Examining the Social Determinants of Seeking Help for Postpartum Mental Health

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ABSTRACT [1]

Postpartum is a vulnerable period for women's health, and postpartum mental health issues, including postpartum depression, are growing concerns. Despite the increased awareness of mental health, several factors hinder women from seeking help for mental health concerns during the postpartum period. Hence, this qualitative study used the World Health Organization's Social Determinants of Health Framework to examine the structural and intermediary determinants that shape women's help-seeking behaviors regarding mental health during the postpartum period. A thematic analysis of interviews with 12 new mothers revealed that the structural determinants of help-seeking behaviors for postpartum mental health include employment status and working conditions as enablers and social perceptions of mental health, societal expectations of motherhood, and financial capabilities as barriers. This study also showed that intermediary determinants that enable help-seeking for postpartum mental health include effective communication, familiarity, informational support, perceptions of formal sources of help, and the severity of the situation. Conversely, hindrances include gaps in communication, inadequate emotional support, fear of being misunderstood, being gossiped about, and being a burden, belief in the responsibilities associated with motherhood, and belief in self-reliance. These findings can be used to develop initiatives to promote postpartum mental health.

Keywords: Social Determinants of Health, Help-Seeking Behaviors, Postpartum Mental Health, and Health Promotion

1. INTRODUCTION

The transition from pregnancy to motherhood is a critical stage that presents challenges to both women and their families. In addition to the financial obligations and familial responsibilities that accompany childbirth, such as providing basic needs for food, clothing, shelter, and healthcare, the postpartum period brings about various physical and mental health concerns for mothers [1]. It involves not only physiological changes but also psychological and social adjustments, such as changes in parental roles, family dynamics, and body image perception. These changes, along with the recovery from childbirth and the transition to motherhood, make the postpartum a vulnerable period for women's health [2].

Postpartum mental health refers to a woman's well-being after giving birth, and managing stressors during this period is crucial for preventing mental health issues [2]. Postpartum psychiatric disorders, including postpartum blues, depression, and psychosis, are a growing concern among the mental health issues faced by mothers after giving birth. Postpartum blues are the mildest, whereas postpartum psychosis is the most severe. Postpartum psychiatric disorders have a complex etiology involving genetic, environmental, and psychological factors [3]. Postpartum depression, the most common postpartum psychiatric disorder, is characterized by persistent feelings of sadness, helplessness, absence of pleasure in previously enjoyable activities, and alterations in sleeping habits, eating patterns, and energy level [3, 4]. One in seven women develop postpartum depression, yet many go undiagnosed or unreported, making it crucial to raise awareness and provide appropriate support [4, 5].

Postpartum mental issues are common, and seeking help is a vital step toward recovery. Help-seeking behaviors for postpartum mental health refer to the actions taken by women, who experience mental health problems during the postpartum period, to seek formal or informal help. Despite increased awareness of mental health, support from family and peers, and access to professional medical assistance, several factors continue to hinder women from seeking help for mental health concerns during the

postpartum period. These non-medical factors include socio-economic background, cultural beliefs, stigma, negative perceptions about mental health, and lack of awareness of available options for help [6].

A growing body of literature has investigated the social determinants of postpartum mental health [7]. Studies have shown that the social determinants of mental health during the postpartum period include perceived social support, attitudes to motherhood, self-compassion, and relationship satisfaction [8, 9]. Other social determinants include mothers' age, education level, job status, family economic status, ethnicity, race, social class, culture, and religion [7].

However, current research on the social determinants of postpartum mental health has mostly provided insights into factors associated with the likelihood of postpartum psychiatric disorders. Few studies have examined the social determinants of help-seeking behaviors for postpartum mental health using the Social Determinants of Health Framework as a lens to arrive at a more comprehensive understanding of such factors. Hence, this study examined the structural and intermediary determinants that shaped women's help-seeking behaviors regarding mental health in the postpartum period. Specifically, it explored the social determinants that enable and hinder seeking help for postpartum mental health, based on the lived experiences of new mothers. The findings of this study can suggest interventions to promote postpartum mental health and, by doing so, contribute to achieving Sustainable Development Goals (SDGs) by 2030, specifically Goal 3 (i.e., promoting healthy lives and well-being for all ages) and Goal 5 (i.e., gender equality and empowerment of women and girls).

2. THEORETICAL FRAMEWORK

The World Health Organization's Social Determinants of Health Framework identifies social, political, and economic factors that can influence health outcomes and contribute to health inequities [10]. These social determinants of health are "conditions in which people are born, grow, live, work, and age" [11]. They include structural determinants (e.g., socio-economic context, political context, and socio-economic position) and intermediary determinants of health (e.g., material circumstances, behavior and biological factors, psychosocial factors, and health system). Recognizing and addressing these social determinants are crucial for achieving health equity and building a healthier society [10].

The structural determinants of health refer to broader societal and systemic factors that shape health outcomes on a larger scale. These structural factors are deeply ingrained in the fabric of society and influence the distribution of resources, opportunities, and powers. For example, policies related to taxation, social welfare, and economic development can exacerbate or mitigate health inequalities. Global economic policies can affect employment conditions, environmental quality, and access to healthcare. Furthermore, social stratification based on race, gender, ethnicity, and class can influence health outcomes, with marginalized and disadvantaged groups often experiencing disparities in health due to barriers to resources, opportunities, and social services. Limited access to quality education can also perpetuate health disparities across generations [10].

Intermediary determinants of health are immediate factors that mediate the relationship between the structural determinants of health and individual health outcomes. For instance, income and occupation can influence access to resources and the ability to afford healthcare. Inadequate or unsafe housing can lead to exposure to environmental hazards and poor health. Individual behaviors, lifestyle choices, and biological factors can also play a significant role in health outcomes. Chronic stress, social isolation, and mental health conditions can contribute to various
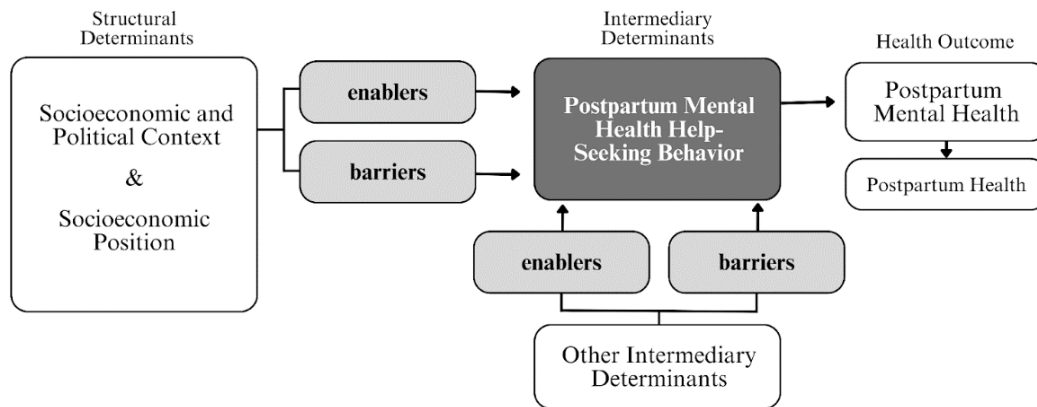

Figure 1. Social Determinants of Postpartum Mental Health Help-Seeking Behavior

health issues. Barriers to healthcare, such as a lack of insurance, transportation, or cultural competence in healthcare settings, can also affect health outcomes. Day-to-day conditions in which individuals live and work can directly influence their health. Strong social networks and community support can contribute to better health outcomes, whereas social exclusion and discrimination can have adverse effects [10].

In terms of seeking help for postpartum mental health, these structural and intermediary determinants can be enablers or barriers to achieving better health outcomes for mothers. Figure 1 illustrates this relationship. Fostering an environment in which seeking help for postpartum mental health is normalized and supported is essential for the well-being of mothers. Specifically, understanding the social determinants that affect help-seeking behaviors for postpartum mental health needs can inform a multi-sectoral approach to promoting the mental and overall health of mothers.

3. METHODS

This study adopted a qualitative research paradigm to examine the social determinants of seeking help for postpartum mental health, based on the lived experiences of new mothers. A qualitative research design is suitable to investigate how and why phenomena occur naturally. This naturalistic approach allows for a more authentic and in-depth understanding of the phenomena under investigation [12].

Specifically, this study used a phenomenological approach with a case study design to examine the lived experiences of new mothers seeking help for postpartum mental health issues. A phenomenological approach is appropriate for investigating individuals' firsthand accounts of a specific phenomenon and how they understand it [12]. This approach allows researchers to explore meanings within lived experiences, particularly how contexts can positively or negatively shape these experiences [13]. A case study design provides an in-depth analysis of a bounded system by examining a phenomenon in its real-life context [14]. It offers a multifaceted understanding of a phenomenon by considering various aspects, perspectives, and contextual factors [12, 14].

Setting and Participants

The Philippines is a lower-middle-income country, where the mother's mean age at first birth is 23.6 years and the total fertility rate is 2.77 children per mother. It spends 5.1% and 3.7% of its gross domestic product (GDP) on health and education, respectively [15]. Despite the recent passage of the Mental Health Act and Universal Health Care Law, only a small portion of the country's healthcare budget (approximately 5%) is allocated to mental health. Additionally, there is a shortage of resources for mental health, with only 7.76 hospital beds and 0.41 psychiatrists available to every 100,000 population. As a result, mental illness has become the third most common disability in the Philippines, affecting an estimated six million Filipinos, who suffer from depression and anxiety. The country now has the highest prevalence of mental health issues in the Western Pacific region, ranking behind only two other nations [16].

This study was conducted in Quezon City, the most populated city in the Philippines [17]. Specifically, District 2 of Quezon City was chosen as the research setting because of its large population, number of registered live births, and number of women of reproductive age. These demographic factors were considered to enhance access to eligible study participants.

To be included in the study, participants had to 1) give birth for the first time within the last year, 2) be of legal age at the time of giving birth, 3) reside in and give birth in District 2 of Quezon City, and 4) be available for interview. However, those diagnosed with depression or other mental health illnesses before giving birth and those scoring above 10 on the Edinburgh Postnatal Depression Scale upon screening were excluded from the study. The recruitment of study participants using convenience sampling continued until data saturation was reached, or when no new themes emerged from the collected data.

Data Gathering

The data were gathered through semi-structured interviews. The interview schedule was pretested with similar sample demographics. It comprised ten open-ended questions aimed at understanding the lived experiences of the study participants in seeking help for postpartum mental health, particularly the social determinants that they perceived as enablers and barriers. These open-ended questions, which were translated into Filipino, included the following:

1) What is your understanding of postpartum mental health?
2) How does mental health affect your ability to function from day to day?
3) Do people in your household or community acknowledge mental health, specifically, postpartum mental health? Can you cite instances?
4) Does your household address mental health issues? Why or why not?
5) Are you comfortable reaching out for help from your family or healthcare provider regarding your mental health? If not, what are the reasons for reaching out that would be difficult?
6) Who do you go to when it comes to experiencing mental health problems? Why them?
7) How do your living and/or working conditions affect mental health?
8) Looking back during your pregnancy, what factors do you think have impacted your mental health?

9) Was there a significant event or series of events that contributed to your mental health? What are these events?
10) What factors do you think helped you overcome/maintain your mental health?

Asking open-ended questions can provide study participants with space to express their perspectives in detail. This approach allows researchers to gather pertinent information on a topic and uncover additional insights that might otherwise be overlooked [18].

Data Analysis

The audio recordings of the interviews were transcribed word-for-word to capture all relevant details, including words, pauses, and intonations. Each verbatim transcript was read and re-read as part of immersion with the data. The transcripts then underwent coding that involved assigning meanings to significant words, phrases, or statements. Similar codes were combined into initial themes using the research questions as a guide to identify, describe, and interpret the shared experiences of study participants. Subsequently, related themes were grouped into larger categories. The tentative categories of themes were further refined by organizing them according to the research questions. Finally, invariant themes emerging from these categories were reported as the findings. Bracketing or putting aside prior knowledge and assumptions was practiced throughout the analysis [19].

Trustworthiness

Several steps were undertaken to ensure the trustworthiness of the findings of this study. First, the research process was detailed to establish a clear audit trail. Second, prolonged engagement with the data was performed. Third, member checking was carried out to obtain participants' feedback on the interpretations and findings, ensuring that the conclusions of the study accurately reflect their viewpoints and experiences. Fourth, a comprehensive description of the social phenomenon under study was provided to facilitate the applicability of the findings in various settings and contexts. Fifth, peer debriefing was conducted throughout the research process. Lastly, reflexivity was practiced to account for any personal bias that may impact the analysis and interpretation of the collected data.

4. FINDINGS

Twelve mothers participated in this study. Their ages ranged from 21 to 35 years old. Two (17%) study participants were legally married, while ten (83%) cohabited with their partners. Seven (58%) of them completed high school, one (8%) was in third year college, and four (33%) graduated from college. Nine (75%) participants were unemployed and three (25%) were employed. They were interviewed approximately 0.5 to 11 months after giving birth.

Structural Determinants

The structural determinants of help-seeking behaviors for postpartum mental health include employment status and working conditions as enablers and social perceptions of mental health, societal expectations of motherhood, and financial capabilities as barriers.

Enablers. Most study participants were stay-at-home mothers whose unemployment status allowed them to prioritize their mental health after giving birth. Meanwhile, working conditions, such as provisions for maternity leave and work-from-home arrangements, benefited the employed mothers. Maternity leave, for instance, helped participant 9/27D as she could focus on her well-being and, when needed, access mental health support while adjusting to motherhood. The work-from-home arrangements after maternity leave offered them the flexibility to balance work and personal life, focus on self-care, and, if necessary, seek help for mental health reasons.

Barriers. Social perceptions of mental health were found to be a barrier to seeking help for postpartum mental health issues. The interviews revealed that common perceptions of mental health issues were often dismissive, perceiving them as unimportant and burdensome for both mothers and their support networks. Participant 10/13E stated, "Some people say they can't help, even when they have the ability to do so," indicating that support systems often fail to give importance to mental health. Some, such as participant 10/13C, preferred to keep their mental health issues to themselves and did not seek formal or informal support because they viewed help-seeking as inconvenient.

The expectation that mothers should handle their own mental health issues is another barrier to seeking help. According to participant 10/13C and others, being a mother required a certain level of maturity, which meant not talking too much about one's problems. Participant 10/4A also believed that having a baby and being at the right age demanded maturity on their part. This maturity, as some participants conveyed, involved being independent and not relying on others for their problems. These societal expectations of motherhood have deterred participants from seeking help for their mental health needs.

Eight participants mentioned that their financial hardship prevented them from seeking formal help for postpartum mental health concerns. Participants 10/13C and 10/20B, for instance, expressed concerns about the cost of seeking formal help and the lack of financial resources to afford it. With most of them dependent on their fathers' or husbands' income for the daily needs of their families, their mental health became the least of their priority. This

lack of financial capability has hindered the consideration of mental health support.

Intermediary Determinants

Intermediary determinants that enable help-seeking for postpartum mental health include direct and indirect communication, familiarity, informational support, perceptions of formal sources of help, and the severe nature of the situation. Conversely, hindrances include communication barriers, inadequate emotional support, fear, responsibilities associated with motherhood, and belief in self-reliance.

Enablers. Most participants credited their families to whom they could seek informal help with their mental health concerns. Their families provided mental health support using both direct and indirect methods of communication, one of which was "*pakikiramdam*," a Filipino trait that involves empathizing. By openly discussing their mental health problems with their families, participants 9/27D and 10/13D received support and encouragement. They acknowledged the importance of effective communication in solving their problems, especially when they felt overwhelmed or required help. Additionally, they perceived that even simple verbal affirmations could help to ease their difficulties. Participant 9/27A also noted that their families were sensitive and emphatic to each other's feelings, which allowed them to address issues non-verbally despite not engaging in explicit discussions about mental health concerns.

The level of familiarity with individuals from whom help would be sought was found to be an enabler of help-seeking for postpartum mental health. Participants mentioned that having a certain level of familiarity with a person makes it comfortable for them to be open about mental health difficulties. Five of the twelve interviewed participants highlighted the value of consulting with someone who already knew and understood their context. For instance, Participant 10/13D sought help from her partner first when experiencing mental health problems because he understood her better. Participant 10/13B, however, preferred to seek help from her parents over other sources because of her close relationship with them. Participant 10/20B frequently sought help from her mother, partner, and sister as she trusted them.

Knowing that they shared experiences with other mothers enabled them to seek help from each other for their postpartum mental health. For instance, Participant 9/29A shared that talking about experiences with other mothers provided her with strength. She said, "When we see each other every morning and bring our babies out for sun exposure, we discuss our experiences as mothers. We are each other's source of strength, and it reassures us that our experiences are normal." The mothers in their neighborhood, viewed as sources of knowledge and advice on motherhood, motivated the participants to seek help from them for their mental health needs after giving birth.

Positive perceptions and experiences with formal sources of help made the participants comfortable seeking assistance for postpartum mental health from healthcare professionals. Participant 10/20A was contented with seeking help from their community health center, as the staff was knowledgeable about postpartum mental health concerns and provided them with guidance on how they could cope. Participant 10/20B also found that these formal sources of help not only assisted mothers in the postpartum stage but also provided advice on how their support systems can help.

All but one participant indicated their willingness to seek help from informal and formal sources, but only in extreme cases, such as when their mental health problem reached a critical point or they experienced severe symptoms, including extreme depression. When asked to provide more detail, they mentioned insomnia, self-harm, ineffective coping mechanisms, and inability to handle problems by themselves as indicators that they needed to seek help. The severe nature of their mental health prompted them to consider seeking assistance. Based on their responses, participants notably demonstrated three levels of mental health help-seeking behavior: first, attempting to manage the issue individually; second, seeking help from informal sources, such as family and friends; and third, resorting to formal sources when informal support was insufficient.

Barriers. A barrier that new mothers face in seeking mental health support is the difficulty in communicating their postpartum experiences, particularly with household members, who have not experienced motherhood. For instance, participant 9/27B found it challenging to discuss her experiences with some household members as they could not relate to what she was going through. As a result, she preferred to connect with other mothers, who understood her situation. Some participants also expressed feeling discouraged from being open about their mental health concerns because of a lack of understanding from those around them. Living and working arrangements posed another challenge for participants 9/27C and others, as they were unable to always communicate with family members, who were unavailable due to work.

If emotional support from informal sources plays a crucial role in promoting postpartum mental health help-seeking behavior, its absence can hinder this process. Participants 9/27A and 9/27B, for instance, pointed out that a gap in communication within families could discourage mothers from seeking help. Participant 10/20A also emphasized that the lack of discussion about mental health within their households and communities could intensify the sense of isolation felt by new mothers and prevent them from seeking help for their mental health concerns.

Another factor that served as a barrier for mothers from seeking help for postpartum mental health was their fear of being misunderstood, gossiped about, and burdensome to others. Participant 9/27B and others expressed their fear of being misinterpreted if they would be open about their mental health concerns. Participant 10/20B shared that they hesitated to talk about their mental health issues with others because of the fear of becoming a topic of gossip. Participants 9/27D and 10/13B also expressed fear of causing inconvenience to others, considering that they also had problems of their own.

Barriers to postpartum mental health help-seeking behaviors among new mothers included personal beliefs about the responsibilities associated with motherhood, such as the need to be hands-on with their newborns. Participant 10/13C expressed that she would take care of her baby rather than seek help, even if it meant sacrificing her mental health. Furthermore, the sense of responsibility that mothers must handle in all aspects of family life, including their mental health, could hinder them from seeking help. For participant 10/13C, her belief that she should be capable of solving her own issues and be self-reliant prevented her from seeking informal and formal help for mental health concerns.

5. DISCUSSION

The Social Determinants of Health Framework can be used to understand the interaction between enablers and barriers to seeking help for postpartum mental health issues. Structural determinants, including socio-economic context, political context and socioeconomic position, were common among the participants, as they shared favorable working conditions, similar perceptions of mental health, expectations about motherhood, and experiences of financial struggles. These structural determinants influence the intermediary determinants, most of which are psychosocial factors that dynamically affect each other. Perceptions of formal assistance in the healthcare system can also affect how mothers behave when seeking help for mental health after giving birth.

Structural Determinants

Help-seeking among postpartum women regarding their mental health can be normalized when their social environments recognize the unique challenges that mothers face and provide the necessary resources to support their overall health. Being a stay-at-home mother, for instance, presents them with opportunities to focus on self-care and seek mental health support without worrying about their responsibilities in the workplace. Similarly, social policies, such as provisions for maternity leave and work-from-home arrangements, make it easier for employed mothers to seek help from informal and formal sources about their postpartum mental health because these accommodations allow them to better manage their professional and personal responsibilities [21].

Negative attitudes toward mental health, on the other hand, tend to discourage mothers from seeking help for postpartum mental health issues. These societal attitudes often result from misconceptions, stigmas, and a lack of understanding of the importance of mental health [22]. In societies in which mental health is not prioritized or discussed openly, postpartum women may not recognize the signs and symptoms of mental health issues, making it more challenging for them to seek help. Normalizing discussions about mental health, providing accurate information, and fostering a culture of empathy and support are essential steps toward creating an environment in which mothers feel encouraged to seek help for postpartum mental health issues without fear of judgment or discrimination [23].

The expectation that mothers should handle their own mental health difficulties also poses a significant barrier in seeking help. This expectation is rooted in societal norms and cultural beliefs regarding motherhood, often emphasizing self-reliance, maturity, and the idea that mothers should be able to manage their challenges independently. Addressing this barrier involves challenging and reshaping societal norms surrounding motherhood. Efforts should focus on acknowledging that seeking help is a sign of strength and responsibility rather than a display of weakness among mothers [24].

Acknowledging mental health concerns is a crucial first step in seeking assistance; however, this process can be hindered by associated costs, particularly when it comes to seeking formal help for mental health issues. The need for prolonged care for mental health concerns can create financial strain, making it difficult for postpartum women to seek mental health support actively. Addressing this barrier requires comprehensive strategies, including financial assistance programs, increased accessibility to affordable mental health services, and awareness campaigns that emphasize the importance of mental healthcare in the promotion of women's health. Community health centers can also provide valuable resources and assistance to postpartum women experiencing mental health concerns [25].

Intermediary Determinants

Several psychosocial factors affect postpartum women's decisions to seek help for mental health problems, including communication, familiarity, informational support, perceptions of formal help sources, and severity of the situation.

First, open and respectful communication within families allows for the sharing of emotions, needs, and concerns as part of seeking informal help regarding mental health issues. *Pakikiramdam* or being sensitive to non-verbal cues as a way to feel for another is also helpful in nurturing understanding, connection, and trust, which are crucial in seeking informal help [26].

Second, mothers are more likely to reach out for support when they are familiar with those they seek informal help from. Support and encouragement, especially from close relationships, play an important role in facilitating mental health help-seeking behaviors during the postpartum period [27].

Third, having access to individuals, who share similar experiences related to pregnancy, childbirth, and motherhood, makes it easier for new mothers to seek help and navigate mental health challenges during the postpartum period. These individuals can provide practical insights, empathetic understanding, and a supportive environment that encourages seeking assistance for mental health concerns [28].

Fourth, positive perceptions and encounters with formal sources of help are important considerations for new mothers seeking mental health support. The perceived expertise, experience, and qualifications of healthcare providers can influence their decision to seek help for postpartum mental health [29]. Healthcare providers should prioritize building trusting and supportive relationships with new mothers. This involves effective communication, active listening, and empathetic and non-judgmental support. They should also ensure that new mothers feel comfortable discussing their mental health concerns and are aware of available treatment options.

Lastly, mothers are more likely to seek formal help when their mental health concerns differ from usual. A deviation from the norm serves as a prompt for seeking professional help, and the severity of their symptoms determines the type of help they would seek [30]. Efforts should be made to improve access to professional help by integrating mental health screening and support with routine postpartum care.

Psychosocial factors that act as barriers to seeking help for postpartum mental health issues include difficulties in sharing experiences, inadequate emotional support, fear of being misunderstood, gossiped about, and burdensome to others, perceived responsibilities associated with motherhood, and belief in self-reliance. Mothers' inability to disclose their postpartum experience due to a perceived lack of understanding from others is a common barrier to seeking help [31]. Gaps in communication and limited discussions about mental health within families and communities contribute to this feeling of inadequate emotional support [32]. Additionally, their belief that mental health issues are insignificant or unimportant, influenced by stigma, hinders them from seeking informal and formal sources of help [32, 33]. Their belief that taking time for their own well-being would hinder fulfilling their roles as mothers is another significant barrier. Feelings of inadequacy for not being a good and capable mother also prevent them from seeking help for mental health concerns during the postpartum period. Addressing these barriers requires a comprehensive approach, including targeted interventions, education, and awareness campaigns to promote open communication, reduce stigma, and foster a supportive environment for postpartum women to seek the mental health support that they need [32].

6. LIMITATIONS AND FURTHER RESEARCH

The implications of this study should be considered in view of several limitations. While this study provides valuable insights into the social determinants of help-seeking behavior for postpartum mental health, addressing its limitations in future research can offer a better understanding.

First, this study was conducted in an urban district in the Philippines, which may limit the generalizability of the findings to other cultural or geographical contexts. The unique sociodemographic characteristics of the chosen district may not fully represent diversity within the country. Future studies should consider diverse settings to capture a broader range of experiences and perspectives. This can enhance the external validity of the findings and contribute to a more comprehensive understanding of social determinants in different contexts.

Second, this study used convenience sampling to recruit participants, which can potentially introduce selection bias as only those accessible and willing to participate were included. This may have affected the representativeness of the sample and limited the external validity of the findings. Future research should employ other sampling strategies, such as random sampling, to enhance the representativeness of the study population.

Third, excluding participants with pre-existing mental health conditions or high scores on the Edinburgh Postnatal Depression Scale might exclude a subgroup of postpartum women, who may have unique perspectives and experiences related to seeking help for mental health issues. Further studies should include participants with pre-existing mental health conditions to explore the unique challenges faced by this subgroup and investigate the experiences of women with severe postpartum mental health issues to gain insights into the specific challenges faced by those with more pronounced symptoms.

Finally, participants may provide socially desirable responses wherein they present themselves in a favorable light or align their answers with societal norms. This bias could impact the authenticity of shared experiences, particularly regarding sensitive topics, such as mental health. Future studies should combine qualitative findings with quantitative data to triangulate the results and provide a more robust understanding of the social determinants of help-seeking behaviors for postpartum mental health.

By exploring diverse contexts, including a wider range of participants, and employing mixed-methods approaches, future studies can build on these findings to develop

effective strategies and interventions that can improve the mental health and well-being of postpartum women.

7. CONCLUSION

The Social Determinants of Health Framework provides a comprehensive lens for examining the multifaceted dynamics of seeking help for postpartum mental health issues in women. This study delved into both structural and intermediary determinants, recognizing the interplay between societal factors and individual psychosocial experiences in seeking help. The normalization of seeking mental health support can be facilitated by acknowledging the unique challenges faced by postpartum women. Creating an environment that normalizes help-seeking, dismantles negative attitudes, and challenges unrealistic expectations is paramount. Healthcare providers play a key role in challenging and reducing the stigma surrounding mental health issues, including postpartum depression. By openly discussing mental health, normalizing help-seeking behaviors, and emphasizing that seeking help is a sign of strength, healthcare providers can help reduce the barriers to seeking support. Educating new mothers about the importance of seeking help for postpartum mental health and empowering them to advocate for themselves are also crucial. This can be achieved through prenatal education programs, support groups, and online resources that provide information about postpartum mental health, available support services, and how to access them. By understanding and addressing the social determinants that influence help-seeking behaviors for postpartum mental health, society can better support the well-being of mothers during this critical period.

8. DECLARATION OF COMPETING INTERESTS

The authors declare that they have no conflict of interest.

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