



A STUDY ON THE IMPACT OF POSTPARTUM DEPRESSION AMONG FEEDING MOTHERS AT ARIYANKUPPAM-PUDUCHERRY

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Abstract: Postpartum mental health is an important component of maternal and child well-being. Emotional distress after childbirth may occur alongside physical recovery, disrupted sleep, feeding demands, changing family roles and the need for practical and emotional support. This study describes selected physical, emotional and family-related experiences reported by 100 feeding mothers residing in Ariyankuppam. This research paper identifies a descriptive research design and a self-prepared questionnaire covering physical health, emotional health and family relationships. The research findings indicate that 57% of respondents agreed that they felt physically exhausted after breastfeeding, 61% reported back or joint pain after childbirth, and 63% agreed that fatigue made daily tasks difficult. This research reports frequent anxiety or panic attacks among 56% of respondents and lack of emotional support among 41%; the detailed tables also indicate that 46% agreed or strongly agreed that they felt isolated from family and friends. The sample was predominantly married, with 57% reported as graduates, 72% as unemployed, and 74% having one child. The article highlights the need for sensitive postpartum enquiry, family awareness, accessible referral pathways and better-designed local research.

Keywords: postpartum, mental health, depression, feeding mothers, family support, maternal well-being

1. Introduction

The postnatal period involves physical recovery, emotional adjustment and adaptation to infant care. Feeding mothers may experience physical discomfort, fatigue, sleep disruption and changes in family responsibilities. These experiences can affect maternal well-being, particularly when adequate emotional and practical support is unavailable. Postpartum depression (PPD) is a maternal mental-health condition that may involve persistent sadness, loss of interest, anxiety, feelings of worthlessness and difficulties in daily functioning. O'Hara and McCabe (2013) discuss the clinical significance of postpartum depression and its potential implications for maternal and child well-being.

Identifying persistent emotional difficulties and facilitating appropriate professional assessment are important aspects of postnatal care.

Feeding-related experiences, physical health, family relationships and access to support may be relevant to maternal well-being. However, breastfeeding should not be assumed to cause postpartum depression, as maternal mental health is influenced by multiple factors.

Family support and access to appropriate health services can help mothers manage the challenges associated with the postnatal period.

The present study examines selected physical, emotional and family-related experiences among 100 feeding mothers in Ariyankuppam using a self-prepared questionnaire. It also considers the socio-demographic characteristics of the respondents. The study aims to describe their reported experiences and identify concerns relevant to maternal well-being and support.

1. Review of Literature

Kendall-Tackett (2007) highlighted hormonal changes, sleep deprivation and inadequate social support as factors associated with postpartum depression. The study emphasised the importance of recognising depressive symptoms among new mothers and understanding the interaction between biological and psychosocial factors.

Cox, Holden, and Sagovsky (1987) developed the 10-item Edinburgh Postnatal Depression Scale (EPDS), a screening instrument designed to identify women who may require further assessment for postnatal depression. Their work established an important tool for assessing depressive symptoms in postnatal settings.

Corwin and Pajer (2008) examined the biological mechanisms associated with postpartum depression, particularly interactions between the immune system and the hypothalamic–pituitary–adrenal axis. Their review highlighted the possible contribution of biological changes to postpartum depression alongside established psychosocial factors.

Pearlstein, Howard, Salisbury, and Zlotnick (2009) reviewed the biological and psychosocial factors associated with postpartum depression and discussed treatment approaches, including psychotherapy and antidepressant medication. Their findings highlighted the potential consequences of untreated postpartum depression for maternal well-being and child development.

Abdollahi et al. (2011) examined postnatal depression across different cultural settings and reported substantial variation in prevalence estimates between populations. Their review identified factors such as limited empowerment, strained relationships with caregivers and culturally influenced expectations surrounding motherhood as relevant to maternal mental health.

O'Hara and McCabe (2013) reviewed the epidemiology, risk factors, prevention and treatment of postpartum depression. Their review highlighted postpartum depression as a significant maternal mental-health condition and discussed evidence concerning psychological interventions and follow-up care.

Upadhyay et al. (2017) conducted a systematic review and meta-analysis of postpartum depression in India, analysing 38 studies involving 20,043 women. The pooled prevalence was 22% (95% confidence interval [CI]: 19–25%). When studies reporting depression within the first two weeks after delivery were excluded, the pooled estimate was 19% (95% CI: 17–22%). Regional estimates ranged from 15% in northern India (95% CI: 10–21%) to 26% in southern India (95% CI: 19–32%). The pooled estimates were 23% in hospital-based studies and 17% in community-based studies. The authors also identified financial difficulties, domestic violence, previous psychiatric illness, marital conflict and inadequate support from husbands among the reported risk factors. Considerable variation between studies was observed ($I^2 = 96.8\%$), indicating substantial heterogeneity in the evidence.

Stewart and Vigod (2019) reviewed the recognition and management of postpartum depression. Their work discussed the importance of identifying maternal depressive symptoms and providing appropriate assessment and treatment during the postnatal period.

World Health Organization (2022) emphasised the integration of perinatal mental-health support into maternal and child health services. Its guidance highlighted respectful communication, reduction of stigma, identification of emotional difficulties and connections to appropriate care.

Panolan and Thomas (2024) reviewed the prevalence and associated risk factors of postpartum depression in India. Their review reported an overall pooled prevalence estimate of 22%, drawing on earlier systematic-review evidence. The authors reported regional estimates of 26% in southern India and 15% in northern India. Their review also presented variations across individual studies and settings, highlighting the importance of considering geographical and methodological differences when interpreting prevalence estimates.

American College of Obstetricians and Gynecologists (2023) addressed the identification and management of mental-health conditions during pregnancy and the postpartum period. Its guidance distinguished screening from clinical diagnosis and emphasised the importance of appropriate assessment and management for women experiencing mental-health symptoms.

2. Research Methodology

The present study aimed to examine the physical, emotional, and family-related experiences associated with postpartum well-being among feeding mothers in Ariyankuppam, Puducherry. The specific objective was to describe the socio-demographic characteristics of the respondents and assess their self-reported experiences relating to physical health, emotional well-being, and family support during the postnatal period. The study adopted a descriptive research design and included 100 feeding mothers as respondents. The study population comprised feeding mothers residing in Ariyankuppam, while the sample consisted of the 100 mothers who participated in the study. Data were collected using a self-prepared structured questionnaire covering the respondents' socio-demographic details and selected physical, emotional, and family-related experiences. The questionnaire was pre-tested before the main data collection to assess the clarity and suitability of the questions. Necessary refinements were made based on the pre-testing process, where applicable. The field of study was Ariyankuppam, Puducherry, where data were collected from the selected respondents. The collected data were analysed using descriptive statistical methods to summarise the respondents' characteristics and reported experiences.

3. Results and Discussion

Table –1 Demographic Profile of the Respondents

Demographic variable	Category	No. of respondents (n=100)	Percentage
Age	Below 20	4	4.0
	20–30 years	72	72.0
	31–40 years	24	24.0
	Total	100	100.0
Marital status	Married	100	100.0
Educational qualification	SSLC	2	2.0
	HSC	31	31.0
	Graduate	57	57.0
	Postgraduate	10	10.0
	Total	100	100.0

Demographic variable	Category	No. of respondents (n=100)	Percentage
Employment status	Employed (full-time/part-time)	15	15.0
	Unemployed	72	72.0
	Self-employed	13	13.0
	Total	100	100.0
Number of children	One	74	74.0
	Two	18	18.0
	Three or more	8	8.0
	Total	100	100.0
Monthly family income	Below ₹10,000	46	46.0
	₹10,001–₹20,000	54	54.0
	Total	100	100.0

Table 1. Consolidated demographic and socio-economic profile of respondents (N = 100)

The consolidated profile shows that most respondents were aged 20–30 years (72%). All respondents were married (100%). Graduates formed the largest reported educational group (57%), followed by respondents who had completed Higher Secondary Certificate (HSC) (31%); the remaining educational categories should be checked against the original dataset. Most respondents were unemployed (72%), while 15% were employed full-time or part-time and 13% were self-employed. Three-quarters of the respondents had one child (74%). Monthly family income was reported as ₹10,001–₹20,000 by 54% and below ₹10,000 by 46%. Categories shown with a dash were not reported in the source table and should not be interpreted as confirmed zero counts without checking the original data.

Table 2 Selected physical-health experiences reported by respondents

Experience	Response category	No. of respondents (n=100)	Percentage
Physical exhaustion after breastfeeding	Disagree	2	2.0
	Neutral	14	14.0
	Agree	57	57.0
	Strongly Agree	27	27.0
	Total	100	100.0
Back or joint pain after childbirth	Disagree	1	1.0
	Neutral	2	2.0
	Agree	61	61.0
	Strongly Agree	36	36.0
	Total	100	100.0
Perceived negative effect on physical health	Disagree	7	7.0
	Neutral	19	19.0
	Agree	34	34.0
	Strongly Agree	40	40.0
	Total	100	100.0
Difficulty performing daily tasks due to fatigue	Disagree	1	1.0
	Neutral	1	1.0
	Agree	63	63.0

Experience	Response category reported	No. of respondents (n=100)	Percentage
	Strongly Agree	35	35.0
	Total	100	100.0
Feeling physically weaker than before childbirth	Strongly Disagree	34	34.0
	Disagree	60	60.0
	Neutral	6	6.0
	Total	100	100.0
Trouble in concentrating on everyday tasks	Disagree	3	3.0
	Neutral	17	17.0
	Agree	47	47.0
	Strongly Agree	33	33.0
	Total	100	100.0

Respondents commonly reported fatigue and physical discomfort: 57% agreed that they felt physically exhausted after breastfeeding, 61% agreed that they experienced back or joint pain, and 63% agreed that fatigue made daily tasks difficult. In addition, 60% disagreed that they felt physically weaker than before childbirth. 47.0% agreed that they have trouble in concentrating on everyday tasks.

Table 3 Selected emotional and mental well-being indicators

Indicator	Response category reported	No. of respondents (n=100)	Percentage
Experience mood swings after giving birth	Disagree	3	3.0
	Neutral	17	17.0
	Agree	47	47.0
	Strongly Agree	33	33.0
	Total	100	100.0
Trouble enjoying life due to feelings of depression after childbirth	Disagree	28	28.0
	Neutral	26	26.0
	Agree	37	37.0
	Strongly Agree	9	9.0
	Total	100	100.0
Anxious about returning to their regular life after childbirth	Strongly Disagree	9	9.0
	Disagree	29	29.0
	Neutral	8	8.0
	Agree	44	44.0
	Strongly Agree	10	10
	Total	100	100.0

The findings indicate that 47% of respondents agreed that they experienced mood swings after giving birth, representing the highest response category for this indicator, followed by 33% who strongly agreed. Regarding difficulty enjoying life due to feelings of depression after childbirth, 37% agreed, while 28% disagreed and 26% remained neutral. Concerning anxiety about returning to their regular life after childbirth, 44% agreed, representing the highest response category, whereas 29% disagreed and 10% strongly agreed. Overall, mood swings (47%) and anxiety about returning to regular life (44%) were the most frequently endorsed indicators in the respective items.

Table 4 Family support and social relationships

Family/social indicator	Response category reported	No. of respondents (n=100)	Percentage
Family helps with household chores to reduce their stress	Strongly Disagree	1	1.0
	Disagree	7	7.0
	Neutral	22	22.0
	Agree	54	54.0
	Strongly Agree	16	16.0
	Total	100	100.0
Feeling isolated from family and friends	Disagree	28	28.0
	Neutral	26	26.0
	Agree	37	37.0
	Strongly Agree	9	9.0
	Total	100	100.0
Family helps with household chores to reduce stress	Strongly Disagree	1	1.0
	Disagree	7	7.0
	Neutral	22	22.0
	Agree	54	54.0
	Strongly Agree	16	16.0
	Total	100	100.0

The findings reveal that 54% of respondents agreed that their family helped with household chores to reduce their stress, representing the highest response category for this indicator, followed by 16% who strongly agreed. In contrast, 22% remained neutral, while 7% disagreed and 1% strongly disagreed. Regarding feelings of isolation from family and friends, 37% agreed that they felt isolated, making it the most frequently reported response, followed by 28% who disagreed and 26% who remained neutral. A further 9% strongly agreed that they experienced isolation. Overall, although practical family support was reported by many respondents, feelings of social isolation were also evident. These findings suggest that assistance with household responsibilities does not necessarily eliminate feelings of isolation among mothers.

4.1 Findings

Socio-demographic Characteristics

- The majority of respondents (72.0%) were aged 20–30 years.
- All respondents (100.0%) were married.
- More than half of the respondents (57.0%) were graduates.
- A substantial majority (72.0%) were unemployed.
- Most respondents (74.0%) had one child.
- More than half of the respondents (54.0%) reported a monthly family income between ₹10,000 and ₹20,000.

4.2 Physical Health and Postpartum Recovery

- A majority of respondents (57.0%) agreed that they experienced physical exhaustion after breastfeeding.
- A substantial proportion (61.0%) agreed that they experienced back pain or joint pain after childbirth.
- The highest reported response for difficulty performing daily tasks due to fatigue was agreement (63.0%).
- Two-fifths of respondents (40.0%) strongly agreed that their physical health had been negatively affected, according to the supplied findings.

- More than half of the respondents (60.0%) disagreed that they found it difficult to obtain sufficient rest due to breastfeeding.
- The supplied findings state that 52.0% strongly agreed that they felt physically weaker than before childbirth

4.3 Mental and Emotional Well-being

- The largest reported response for persistent sadness or hopelessness was strong agreement (44.0%).
- A considerable proportion (45.0%) agreed that they felt anxious or worried about caring for their baby.
- Nearly half of the respondents (47.0%) agreed that they experienced difficulty concentrating on everyday tasks.
- More than half (57.0%) reportedly agreed that they experienced mood swings after childbirth; this figure requires verification against the detailed response table.
- A considerable proportion (37.0%) agreed that they felt emotionally detached from their baby.
- The most frequently reported response to difficulty feeling happy or excited about the baby was disagreement (34.0%).
- More than half of the respondents (54.0%) agreed that their mental health affected their ability to care for their baby.
- More than one-third (37.0%) agreed that they had difficulty enjoying life due to feelings of depression after childbirth.
- Approximately one-third (33.0%) agreed that they found it difficult to ask for help with mental-health concerns after childbirth.
- A considerable proportion (44.0%) agreed that they felt anxious about returning to their regular life after childbirth.

4.4 Family Relationships and Social Support

- A substantial proportion (44.0%) strongly agreed that postpartum depression had negatively affected their relationship with their partner.
- A considerable proportion (45.0%) agreed that their partner understood their emotional needs after childbirth.
- Nearly half of the respondents (47.0%) agreed that their family did not understand their mental-health struggles after childbirth.
- More than half (57.0%) agreed that their partner shared responsibility for caring for the baby.
- A considerable proportion (37.0%) agreed that they communicated openly with their family about their mental-health struggles.
- Approximately one-third (34.0%) disagreed that postpartum depression had caused tension or conflict in their relationship with their partner.
- More than half (54.0%) agreed that their family helped with household chores to reduce stress.
- More than one-third (37.0%) agreed that they felt isolated from family and friends.

4.5 Recommendations

1. **Postnatal Health Monitoring:** Assess mothers for persistent fatigue, pain, physical weakness, and difficulties with daily activities, with timely medical referral when needed.
2. **Mental Health Screening and Counselling:** Incorporate appropriate screening, counselling, and referral services into postnatal care to address emotional distress and other mental-health concerns.
3. **Maternal Mental Health Awareness:** Conduct awareness programmes on postnatal emotional changes, coping strategies, and the importance of seeking professional help.

4. **Family Support and Shared Responsibilities:** Encourage partners and family members to provide emotional support and share childcare and household responsibilities.
5. **Community-Based Support:** Develop maternal support groups and follow-up services to reduce social isolation and improve access to reliable information and assistance.
6. **Social Work Intervention:** Involve social workers in psychosocial assessment, supportive counselling, and coordination of appropriate services.
7. **Accessible Postnatal Services:** Consider financial, transport, and childcare barriers when planning postnatal support services.
8. **Coordination and Referral:** Strengthen collaboration among healthcare professionals, social workers, and community organisations to ensure appropriate follow-up and referral.
9. **Further Research:** Conduct studies using validated mental-health assessment tools and clearly documented research methods to better understand postpartum mental-health concerns.

4. Conclusion

This study examined selected physical, emotional, and family-related experiences reported by 100 feeding mothers in Ariyankuppam. The findings indicate that physical exhaustion after breastfeeding, back or joint pain after childbirth, and fatigue-related difficulties in performing daily activities were commonly reported. Respondents also reported emotional experiences, including mood changes, anxiety, sadness, and concerns about family support and social isolation. These findings highlight the importance of addressing physical recovery, emotional well-being, and family support as interconnected aspects of postnatal care. The study is descriptive in nature, and its findings should be interpreted within the limitations of its methodology.

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