase 1, EPDS was used to screen parents for symptoms of depression. During Phase 2, 12 mothers and 8 fathers who screened positive had in-depth interviews. Thematic analysis was applied to examine socio-cultural, emotional, and system factors that shape PPD experiences. **Results:** Findings identified a few parents with awareness of PPD, and strong stigma was present among both parents. Mothers outlined emotional exhaustion, pressure to be in control and happy, and insufficient time for seeking care. Fathers also reported emotional repression, cultural expectations, and concerns about being judged. Stigma, time, limited mental health service availability, and gender roles were identified as shared barriers. Spouses' and peers' casual support was a primary facilitator of seeking help. **Conclusions:** The study concluded that limited awareness, cultural stigma, and gendered expectations hinder help-seeking for postpartum depression among parents.

INTRODUCTION

Childbirth is perceived to be a joyous occasion for both mothers and fathers, but sometimes it can bring the experiences of sadness, feeling lost and depressed, and this condition, when it leads to a more severe form it turns out to become post-partum depression [1]. According to several research studies, postpartum depression in mothers is common after giving birth, with prevalence rates ranging from 10% to 15% [2]. About 10% of men had prenatal and postpartum depression, which was relatively more common in the three to six months after giving birth [3]. Postpartum depression (PPD) is a mood illness that impacts people within a year of giving birth [4]. PPD is characterized by symptoms of depression, low self-esteem, lack of interest, anxiety, sleep problems, loss of appetite, impatience with a hostile attitude toward newborns, self-blame, and feelings of shame. Changes in

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eating and sleeping habits, trouble bonding with their child, and feelings of hopelessness are among the symptoms that people with PPD may encounter [5]. The Edinburgh Postnatal Depression Scale (EPDS), a 10-item questionnaire, is the most widely utilized method for screening [6]. According to meta-analyses, postpartum depression affects 7–9% of new fathers and 8–17% of new moms [7]. Pakistan has the highest occurrence rate of postpartum depression in the South Asian region, which is alarming, with rates ranging from 28% to 63% [8]. Research on fathers' PPD and parental stress revealed that fathers experience the same kinds of mood swings as mothers do during the transition to parenthood, and that their mental health has a big influence on the development of the child and the family's overall health [9,10]. Fathers whose partners experience maternal PPD are thought to have PPD rates ranging from 24% to 50% [11]. The availability of mental health professionals is extremely low, particularly in rural areas, leading to a significant treatment gap [12]. This study emphasizes the necessity for a qualitative exploration of PPD in Islamabad and for broadening a comprehensive understanding of the phenomenon and recommendations for maternal and paternal mental health policies and interventions. Considering Islamabad's socio-cultural setting and ingrained attitudes toward mental health, there is a gap in existing literature regarding how parents understand and cope with postpartum depression which requires context-sensitive cultural evidence. Parents' lived experiences should be understood through a qualitative paradigm, as attitudes and help-seeking patterns cannot be fully obtained using quantitative methods. This is the reason why this study aims to explore PPD in parents in Islamabad comprehensively.

Although global evidence recognizes postpartum depression (PPD) among both mothers and fathers, limited qualitative research in Pakistan has explored parents' lived experiences, awareness, and help-seeking behaviors within specific socio-cultural contexts such as Islamabad. Existing studies largely focus on maternal prevalence rates, with insufficient attention to paternal perspectives and gendered barriers to care. Furthermore, there is inadequate understanding of how stigma, cultural expectations, and limited mental health resources influence parental decision-making regarding treatment. Therefore, a context-specific qualitative exploration was necessary to address these gaps and inform culturally responsive mental health interventions. The present study aimed to examine the perception of parents on the symptoms and causes of PPD, analyze factors that influence their help-seeking behavior, and assess the knowledge and use of mental health resources and support systems.

METHODS

This study employed a qualitative methodology using a non-probability purposive sampling technique. The study was conducted from 18th July 2024 to 20th September 2024 at Health Services Academy, a degree-awarding institute chartered by the Federal Government. Ethical approval (No. 000680/HSA/MSPH-2023), dated 18th July 2024, was obtained from the Institutional Review Board (IRB) of the Health Services Academy, Islamabad. Informed consent was obtained from all participants before data collection. To maintain confidentiality and anonymity, personal identifiers were removed from transcripts, and pseudonyms were used in reporting quotes. Participants were informed of their right to withdraw at any time. In cases of emotional distress during interviews, appropriate support and mental health referrals were provided. During the screening phase, 30 mothers and 25 fathers were contacted. Of these, 19 mothers and 16 fathers tested positive for postpartum depression (PPD). The research team continuously reviewed transcripts and, after interviewing 12 mothers and 8 fathers, determined that data saturation had been reached, as no new insights were emerging. Eligibility criteria included: being aged 18 years or above; having experienced the postpartum period within the last 12 months; and reporting depressive symptoms. Participants were excluded if they had a severe mental health condition impairing their ability to contribute reliable data or were unable to communicate in Urdu, the interview language. Data were collected through 45-minute semi-structured in-depth interviews developed according to study objectives and reviewed by experts in qualitative research and maternal mental health. Open-ended questions encouraged detailed responses. Interviews, conducted at Federal General Hospital, Islamabad, were audio-recorded (with consent), transcribed verbatim, and translated into English. Thematic analysis followed Braun and Clarke's six-phase approach. Familiarization involved a thorough review of transcripts. An inductive coding process was applied to generate initial codes. Similar codes were grouped into broader themes. Themes were refined and validated by the research team to ensure alignment with study objectives. Final themes, such as "Awareness and Understanding of PPD" and "Use of Support Systems and Resources," were supported with participant quotes to ensure credibility.

RESULTS

The findings are organized in two main ways: participant demographic characteristics and qualitative findings in the thematic analysis. Mothers had a mean age of 28 years, while fathers averaged 31 years (Table 1).

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Table 1: Demographic Characteristics of Participants

Variables	Mothers (n=12)	Fathers (n=9)
Mean Age	28 years	31 years
Education Level		
No Education	3 (25%)	2 (22%)
Middle	3 (25%)	3 (33%)
Metric	3 (25%)	2 (22%)
Intermediate	2 (17%)	0 (0%)
Graduation	1 (8%)	2 (22%)
Employment Status		
Employed	2 (17%)	1 (11%)
Self-Employed	0 (0%)	3 (33%)
Unemployed	10 (83%)	5 (56%)
Number of Children		
1	5 (42%)	3 (33%)
2	7 (58%)	6 (67%)
Residence		
Rural	5 (42%)	4 (44%)
Urban	7 (58%)	5 (56%)
Cultural Background		
Punjabi	8 (67%)	6 (67%)
Pashtun	3 (25%)	3 (33%)
Sindhi	1 (8%)	0 (0%)

The key themes and subthemes that emerged from the data are summarized in the present study, along with verbatim quotes and explanations to support each theme (Table 2).

Table 2: Key Themes and Sub-Themes with Supporting Quote

Theme: Awareness and Understanding of Postpartum Depression	
Knowledge of Symptoms and Signs	"I didn't know that not being able to sleep and feeling like crying all the time could be signs of an illness." (ID-M6) Mothers' unawareness of symptoms of PPD caused them to delay its identification as a mental illness and taking action. "After the birth of the baby, I used to feel extremely lonely, as if no one cared about me." (ID-F4) Fathers saw emotional difficulties in their partners but might have been unable to recognize them as symptoms of postpartum depression.
Perceptions of Causes	"I felt that maybe the complications during my baby's birth were the reason why my heart always felt so restless." (ID-M5) Mothers associated their emotional sufferings with medical issues, expressing their inclination towards explaining PPD as a physical issue and not as a mental illness. "Worrying about the household's financial situation and my wife's changing behavior ruined my mental state." (ID-F3) Fathers identified economic pressures and relationship stresses as contributing elements.
Impact on Family and Relationships	"After the baby was born, it felt like my own life had been lost somewhere; spending time with my husband was out of the question." (ID-M2) Mothers usually felt that their individual identity and relationship as a couple was undervalued following birth. "After the baby arrived, our attention shifted from each other to only the baby, which affected our relationship." (ID-F8) Fathers view that the new roles of parenthood strained their marriage, indicating how they believe postpartum issues can interfere with communication and intimacy in the couples
Socio-Cultural Influences on PPD Perceptions	
Cultural Stigma and Shame	"People taunt me that I'm fortunate yet still not happy, so in such a situation, asking anyone for help feels embarrassing." (ID-M9) Social judgment and cultural attitudes amplify shame, deterring mothers from seeking help for their mental illness. "In our society, it's believed that men don't get d epressed, so I never spoke about my struggles." (ID-F3) Gender norms impose stigma, compelling men to suffer silently in terms of psychological distress without social sanction to ventilate.
Gendered Experiences of PPD	"After becoming a mother, people's expectations I ncreased, but no one asked how I was feeling." (ID-M10) Mothers are under increased societal pressure to occupy caregiving positions, while their emotional health is forgotten, a reflection of the gendered burden on women. "When my wife was distressed, I felt like I couldn't do anything; I didn't understand how I could help." (ID-F1) Fathers reported feeling powerless and in the dark, echoing uncertain cultural expectations about perinatal mental health.
Barriers and Facilitators to Help-Seeking Behavior	
Barriers to Seeking Help	"The situation at home was such that I never got the time to go to a doctor; everyone kept saying that it would get better with time." (ID-M5) Household chores and common cultural assumptions that emotional suffering will naturally sort itself out keep mothers from receiving timely professional care. "I felt that if I expressed my feelings, my family might start doubting my abilities." (ID-F4) Fear of being judged or perceived as weak is a major obstacle for fathers, deterring frank expression of their struggles with mental health.
Facilitators to Help-Seeking	"When my husband supported me and insisted on taking me to the doctor, I felt encouraged." (ID-M4) Support from spouses and families can be a crucial factor in encouraging mothers to access treatment. "When I talked to a colleague who had experienced all this, I felt that I wasn't alone, it was very helpful." (ID-F3) Peer support and shared experience diminish feelings of loneliness and enable fathers to confront and recognize mental health issues.
Utilization of Support Systems and Resources	
Awareness of Available Resources	"I didn't even know that there was any treatment or help available for depression." (ID-M1) The unawareness of mothers regarding mental health care, implying that there is not enough information to deter them from accessing proper care. "I used to think that the hospital services were only for helping my wife; no one told me anything about myself." (ID-F6) Fathers tend to feel marginalized by the healthcare system and how inadequate information and support for men drive their unmet mental health needs.

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Actual Use of Services	"I once tried to get help from someone, but due to lack of time and taking care of the baby, I couldn't continue." (ID-M5) Practical barriers, including time and childcare obligations, can restrict mothers' capacity to regularly engage with mental health services despite their willingness to do so. "I didn't go for counseling on my own, but I did take part in the discussions during my wife's counseling sessions." (ID-F4) Involvement of fathers with support services tends to be indirect and secondary, and the case for being more inclusive in involving fathers in the process needs to be made.
Effectiveness of Support Systems	"Counseling helped me; it felt like someone was listening to me and understanding me." (ID-M2) When mothers attend counseling, they get a lot of benefit from emotional validation and support. "I felt that counseling helped me understand how I could support my wife." (ID-F4) Fathers are empowered by heightened awareness and the ability to offer effective support, pointing to the general family-level advantages of such services.

DISCUSSION

This research sheds light on mothers' and fathers' lived experiences of postpartum depression (PPD) in Islamabad, with low awareness, stigma, and gendered expectations as the primary obstacles to help-seeking. Mothers and fathers in the study demonstrated limited initial awareness of PPD symptoms, often mistaking them for routine postpartum changes or personal weaknesses. Mothers described feelings of persistent sadness, lack of interest in the baby, and overwhelming fatigue, while fathers noted emotional disconnection and existential concerns. One study highlights the psychological distress, including sadness and fatigue, commonly reported by mothers experiencing postpartum depression [13]. Participants assigned postpartum depression to various causes. Mothers tended to associate emotional suffering with the physical and emotional travail of giving birth, pressures from societal norms, and feelings of inefficacy. Fathers, however, cited economic pressures and financial instability as primary stressors influencing their mental health. These views are consistent with research indicating that complications during childbirth and economic issues are strong predictors of postpartum depression [14, 15]. Both mothers and fathers reported that postpartum depression impacted their relationship dynamics. Mothers told how it became challenging to spend time with their husbands as the workload of baby care demanded so much of them. Fathers said that they completely diverted their attention to the child, leading to less intimacy and closeness between partners. These observations are characteristic of how the postpartum period can stress couple relationships and lower marital satisfaction [16, 17]. Socio-cultural influences greatly influenced parents' perceptions of PPD. Mothers reported feeling judged and informed that they were "unfortunate" not to feel joyful, while fathers reported that society holds the view that men do not become depressed. This indicates how norms of masculinity and societal expectations present challenges to men in conveying vulnerability and asking for help [18]. The research identifies that mothers reported that expectations rose after having a child, to the point of feeling overwhelmed and incapable. Fathers, in turn, felt upset at being unable to assist in any way, tamping down their feelings to live up to societal norms of strength and supportiveness [18, 19]. Mothers described never having time to go to a doctor because of family commitments, while fathers worried that their feelings being shared would make their family question their competence. These obstacles mirror how stigma, cultural norms, and practical difficulties constrain help-seeking for both parents [18,20]. Mothers were motivated to help when their partners persisted in insisting, they see a doctor, whereas fathers benefited from discussing with a co-worker who had shared experiences. Such supportive relationships were critical to helping motivate help-seeking [21, 22]. Limitations of the study include that purposive sampling might have introduced selection bias. Findings from Islamabad cannot be generalized to other socio-cultural backgrounds. Local language-to-English translation of interviews could have resulted in some loss of meaning or cultural detail.

The study is limited by purposive sampling and a relatively small sample size confined to Islamabad, which restricts generalizability to other regions of Pakistan. Translation of interviews from Urdu to English may have led to subtle loss of cultural meaning. Future research should include larger, multi-site studies incorporating rural and diverse socio-cultural populations, along with mixed-method approaches to strengthen evidence. Policymakers should also prioritize father-inclusive screening programs and community-based awareness interventions to reduce stigma and improve early help-seeking.

CONCLUSIONS

Mothers expressed emotional burnout and restricted access to care, whereas fathers encountered economic constraints and cultural opposition to emotional demonstration. Spousal and familial support helped enable help-seeking. Including paternal voices enhances culturally responsive, gender-sensitive mental health knowledge and enhances postpartum care accessibility.

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Authors' Contribution

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Formal analysis: AN, IA, MMLK
Writing and Drafting: AN, IA, MMLK, MWH, SJAB, MN, AN
Review and Editing: TA, IA, MMLK, MWH, SJAB, MN, AN

All authors approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

The authors declare no conflict of interest.

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