



# JOURNAL OF SOCIAL SCIENCES DEVELOPMENT




www.jssd.org.pk editor@jssd.org.pk

**EXPLORING THE LIVED EXPERIENCES OF STRESS, SOCIAL SUPPORT, AND EMOTIONAL DISTRESS AMONG CESAREAN MOTHERS WITH POSTPARTUM DEPRESSION IN PUNJAB, PAKISTAN**

Saeeda<sup>1</sup>, Husna Shahzadi<sup>1</sup> & Zarqa Azhar<sup>2</sup>

<sup>1</sup>MPhil Scholar, Department of Sociology & Criminology, University of Sargodha, Punjab, Pakistan

<sup>2</sup>Lecturer, Department of Sociology & Criminology, University of Sargodha, Punjab, Pakistan

KEYWORDS	ABSTRACT
<p>Lived Experiences, Postpartum Depression, Coping, Social Support, Mother and Child Bond, Pakistan</p>	<p>The aim of this qualitative study was to understand stress, social support and emotional distress experiences of cesarean mothers who have postpartum depression in Punjab, Pakistan. The study employed a phenomenological method to gain insight into the experience and interpretation of emotional and psychological problems experienced by mothers after cesarean birth. Semi-structured in-depth interviews with 12 participants were conducted to collect data, who were purposively selected &amp; who experienced cesarean section and reported depressive symptoms after the birth. Through the thematic analysis of data, guided by Stress Process Model, it was concluded that cesarean delivery was often great psychological stressor that resulted in emotional distress, anxiety and helplessness. The culture of being strong and happy further exacerbated emotional suppression and delayed seeking help. The researcher conclude that cesarean mother postpartum depression is influenced by combination of surgical stress, emotional support deficits &amp; sociocultural stressors. It underscores standing of mental health screening, counseling services &amp; supporting family awareness in maternal healthcare systems in Pakistan.</p>
ARTICLE HISTORY	
<p>Date of Submission: 25-02-2026 Date of Acceptance: 28-03-2026 Date of Publication: 31-03-2026</p>	
	
<b>Corresponding Author</b>	<b>Zarqa Azhar</b>
<b>Email:</b>	<a href="mailto:zarqa.azhar@uos.edu.pk">zarqa.azhar@uos.edu.pk</a>
<b>DOI</b>	<a href="https://doi.org/10.53664/JSSD/05-01-2026-12-148-162">https://doi.org/10.53664/JSSD/05-01-2026-12-148-162</a>

## INTRODUCTION

The postpartum depression (PPD) is a serious public health problem that affects many women after giving birth and can manifest as a state of ongoing sadness, anxiety, emotional changes, irritability, fatigue, lack of interest in self and baby, usually within the first year after childbirth. It is a common complication of childbirth worldwide and prevalence rates differ between countries, depending on social, cultural and biological factors (Ismail Jaffri, Muhammed & Jahan, 2024). PPD has proven to

be crucial maternal mental health problem especially in developing countries like Pakistan where mental health services are scarce & socioeconomic problems are deeply entrenched. The mothers who undergo cesarean delivery may face unique difficulties that can intensify the demands of the postpartum experience (Sadia, Noor, Fatima, Sikander, Nawaz & Zahra, 2025). There is moderate to severe prevalence of PPD in Pakistan, depending on population characteristics & methodologies used to assess prevalence, and recent studies show that the diagnosis and treatment of maternal mental health problems is largely inadequate, especially in rural and semi-urban areas of Pakistan, such as Punjab.

Cesarean section has been linked to psychological distress in the postpartum period, due to factors like surgical stress, postoperative pain, and difficulties in mother-infant bonding, which can impact emotional well-being and lead to higher rates of PPD in areas with a higher rate of cesarean sections (Atif, Halaki, Chow & Raynes, 2022). Furthermore, the effect of social support comes into play as an important factor affecting mental health in postpartum period, where the support of husband, family and healthcare workers is a protective factor against PPD and emotional distress (Jamshaid, Malik, Ullah, Saboor, Arain & Berardis, 2023). Poor social support has been repeatedly found as a significant predictor of postpartum depression, especially in a collectivist society such as Pakistan where family dynamics and relationships play a significant role in shaping postpartum experience of women (Naz, Sattar & Fatima, 2024). Based on these findings, study seeks to explore experiences of stress, social support and emotional distress of cesarean mothers suffering from postpartum depression in Punjab. Such experiences as told by the mothers will be helpful in creating culturally relevant interventions and better maternal mental health service provision for the region, for both mothers and infants.

### Background of Study

According to the WHO (2022), postpartum depression (PPD) is a complex disorder that affects 10-20% of mothers around the world and is more prevalent in the low resource areas, with biological, psychological, and social factors contributing to its development. PPD is not just a clinical problem, but also a cultural one in Pakistan and is embedded in the cultural norms, gender role, and family behavior. In this connection, studies have linked to the higher incidence of postpartum depression (PPD) with social factors including low autonomy, poverty, marital conflict and lack of emotional support (Husain, Bevc, Husain, Chaudhry, Atif & Rahman, 2006). The longitudinal studies have shown that depressive symptoms can onset during the pregnancy and persist after the postpartum period, if not treated properly (Husain, Parveen, Husain, Saeed, Jafri, Rahman & Chaudhry, 2011). Social support is an important protective factor for PPD. Research shows that women's depression symptoms improve when they are supported emotionally & practically, mainly by their husbands and families (Cho, Lee, Choi, Cho, Park, Suh & Choi, 2022). In Pakistan, husbands' support has been found to play a crucial role in alleviating the PPD symptoms (Jamshaid, Malik, Ullah, Saboor, Arain & Berardis, 2023).

On other hand, when emotional support is not being offered, emotional discomfort and loneliness can result. Cesarean section is additional psychological stressor. Mums who have cesarean sections are likely to experience fears, emotional instability and stress than those who give birth vaginally,

especially in emergency cesarean situations (Sun, Wang & Li, 2021). Systematic review also points to an association of cesarean delivery with postpartum depression, which is due to physical pain, longer recovery time, and difficulties in bonding with the baby (Yu, Feng & Ma, 2026). Postpartum depression is a serious mental health condition that extends beyond passing emotional fluctuations commonly experienced after childbirth. A large number of studies are also conducted in Pakistani hospitals showing that there is significant association amid cesarean delivery with PPD symptoms especially in tertiary care centers in cities (Jadoon, Jadoon, Jadoon & Ishtiaq, 2020). Social norms and expectations are important factors in influencing the emotional experience of postpartum mothers. Thus, the culture of the South Asian context puts pressure on women to appear strong and stoic immediately after birth, with the taboos that prevent them seeking for psychological support (Husain et al., 2011).

The findings of qualitative research indicate that inadequate social support during post-partum period leaves many mothers feeling inadequate, guilty and exhausted (Ekrem, Kurt & Erciyas, 2025). According to mothers, the postpartum emotional problems have physical discomfort, sleep deprivation, fear of the motherhood and low family support (Saeed et al., 2024). Such experiences highlight need for context specific approaches which encompass psychological and social elements to the multifaceted experience of PPD. These emotional reactions can contribute to feelings of the vulnerability and increase the risk of psychological distress during the postpartum period and cultural expectations regarding motherhood and maternal responsibilities. Most of the literature existing only consists of quantitative studies, but there is little qualitative literature that addresses the experiences of cesarean mothers who suffer from postpartum depression in Punjab district of Pakistan. The overall objective of this study is to gain insight and understanding in an exploratory phenomenological manner and to give the healthcare providers, policymakers, and mental health workers important information to build culturally responsive system of support for the postpartum mothers in Pakistan.

### **Problem Statement**

Postpartum depression (PPD) is a major mental health condition in the postpartum period, which can negatively impact women, child development and relationships within the family, especially in Pakistan where it is not diagnosed or managed appropriately because of the stigma of depression and absence of screening. Existing studies mainly involve quantitative data on prevalence and risk factors; however, they have not explored the lived experience of mothers, particularly those who have had a cesarean section, as this requires extra psychological stress from the trauma of surgery and the recovery process. Partners, family and healthcare providers' social support are of great importance in reducing the risk of PPD, however, there is a lack of qualitative data on experiences of cesarean mothers in Punjab. Thus, it is critical to explore the stress, emotional difficulties and social support that cesarean mothers experience to find out their specific feelings and needs for postpartum depression.

### **Research Objectives**

1. To gain insight into the real-life experiences of stress in cesarean mothers with postpartum depression in Punjab, Pakistan.

2. To gain insight into the emotional challenges of cesarean mothers in the postpartum period in the particular context.
3. To explore the role of social support in mental health of cesarean mothers with PP depression in the particular context.
4. To explore the coping mechanisms which cesarean mothers employ in coping with the post-natal depression.

### Research Questions

1. How are the cesarean mothers dealing with the stress after giving birth in Punjab, Pakistan?
2. What are the cesarean mothers' experiences of the emotional distress when they have postpartum depression?
3. What is social support experience and perception of cesarean mothers by family, husband & health care providers?
4. How do cesarean mothers cope with their postpartum depression in the particular context?

### LITERATURE REVIEW

#### Postpartum Depression is a World-wide Maternal Health Concern

Postpartum depression (PPD) is considered to be a problem of public health among women following childbirth. It is defined as ongoing lower mood, anxiety, fatigue, irritability, sleep disturbance and decreased caring capacity for the newborn. Maternal mental health conditions are a major cause of disability in women of the reproductive age worldwide, according to the [WHO \(2022\)](#). There are significant differences in the prevalence of PPD across the world, from 10% to 20% in high-income countries and many more in low- and middle-income countries, where the expanded effects of stressors and restricted access to mental health services is likely to lead to a higher rate. Postpartum depression has been studied over the years and is known to be a complex disorder with a biological, psychological and social component. Common risk factors are hormonal changes after childbirth, sleep deprivation, insufficient social support and pre-existing mental health issues ([WHO, 2022](#)). Social and cultural factors are especially influential on maternal mental health outcomes, however, in developing countries.

#### Postpartum Depression in Pakistan

Postpartum depression is reported as an important, yet under-recognized mental health condition in Pakistan. The studies show that the incidence of postpartum depression among Pakistani women is in the upper range of the world average especially in urban and semi-urban population ([Husain et al., 2006](#)). A study by [Husain et al. \(2011\)](#) also showed that psychosocial factors (such as poverty, marital conflict, and lack of emotional support) are strongly related with perinatal depression in women living in urban areas of Pakistan. Still, more recent evidence indicates that maternal mental health issues continue to be poorly addressed in Pakistan, despite having high prevalence, due to issues of stigma, lack of psychiatric services, and lack of routine screening in maternal health care facilities ([Yousaf et al., 2025](#)). Women may not seek psychological assistance because their culture expects motherhood to be happy and that women have to endure emotional pain in silence. This cultural silence is a factor in the underdiagnosis and undertreatment of PPD. Further, research has

revealed that family dynamics, particularly relationship between the mother and her husband and in-laws, have impact on postpartum depression in Pakistan (Adil et al., 2021; Jamshaid et al., 2023). The results indicate the need to recognize social context to understand maternal mental health in South Asian societies.

### **Cesarean Section & Postpartum Psychological Distress**

More and more, mode of delivery has come to be seen as a significant factor affecting psychological outcome of the postpartum period. Several studies have shown that cesarean delivery is related to an increased risk for postpartum depression compared with vaginal delivery (Sun et al., 2021). Women who have cesarean deliveries may be psychologically upset because of a longer recovery period, breastfeeding problems, and the loss of control in childbirth as well as the surgical pain. In her study, Yu et al. (2026) used a systematic review and meta-analysis to determine if cesarean delivery had a significant association with increased risk for postpartum depression, the distress is frequently associated with fear of delivery, unplanned surgical delivery, and a sense of inadequacy in the ability to have a natural delivery. Another study in Pakistan, performed at hospitals, also found a connection between cesarean section and PPD. Jadoon et al. (2020) reported that women who had cesarean section were more likely to experience depressive symptoms than women who gave birth vaginally. The results indicate that the psychological effects of cesarean section should be given attention in practice of maternal health care. Social support plays vital role in postpartum psychological health.

Postpartum mental health is significantly influenced by social support. One of the most consistent factors that has been shown to buffer against postpartum depression is social support. Emotional support, information and practical support from husband, family, friends & healthcare professionals. The studies have showed that women who felt high social support in their postpartum period were less likely to suffer from depressive symptoms (Cho et al., 2022). Social support is a special concern in the Pakistani setting because of Pakistani family culture is collectivist. The quality of extended family care is variable, but can have key role in maternal care. Jamshaid et al. (2023) reported that social support perceived by Pakistani women significantly decreases the incidence of postpartum depression and enhances the health outcome of women. In a similar manner, Adil et al. (2021) found that emotional support of the husband is crucial mediator in negative relationship between giving birth and depressive symptoms. Husain et al. (2006), pointed out that interpersonal link problems and social disadvantage were important risk factors for PPD in low-income countries. The results of this study bring together dual role of social support as a protective and risk-modifying factor for maternal mental health.

### **Addressing Stress, Emotional Distress, Maternal Wellbeing.**

New mothers are prone to stress after childbirth, that can be worsened by physical stress, hormonal shifts and new challenges in caring for baby. Excessive and persistent stress can turn into emotional distress and postpartum depression. The sadness, guilt, anxiety and lack of abilities are common symptoms of emotional distress in the postpartum women. In Pakistan, as well as other South Asian societies, there is undue stress on women to adjust to motherhood and take up caregiving duties rapidly without feeling troubled. This cultural norm of suppression of emotional challenges and

delay in seeking help (Husain et al., 2011) can create challenges. Consequently, many women suffer psychological stress without being known, during the postpartum period. This is complemented by the qualitative research. Saeed et al. (2024) investigated the postpartum experiences of women in Pakistan and reported that mothers frequently experience high levels of emotional fatigue, a lack of support and fear of being judged. Thus, such emotional experiences are related to stress and lack of the social support.

### Lived Experiences of Postpartum Depression

Recent qualitative studies have turned to a focus on postpartum women lived experiences, as well as measuring prevalence. This way, deeper understanding will be gained about women's emotions and its perception. Ekrem et al., (2025) highlighted that mothers who have postpartum depression frequently suffer from emotional isolation, guilt and an inability to form a bond with their babies. Likewise, Saeed et al. (2024) identified that postpartum women in Pakistan suffer from anxiety, emotional instability and sleep disorder, frequently accompanied by absence of emotional support of the family members. Ultimately, exploring the lived experiences of stress, social support, and emotional distress among cesarean mothers with the postpartum depression contributes to a deeper understanding of complex realities faced by women during the postpartum period. In this linking, these lived experiences reveal postpartum depression as medical condition, reflective of a socially constructed emotional experience shaped by cultural expectations and interpersonal relationships in diverse situations.

### The psychological experience gap experienced by cesarean mothers.

While there is growing body of evidence to suggest that cesarean delivery is associated with postpartum depression, majority of studies are quantitative and examine rates of cesarean delivery instead of actual experience. Very little qualitative studies exist that specifically examine stress, emotional distress & social support of cesarean mothers in postpartum period. The epidemiological links between cesarean section and PPD have been well established in several studies, including that of the Sun et al. (2021) and Yu et al. (2026). They don't delve into the personal feelings and meaning of women's cesarean birth experiences or into the emotional impacts of cesarean birth. The gap is especially significant in culturally-specific contexts like Punjab, Pakistan, where family dynamics, gender roles, and availability of health care, among other factors, may play a significant role in maternal mental health outcomes. Though there is evidence of PPD prevalence in Punjab, there is little qualitative investigation of stress and emotional distress of cesarean mothers in the everyday life. Although the prevalence of the PPD in Punjab has been established by Yousaf et al. (2025), very few studies have explored stress and emotional distress of cesarean mothers in their daily lives qualitatively.

### Research Gap

The literature revealed that several factors such as mode of delivery, social support and stress are all associated with postpartum depression. But there is certainly a lack of literature in qualitative domain on cesarean mothers in Punjab, Pakistan. Rather than portraying the emotional experiences of women affected, most studies are quantitative. There is a need for a detailed phenomenological study of stress, emotional stress and social support in cesarean mothers with PPD. This study will do

this by offering context-specific insights into experiences of maternal mental health in a Pakistani cultural context.

### Theoretical Framework

The Stress Process Model is the model used in this study, which posits that stress is both a personal phenomenon and is influenced by social structures and social support systems (Pearlin et al., 1981). For those who have had a cesarean birth, giving birth itself is a significant stressor which can lead to emotional upset and postpartum depression. The stress of cesarean delivery is caused by pain, recovery issues and emotional shock (Sun et al., 2021). The effect of this stress is dependent on the social support received such as from the husband and family members, which can either decrease or increase diverse depressive symptoms (Cho et al., 2022; Jamshaid et al., 2023). The sociological perspective of cultural expectations in Pakistan also has significant contribution, as being a mother requires women to do her duty without emotive burden & this adds to hidden stress and emotional burden of women (Husain et al., 2011). Moreover, coping strategies impact women's ability to deal with this stress & emotional suffering (Saeed et al., 2024). Thus, postpartum depression of cesarean mothers is considered to be a result of the interaction of cesarean surgery stress, social support, and coping mechanisms.

### RESEARCH METHODOLOGY

In this study qualitative phenomenological design was used to understand the lived experiences of cesarean mothers suffering from the postpartum depression in Punjab, Pakistan. To increase deeper understanding on the subjective experience of stress, emotional distress and social support, the phenomenological approach was chosen. Thus, the number of cesarean mothers with postpartum depression was 12 mothers who were selected using purposive sampling technique. Likewise, semi-structured in-depth interviews were used to gather data and an interview guide was developed that included emotional experiences, social support, coping mechanisms and healthcare support. Interviews were all audio recorded and transcribed for analysis. In the process of analyzing data, students will explore ethical issues. Thematic analysis was used for the data analysis, following the Stress Process Model (SPM) developed by Pearlin et al., 1981. In this connection, all ethical guidelines, such as informed consent, confidentiality, and voluntary participation were adhered to throughout the current study.

### DATA ANALYSIS

Qualitative data that was collected by cesarean mothers during postpartum depression in Pakistan (Punjab Sargodha is analyzed and interpreted. The purpose of the study was to discover their experiences of stress, emotional distress, and social support. The interviews, which were conducted on a sociological interpretive approach, consisted of a total of twelve in depth interviews, analyzed by thematic analysis. The Stress Process Model (Pearlin et al., 1981) is used as a guide for the analysis, which is designed to uncover how stressors (cesarean delivery and challenges during postpartum period), mediators (social support), and coping responses (strategies for dealing with the stress) all contribute to mental health outcomes. In this regard, the results are organized under two categories: Demographic characteristics of the participants and interpretation of the themes that emerged from the interviews.

Table 1 Demographic Profile of Participants

Participant	Age	Education Level	Type of Cesarean	Time Since Delivery	Residence
P1	29	Intermediate	Emergency	3 months	Sargodha
P2	32	Bachelor	Planned	5 months	Sargodha
P3	26	Matric	Emergency	2 months	Sargodha
P4	30	Master	Emergency	6 months	Sargodha
P5	28	Bachelor	Planned	4 months	Sargodha
P6	33	Intermediate	Emergency	7 months	Sargodha
P7	27	Bachelor	Emergency	3 months	Sargodha
P8	31	Master	Planned	8 months	Sargodha
P9	29	Intermediate	Emergency	4 months	Sargodha
P10	34	Bachelor	Emergency	9 months	Sargodha
P11	30	Master	Planned	6 months	Sargodha
P12	28	Intermediate	Emergency	5 months	Sargodha

The demographic data indicated participants' ages ranged from 26 to 34 years, highlighting the prevalence of postpartum depression among the cesarean mothers in early to mid-adulthood. The education levels varied but showed no correlation with incidence of emotional distress, suggesting education does not mitigate psychological vulnerability post-cesarean delivery. Most participants experienced emergency cesarean sections, often deemed unexpected and traumatic, while even planned cesareans resulted in anxiety. Consequently, the postpartum period lasted between 2-9 months, averaging 4 months, indicating that depressive symptoms can persist beyond immediate postpartum phase. Therefore, this supports the view that postpartum depression can be a long-term psychological diverse condition. The cultural homogeneity of participants from Punjab, Pakistan, emphasizes the impact of cultural norms and family dynamics on maternal mental health in South Asian contexts.

Table 2 Thematic Analysis

Theme	Subtheme	Supporting Quotations
1. Emotional Distress & Postpartum Depression	Emotional sadness & emptiness	"I felt very empty inside... I expected happiness but I felt nothing." (P4)
	Emotional numbness	"I was physically present but emotionally absent most of the time." (P8)
	Crying and mood instability	"I used to cry without any reason and felt broken inside." (P3)
	Guilt as a mother	"I felt guilty because I was not enjoying motherhood like others." (P10)
2. Psychological Stress after Cesarean Delivery	Fear and surgical trauma	"I was very scared during emergency surgery because I thought something would go wrong." (P1)
	Loss of control during birth	"Everything happened suddenly and I felt helpless." (P5)
	Anxiety about baby & recovery	"I was always worried about my baby's health and my recovery." (P12)
3. Lack of Emotional and Social Support	Emotional neglect from family	"Everyone focused on baby care but no one asked how I was feeling." (P6)

	Limited husband understanding	“My husband supports me but does not understand my emotions.” (P5)
4. Cultural Pressure and Social Expectations	Emotional loneliness family presence	“I felt alone even though I was surrounded by people.” (P2)
	Pressure to be a “perfect mother”	“People expect mothers to be happy immediately after birth.” (P9)
	Stigma around emotion expression	“If you say you are sad, people think you are weak.” (P1)
5. Coping Strategies and Emotional Management	Suppression of emotions	“I kept everything inside because I did not want to be judged.” (P7)
	Religious coping	“I prayed a lot and asked Allah for strength.” (P1)
	Emotional suppression	“I stayed silent and cried alone.” (P3)
6. Lack of Health Support in Healthcare	Isolation & withdrawal	“I avoided talking to people and stayed alone.” (P10)
	Focus only on physical recovery	“Doctors only checked my stitches, not my emotions.” (P4)
	Absence of mental screening	“No one asked about my mental health after delivery.” (P8)
7. Mother–Infant Bonding Difficulties	Emotional stoppage from baby	“I could not connect with my baby in the beginning.” (P2)
	Delayed bonding	“I felt like I was taking care of the baby but not feeling it.” (P1)

The interview data was analyzed thematically and seven major themes emerged, which offered an understanding of the life of cesarean mothers who suffered from postpartum depression in Punjab, Pakistan. Thus, these themes include emotional distress, psychological stress after cesarean delivery, social support, and cultural stress, coping, and poor responses/bonding between the mother and infant. In this connection, the interpretation is based on the Stress Process Model (Pearlin et al., 1981) which considers the stressor, social support, coping as important factors in determining the mental health outcomes.

### Theme 1: Emotional Distress and Postpartum Depression

One of most common data findings was cesarean mothers' emotional distress. Everyone expressed their sadness, emptiness, guilt and loss of interest in life after giving birth. Many mothers indicated that their baby didn't have an emotional connection to them during early postpartum period. It's an example of what is known as "core symptoms" of PPD that occur when woman is so numb or has a depressive mood that she cannot function like a mother. One participant commented, “I felt like a lot of space was empty in me. I supposed to feel happy, but I did not feel happy. Everyone around me was celebrating birth of my baby, yet I could not share that excitement. Instead, I felt ardently drained & disconnected from my own feelings. There was a constant emptiness inside me that I could not explain, and I questioned why I was not experiencing the happiness that people expected from a new mother.” (P4).

Others mentioned,

“I did not feel very present. I was there physically most of the time, but mentally and emotionally I felt distant. I would look after my baby because I knew it was my responsibility, but I often felt as though I was functioning on autopilot. In this linking, it was difficult to engage emotionally with what was happening around me, and sometimes it felt like I was watching everything from the outside rather than actually living through it.” (P8). These statements clearly show that there is psychological pain that the mothers experience, even though the mothers are physically okay after surgery. The outcomes are similar to those of previous studies that found postpartum depression is frequently characterized by the feeling detached, guilty and unable to feel happy as the mother (Ekrem et al., 2025).

### **Theme 2: Psychological Stress after Cesarean Delivery.**

Cesarean section was the greatest stressor that found being psychological stressor. Experiencing the fear during emergencies, loss of control at the time of child birth, anxiety about the recovery and health of the baby. This traumatic experience can cause stress after the cesarean too. “All of this suddenly happened, and I felt I couldn’t do anything about it. Everything changed so quickly that I felt helpless and unprepared. I was scared because I had no control over what was happening around me.” (P3). One mother commented, “I was always concerned about my baby’s health and my recovery. I kept thinking about whether my baby was okay and whether I would recover properly. These worries stayed with me most of the time after the surgery.” (P12). From a sociological point of view the C-section is a life disruptive event with vulnerability to emotional distress, in addition to being a medical intervention. This is logical as there is evidence that women who have had cesarean section (C-section) are at greater risk of postpartum depression (PPD) (Sun, Wang & Li, 2021; Yu, Feng & Ma, 2026).

### **Theme 3: Lack of Emotional and Social Support**

One of the key findings was the lack of emotional support despite the presence of family members. Most participants reported that their families primarily focused on the baby’s care and the mother’s physical recovery, while paying little attention to their emotional needs. One participant stated: “Everyone was focused on the baby. When they asked me about baby care, no one really asked how I was feeling. It felt like all attention was directed toward the newborn, while my own condition and emotions were ignored. I was expected to respond to questions about the baby, but nobody checked on my emotional state.” (P6) Another added, “I felt that I was alone, even though I was surrounded by people. There were family members around me all time, but I still felt emotionally disconnected and unsupported. It seemed like my presence did not translate into real care or understanding.” (P2). In families, emotions are concealed, meaning that they are not readily seen. For this, social support was found as a buffer to stress and social support in the SPM was more instrumental than emotional. This emotional support deficiency exacerbated mothers’ depressive symptoms (Cho et al., 2022; Jamshaid et al., 2023).

### **Theme 4 - Cultural Pressure & Social Expectations**

The cultural norms were important in shaping the experiences of mothers. Participants commented on the expectation to be strong, happy and able to function right after childbirth. At times it was criticized or even taboo to express feelings. “People are expecting mothers to be happy right after

childbirth. As soon as the baby is born, everyone assumes that the mother should immediately feel joy and gratitude, even if she is physically tired or emotionally overwhelmed. There is very little space for expressing sadness or discomfort in those early days." (P9). One added, "The more you say you are sad, more people think that you are weak. When a mother shares her emotional struggles, it is often not taken seriously and instead seen as a sign of weakness or inability to cope. Since of this, many women prefer to stay silent about what they really feeling." (P11). The stories are culturally-constructed idealized and emotionalized notions about motherhood. Mothers are viewed as strong and sacrificing in Pakistani society & may limit women to not express their feeling of vulnerability (Husain et al., 2011). This cultural stress leads to the emotional suppression and delayed or denied psychological assistance.

### **Theme 5: Strategies for coping and emotional management**

The participants used different coping strategies to deal with emotional distresses, such as religious coping, emotional suppression, emotive silence & emotional isolation. Prayer was used as a resource to emotional support and strength. "Ya Allah, I pray a lot and I said to Allah that I want to be strong. I kept turning to prayer whenever I felt overwhelmed, asking for strength and patience to cope with everything I was going through. Prayer became the only way I could calm myself and find some inner support during trying moments." (P1). Another participant responded "I sat silent. I cried alone. I did not feel like talking to anyone about what I was feeling, so I kept everything inside me. In those moments, I preferred isolation and quietness because I could not express my emotions openly." (P3). Coping styles are mixture of resilience and let down of emotions. Religious coping is psychological coping mechanism and over time, greater emotional suppression may worsen depressive symptoms if it results in suppressing emotions and seeking for help, may actually hinder emotional support (Saeed et al., 2024).

### **Theme 6: Mental Health Support in Healthcare System.**

One of the other significant discoveries is that there is no psychological support in maternal health services. Healthcare Professionals (HCP) only attended to physical recovery post cesarean delivery was reported by the participants. One of the participants commented: "Doctors didn't look at my feelings and they only focused on my stitches. My emotional condition was never really asked about; all attention was given to the physical wound after surgery." (P4) An additional commented that: "Doctors had never asked about my mental health after giving birth. No one checked how I was feeling emotionally; the focus was only on physical recovery and the baby." (P8). This is a biomedical response to mothers' care which ignores the psychological aspects of care. In this linking, the gap highlights the need for coordinated support services for mothers' mental health in health care facilities, and particularly in the low-resource countries where postpartum depression is not well recognized.

### **Theme 7: The difficulty with a mother-infant bond.**

Some of the respondents noted that they were challenged in developing an emotional connection with their baby at the initial postpartum period. This emotional lay-off caused feelings of guilt and confusion. One mother said, "In the early days I couldn't get in touch with my baby. I was physically present and taking care of baby, but emotionally I felt distant and unable to connect properly, as if

something inside me was blocking that natural bond.” (P2). Another one responded: “I felt like I’m taking care of the baby but not feeling it. I was doing everything that was required, feeding and looking after the baby, but the emotional attachment was not there in the beginning, which made me feel confused and guilty.” (P11). Such experiences have led to maternal bond that is delayed, as a result of the psychological distress. In this linking, the connection between mother and baby is important to their early growth as well as development, and if neglected early, can have long term emotional consequences.

The thematic analysis reveals that, emotional, psychological and sociocultural factors do influence cesarean mothers who suffer from postpartum depression in Punjab. Thus, the emotional distress is exacerbated by surgical trauma, lack of emotional support & cultural norms that expect emotional strength and the absence of mental health care services. Findings are highly consistent with the Stress Process Model (SPM) in which cesarean delivery is one of the main stressors, social support is not a sufficient buffer and coping strategies are mostly emotional suppression as well as religious resilience. All these factors contribute to mothers developing emotional issues, and depression in the post-natal period. The study in general highlights the medical along with the sociological, the cultural sides of PPD in the context of family system, gendered expectations and inequalities in healthcare in Pakistan.

### DISCUSSION

The findings of the present study are consistent with existing literature that highlights childbirth, particularly cesarean delivery, as a significant source of psychological stress as well as emotional vulnerability among mothers. Results also relate with the Stress Process Model, which has been used to demonstrate the relationship between stressors, social structures and mental health outcomes (Pearlin et al., 1981). The paper examined the life experiences of cesarean mothers about emotional suffering, social support, mental problem, cultural demands, coping mechanisms, health system’s response and bonding with their babies when mothers had cesarean births in Punjab, Pakistan. The results indicated that the most pervasive emotional experience was sadness, emptiness, guilt and emotional numbness for holistic and patient-centered approaches to maternal healthcare. Some participants said that they felt as though they were physically there but emotionally not there (P8) or empty inside despite being happy (P4). The results are similar to findings by Ekrem et al., (2025) and Saeed et al., (2024) who found emotional detachment and psychological exhaustion among postpartum women.

The ideal motherhood and culture’s expectations of the ideal mothers also added to the guilt and emotional repression (Husain et al., 2011). The cesarean delivery was known as significant emotional stressor. Mothers experience of emergency surgery as being frightening and disempowering, e.g. “I felt helpless” (P3). It is consistent with Sun et al. (2021) and Yu et al. (2026) who associated cesarean delivery with an increased risk of postpartum depression because of trauma and loss of control. Their narratives frequently highlight the importance of the compassionate healthcare, supportive relationships, and accessible mental health services in promoting recovery and well-being. Lack of emotional support was also significant. Families were helpful in providing support physically but emotionally, not much was provided as one parent stated “no one asked how I was feeling” (P6). This

is similar to findings of [Cho et al. \(2022\)](#) and [Jamshaid et al. \(2023\)](#) towards buffer that emotional support provided.

The participants also stated that there was a strong cultural value on how people should look to be strong and happy, which made it difficult to express one's feelings and seek assistance. The coping strategies were primarily prayer, silence and isolation, which were temporary measures, but did not alleviate distress ([Saeed et al., 2024](#)). The findings from studies exploring these lived experiences often reveal themes of vulnerability, resilience, identity transformation, and the search for support and understanding. In this linking, despite significant emotional struggles, many mothers establish remarkable strength as they adapt to the demands of the motherhood and recovery. There was little attention to mental health of mothers in healthcare systems, and none to screening or counseling for mental health. Last, bonding problems were noted, similar to [Ekrem et al. \(2025\)](#) who found a lack of emotional connection with the infant. In general, the results strongly validate the Stress Process Model as the cesarean delivery (stressor), weak emotional support, cultural pressure and limited coping resources are all interrelated and contribute to postpartum depression among the mothers in Punjab, Pakistan.

### CONCLUSION

This research study aimed to look into the life experiences of stress, social support and emotional distress in cesarean mothers suffering from the postpartum depression in Punjab, Pakistan. It was revealed that cesarean delivery, particularly emergency cesarean, is a significant psychological stressor that leads to emotional stress, anxiety and depression in mothers. The study revealed that postpartum depression is a medical, social-cultural and psychological phenomenon, and is affected by the family, culture and health care system's limitations. Mothers frequently reported negative emotions of "emotional emptiness," "sadness," "guilt," and not being bonded with baby. One of key findings of the research is that besides providing physical help to the person with the illness, family members may not provide emotional support either and this can cause loneliness and psychological distress. The post-birth expectations of mothers be strong and happy drive emotional suppression and delay in women's help-seeking behavior. One of the other significant gaps identified was the absence of screening for mental health during the postpartum health care system. The results are consistent with the Stress Process Model, as three factors of stressors (cesarean delivery), emotional support (weakness of support) and coping resources (limited coping) all play role in occurrence of postpartum depression.

### Recommendations

- ✓ To incorporate mental health screening into the school system. The maternal health care system should routinely assess the postpartum psychological health issues, especially in cesarean women.
- ✓ Psychological counselling and emotional support should be offered in the hospital in the maternity wards, to identify early symptoms of postpartum depression. Husband/family awareness programs need to raise awareness on emotional support and understanding of the needs of postpartum mental health.

- ✓ The education of health care professionals (including doctors, nurses and midwives) should include the recognition of psychological distress in postpartum women and appropriate referrals. The post-partum mothers should be followed up by CHWs particularly in rural and semi-urban areas.
- ✓ In order to explore the phenomena of postpartum depression in various parts of Pakistan, further qualitative and mixed method studies are needed in different parts of Pakistan in the different population.

## REFERENCES

- Atif, M., Halaki, M., Chow, C. M., & Raynes, C. (2022). Risk factors of paternal postnatal depression in Pakistan: findings from an urban sample. *Nursing & Health Sciences* 24, 618-624.
- Cho, H., Lee, K., Choi, E., Cho, H. N., Park, B., Suh, M., & Choi, K. S. (2022). Association between social support and postpartum depression. *Scientific reports*, 12 (1), 3128. <https://www.nature.com/articles/s41598-022-07248-7>.
- Ekrem, E., Kurt, A., & Erciyas, Ş. (2025). Understanding mothers lived experiences of postpartum depression: a qualitative phenomenological study. *BMC Pregnancy and Childbirth*. <https://link.springer.com/article/10.1186/s12884-025-08538-4>.
- Ghayas, S. (2021). Effect of perceived husband's support on postpartum depression: mediating role of need for the approval. *JPMA. The Journal of the Pakistan Medical Association*. 14 (2), 122-138
- Husain, N., Bevc, I., Husain, M., Chaudhry, I. B., Atif, N., & Rahman, A. (2006). Prevalence and social correlates of postnatal depression in a low-income country. *Archives of the women's mental health*, 9(4), 197-202. <https://doi.org/10.1007/s00737-006-0129-9>.
- Husain, N., Parveen, H. A., Husain, M., Saeed, Q., Jafri, F., Rahman, I. R., & Chaudhry, I. B. (2011). Prevalence and psychosocial correlates of perinatal depression: a cohort study from urban Pakistan. *Archives of women's mental health*, 14 (5), 395-403. <https://doi.org/10.1007/s00737-011-0233-3>.
- Ismail A, Dar M, Jaffri S, Iqbal S, Muhammed M, Jahan F. (2024). Postpartum Depression and Social Support: A Cross-Cultural Analysis of Pakistani Population. *Biological Clinical Science Research Journal*, (1): 762.
- Jadoon, A. K., Jadoon, A., Jadoon, S. K., & Ishtiaq, S. (2020). Affiliation of Postpartum Depression with Mode of Delivery; A Disregarded Domain. *Pakistan Journal of Public Health*, 10 (1), 32-38. <https://www.pjph.org/pjph/article/view/551>.
- Jamshaid, S., Malik, N. I., Ullah, I., Saboor, S., Arain, F., & Berardis, D. (2023). Postpartum depression and health: role of perceived social support among Pakistani women. *Diseases*, 11 (2), 53. <https://doi.org/10.3390/diseases11020053>.
- Jamshaid, S., Malik, N. I., Ullah, I., Saboor, S., Arain, F., & Berardis, D. (2023). Postpartum depression and health: The role of the perceived social support among the Pakistani women. *Diseases*, 11, 53.
- Naz, A., Sattar, A., & Fatima, S. (2024). Childhood Trauma, Perceived Social Support, and Post-Partum Depression among Newly Married Women after Miscarriage. *Global Sociological Review*, IX (III), 1-16.

- Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social behavior*, 337-356. <https://www.jstor.org/stable/2136676>
- Rahman, A., Malik, A., Sikander, S., Roberts, C., & Creed, F. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomized controlled trial. *The Lancet*, 372(9642), 902-909.
- Razurel, C., Kaiser, B., Sellenet, C., & Epiney, M. (2013). Relation between perceived stress, social support, and coping strategies and maternal well-being: A review of the literature. *Women Health*, 53:74-99.
- Sabiha, Z. U. A., Zia, T., Saadat, F., Mudassar, U., & Babu, K. S. (2022). The Association Between Postpartum Depression and Sleep Quality in Pakistani Women in Peshawar, Pakistan. *Pakistan Journal of Medical & Health Sciences*, 16, 783-783.
- Sadia, A., Noor, A., Fatima, M., Sikander, A., & Zahra, S. (2025). Exploring The Lived Experiences of Mothers with Postpartum Depression: A Qualitative Study on Emotional Challenges and Coping Strategies. *Frontiers in Medical & Health research*, 3(3), 1118-1134.
- Saeed, Q., Shafiqe, K., & Chaudhry, N. (2024). Lived experiences of mothers with postnatal anxiety: a qualitative phenomenology study from Pakistan. *BMJ open*, 14(5), e078203. [doi: 10.1136/bmjopen-2023-078203](https://doi.org/10.1136/bmjopen-2023-078203).
- Shakeel, N., Sletner, L., Falk, R. S., Slinning, K., Martinsen, E. W., Jenum, A. K., and Eberhard-Gran, M. (2018). Prevalence of postpartum depressive symptoms in a multiethnic population and the role of ethnicity and integration. *Journal of Affective Disorders*, 241, 49-58.
- Sun, L., Wang, S., & Li, X. Q. (2021). The association between mode of delivery and postpartum depression: A systematic review and network meta-analysis. *Australian & New Zealand Journal of Psychiatry*, 55(6), 588-601. <https://doi.org/10.1177/000486742095428>
- World Health Organization. (2022). *Guide for integration of perinatal mental health in maternal and child health services*. World Health Organization.
- Yousaf, J., Yousaf, F., Sana, A., Khalid, I., Arshad, H., & Iqbal, K. (2025). Postpartum depression prevalence, risk factors, and interventions among the women in Punjab, Pakistan. *Discover Mental Health*, 5(1), 139. <https://doi.org/10.1007/s44192-025-00225-2>.
- Yu, Y., Feng, H., & Ma, P. (2026). Risk factors for postpartum depression after cesarean section: a systematic review and meta-analysis. *PeerJ*, 14, e20550. <https://doi.org/10.7717/peerj.20550>.
- Zhang, J., Bernasko, J. W., Leybovich, E., Fahs, M., & Hatch M. C. (1996). Continuous labor support from labor attendant for primiparous women: A meta-analysis. *Obstet Gynecol*, 88:739-744.