

Maternal Health Literacy and Postpartum Depression: Recognition, Treatment Awareness and Help-Seeking Outcomes

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ABSTRACT

Background: Maternal health literacy plays a crucial role in postpartum mental health, influencing the recognition, understanding, and management of Postpartum Depression (PPD). **Objectives:** To examine the impact of maternal health literacy on symptom recognition, treatment awareness, help-seeking behavior, and recovery outcomes among postpartum mothers. **Materials and Methods:** A quantitative survey was conducted among 100 postpartum mothers in Ernakulam, Kerala, between six to twelve months after childbirth. Data were collected on awareness of PPD, sources of information, treatment knowledge, help-seeking behavior, and perceived barriers. **Results:** Although 96% of respondents were aware of PPD, only 34% knew where to seek professional help. Digital platforms (31%) and social media (21%) were the primary sources of information, whereas healthcare providers were underutilized (15%). A statistically significant association ($p=0.002$) was observed between understanding treatment options and willingness to seek help. Major barriers included stigma (47%), lack of knowledge (44%), and uncertainty regarding healthcare access (21%). **Conclusion:** The findings highlight the need to integrate maternal mental health education into prenatal and postnatal care, enhance awareness, and strengthen early intervention strategies. Improving health literacy may reduce stigma, encourage timely help-seeking, and improve maternal well-being, thereby mitigating long-term complications associated with PPD.

Keywords: Help-Seeking Behavior, Maternal Health Literacy, Mental Health Stigma, Postpartum Depression.

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INTRODUCTION

The transition to motherhood brings profound emotional, psychological, and social changes that can affect a woman's mental well-being. Among the most significant challenges is Postpartum Depression (PPD), a condition that frequently remains unrecognized due to limited awareness and understanding. Many new mothers experiencing symptoms of PPD do not seek timely support, often due to a lack of knowledge regarding the condition's signs, causes, and treatment avenues (Guintivano *et al.*, 2018). This delay in recognition can lead to worsened outcomes for both the mother and her child.

Enhanced mental health literacy, particularly among new mothers, can serve as a preventive mechanism against the escalation of postpartum mental health disorders. When women

are equipped with accurate knowledge about mental health, they are more likely to recognize the early signs of distress, understand potential risk factors, and take informed steps toward seeking professional care (Bina, 2020). Early intervention can mitigate the intensity and duration of PPD, fostering improved health outcomes and a more positive postpartum experience.

Improving mental health literacy extends beyond individual awareness. Educating families, communities, and healthcare professionals about maternal mental health can reduce stigma and encourage more open, supportive conversations around psychological well-being. Destigmatizing postpartum depression through widespread education can normalize help-seeking behaviors, thus reducing the social and emotional barriers that often prevent mothers from accessing care (Dennis and Chung-Lee, 2006).

Existing research suggests a strong correlation between mental health literacy and the propensity to seek psychological support. Mothers who possess a higher understanding of mental health are more likely to engage with healthcare systems, adhere to treatment regimens, and foster nurturing environments for



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their children. These outcomes are critical not only for maternal recovery but also for the long-term developmental health of the child.

Furthermore, integrating maternal mental health education into routine prenatal and postnatal care can inform healthcare policies and service delivery models. Such integration ensures that mental health is prioritized alongside physical health, creating more comprehensive maternal care systems. By fostering a healthcare environment where mental health education is standardized, both preventative and therapeutic measures can be implemented more effectively (Slomian *et al.*, 2019).

Ultimately, the promotion of maternal health literacy contributes to the creation of an informed, empathetic, and proactive society. In such a context, new mothers are supported not only by medical professionals but also by social networks that value emotional well-being. As maternal health literacy improves, the likelihood of early recognition and effective management of postpartum depression increases, ensuring a healthier future for both mothers and their families.

Aim of the Study

To examine the role of health literacy in maternal mental health and its impact on the recognition, understanding, and management of postpartum depression.

Objectives of the Study

- To assess the level of maternal health literacy among postpartum mothers in relation to mental health, particularly postpartum depression.
- To examine the prevalence and symptoms of postpartum depression and evaluate mothers' ability to recognize its onset and treatability.
- To analyze sources of information, awareness of treatment options, and help-seeking behaviors among mothers experiencing postpartum depression.
- To explore the relationship between maternal health literacy and postpartum depression outcomes, including barriers to care, stigma, and recovery trajectories.

MATERIALS AND METHODS

Study Design and Setting

A cross sectional quantitative study was conducted among postpartum mothers in Ernakulam district, Kerala, India. The district was selected due to its high female literacy rate (92.96%),

which provided an appropriate context for examining maternal health literacy and postpartum depression outcomes.

Participants

The study included 100 mothers aged 18 years and above, within six weeks to twelve months postpartum. Participants were recruited purposively through hospitals, community health centers, maternal and child welfare programs, and referrals from local health workers. Mothers with severe psychiatric conditions unrelated to postpartum depression (e.g., schizophrenia, bipolar disorder) were excluded to maintain focus on PPD.

Data Collection Tools

Data were collected using a structured questionnaire comprising three components:

- Demographic and familial profile (age, education, employment, marital status, number of children, timing of recent birth).
- Mental health literacy and awareness measures, assessed using the Health Literacy Questionnaire (HLQ).
- Postpartum depression screening, assessed using the Edinburgh Postnatal Depression Scale (EPDS).

The questionnaire also captured contextual variables such as socio economic background, healthcare accessibility, and past mental health history.

Procedure

Participants completed the survey and, where possible, engaged in follow up interviews or focus group discussions to provide qualitative insights. This dual approach ensured both quantitative measurement and contextual understanding of maternal mental health literacy.

Ethical Considerations

Informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity were maintained throughout the study. Ethical clearance was secured from the institutional review board of St. Teresa's College, Ernakulam.

Data Analysis

Survey data were coded and analyzed using descriptive statistics (frequency, percentage) to summarize demographic and literacy variables. Inferential statistics, including chi square tests, were applied to examine associations between health literacy, symptom recognition, treatment awareness, and help seeking behavior. A significance level of $p < 0.05$ was considered statistically meaningful.

RESULTS AND DISCUSSION

Demographic and familial characteristics of respondents

The distribution of maternal age suggests that the majority of respondents (62%) fall within the 25-34 age group, which corresponds to the most common period for childbirth. This trend aligns with national patterns indicating that many women in India marry and begin families during their late twenties to early thirties (Choudhury *et al.*, 2023). A notable 24% of mothers are between 18 and 24 years, indicating the inclusion of younger mothers in the sample. Meanwhile, 13% are within the 35-44 age range, and only 1% of respondents are aged 45 years or older.

Educational attainment among the participants reveals a relatively high literacy level. Almost half (49%) of the mothers hold a graduate degree, while 25% have pursued postgraduate education. A total of 38% of the mothers are formally employed, 7% in government jobs and 31% in the private sector and 23% are currently unemployed.

This section highlights the familial background of the participants, these aspects are crucial for understanding the contextual and psychosocial environment of the mothers, as they influence maternal mental health outcomes and coping mechanisms related to Postpartum Depression (PPD).

The overwhelming majority of participants (95%) reported being married at the time of the study, while 2% identified as single, 2% as divorced, and 1% as widowed. The smaller representation of single, divorced, and widowed mothers' groups that often face additional stressors such as financial constraints and social isolation offers scope for further focused research on vulnerable subpopulations in maternal mental health contexts.

A significant majority of respondents (64%) reported having only one child, indicating that most participants are first-time mothers. Additionally, 27% have two children, and only 9% have three or more. According to Patel and Rao (2024), India's demographic trend is shifting towards smaller families, driven by urbanization, rising costs of living, and changing parental aspirations. Regarding the timing of the most recent childbirth, the majority of respondents (69%) gave birth over a year ago. Another 16% delivered within the past 4-6 months, 13% had their delivery between 7-12 months ago, and only 2% had a recent birth within the last 0-3 months. Putnick *et al.*, (2020) emphasize that postpartum depression can persist for years, with nearly 5% of mothers reporting high depressive symptoms for up to three years post-delivery.

Table 1 Demographic and familial characteristics of respondents ($n=100$) Includes age, education, employment status, marital status, number of children, and timing of recent birth.

Demographic and familial characteristics of respondents

This section presents a detailed overview of the demographic characteristics of the study participants, comprising a total sample size of 100 mothers in the postpartum period.

Prevalence and Symptoms of Postpartum Depression Among Respondents

Table 2 provides a detailed account of the prevalence and self-reported symptoms of Postpartum Depression (PPD) among the study participants.

The analysis reveals that 69% of the respondents acknowledged experiencing postpartum depression, while the remaining 31% reported no such symptoms. Among those who did experience PPD, the most frequently cited symptom was a persistent feeling of sadness or hopelessness (65%). This was followed by frequent crying spells (45%) and disturbed sleep patterns (41%), both of which are hallmark indicators of depressive mood states. Additionally, a significant minority reported difficulty bonding with their infant (20%) and reduced appetite (10%). Interestingly, 10% of mothers reported increased energy levels, a symptom sometimes associated with mood dysregulation or bipolar tendencies. Of particular concern is the finding that 12% of participants experienced intrusive thoughts about harming themselves or their child, underscoring the urgency of clinical evaluation and support in severe cases.

The prevalence rate of PPD among this sample (69%) is markedly higher than the global average, which estimates that approximately one in seven women around 14% suffer from postpartum depression (Amer *et al.*, 2024). A growing body of research supports the idea that specific symptoms such as sleep disturbances, emotional detachment from the infant, and frequent crying spells are red flags for clinical depression in the postpartum period. For instance, Putnick *et al.*, (2020) noted that mothers who experience persistent hopelessness and emotional dysregulation may require sustained therapeutic support beyond the early postpartum window. Furthermore, the expression of suicidal ideation or thoughts of harming the baby is regarded as a psychiatric emergency, necessitating immediate referral for specialized care. Studies in BMC Public Health have further emphasised the influence of socioeconomic factors particularly financial stress and lack of emotional support as major predictors of postpartum mental health outcomes.

In terms of understanding the timing of onset, over half of the participants (51%) reported that PPD may develop within a few days following childbirth. Additionally, 19% believed symptoms might emerge within a few weeks, and 16% within a few months, while a smaller segment (14%) perceived the condition to begin immediately after birth. When asked about the prevalence of postpartum depression, 66% of mothers acknowledged that it

Table 1: Demographic and familial characteristics of respondents (n=100).

Sl. No.	Particulars n=100		Respondents	
			%	
1.	Age	18-24	24	24
		25-34	62	62
		35-44	13	13
		45 and above	1	1
2.	Educational Level	Higher secondary	9	9
		Graduation	49	49
		Post graduation	25	25
		Professional degree	17	17
3.	Employment Status	Employed (Govt)	7	7
		Employed (Private)	31	31
		Self employed	12	12
		Stay at home parent	27	27
		Unemployed	23	23
4.	Marital status	Divorced	2	2
		Married	95	95
		Single	2	2
		Widowed	1	1
5	No. of Children	1	64	64
		2	27	27
		3 or more	9	9
6.	Recent Birth	0-3 months	2	2
		4-6 months	16	16
		7-12 months	13	13
		1+ year	69	69

Legend: This table summarizes the socio-demographic and familial background of postpartum mothers, providing context for their mental health experiences.

is a common condition among new mothers. However, 32% were uncertain, and 2% believed it is not prevalent. This level of uncertainty points to gaps in maternal mental health literacy that may hinder early recognition. Encouragingly, nearly all respondents (96%) indicated prior awareness of postpartum depression before participating in the survey.

Participants also shared their understanding of the treatability of postpartum depression. A substantial 76% affirmed that the condition could be managed with therapeutic interventions or medication, which is aligned with current psychiatric recommendations. However, a small group (7%) believed PPD could not be treated, and 17% were unsure. While a majority understand that treatment options are available, misinformation and hesitancy about seeking help remain barriers. According to Amer *et al.*, (2024), postpartum depression can develop at any time during the first year after delivery, though symptoms most

commonly appear within the first few weeks. This aligns with the finding that 51% of the respondents identified the onset as occurring within a few days.

A study conducted by Khamidullina *et al.*, (2025) and published in MDPI reported that 10-20% of postpartum women globally are affected by PPD, yet many cases remain undetected due to inadequate screening and stigma. The 32% of respondents in the current study who were uncertain about PPD's prevalence mirrors the general public's lack of clarity on the issue.

Sources of Information and Awareness of Postpartum Depression Among Respondents

Table 3 presents a comprehensive analysis of the sources from which mothers acquired information about Postpartum Depression (PPD), their awareness of where to seek professional help, familiarity with treatment options etc.

Sources of Information

Among the surveyed mothers, the most frequently cited source of information about PPD was online platforms, including websites, blogs, and forums (31%), followed closely by family and friends (25%) and social media (21%). A relatively small portion (15%) reported obtaining information from healthcare providers such as doctors, nurses, or midwives. Traditional sources such as books or magazines were used by only 2%, while 6% of respondents admitted they had never sought any information related to PPD.

The heavy reliance on online platforms and social media mirrors a growing global trend wherein digital channels have become central to health information consumption (Lau *et al.*, 2020). The low percentage (15%) of respondents who consulted healthcare professionals indicates a worrying disconnect between patients and the formal health system, despite the fact that clinicians are often considered the most reliable source of mental health advice

(McCauley *et al.*, 2021). Alarming, the 6% of respondents who did not seek information at all reflects either a deep-seated cultural stigma, a lack of perceived relevance, or critically low levels of mental health literacy. This aligns with prior findings that mothers with low health literacy are significantly less likely to recognize symptoms of PPD or pursue treatment (Sorensen *et al.*, 2012).

Help-Seeking Awareness

Awareness of where and how to seek help for PPD was another crucial aspect explored. Approximately 43% of respondents indicated they knew whom to contact for support, which is encouraging and reflects a moderate level of help-seeking awareness. However, a significant 36% had never even considered where to seek help, and 21% were unsure of the available resources. These figures underscore a critical gap in mental health outreach and accessibility.

Table 2: Prevalence, symptoms, and recognition of postpartum depression (n=100)
Includes prevalence of PPD, self-reported symptoms, timing of onset, awareness of prevalence, and understanding of treatability.

Sl. No.	Particulars n=100		Respondents	
			%	
1	Have experienced Postpartum Depression	Yes	69	69
		No	31	31
2.	The symptoms faced	Feeling sad or hopeless	65	65
		Difficulty sleeping	41	41
		Lack of appetite	10	10
		Difficulty bonding with the baby	20	20
		Increased energy levels	10	10
		Frequent crying spells	45	45
		Thought of harming oneself or the baby	12	12
3.	Development of postpartum depression onset after childbirth	Immediately after birth	14	14
		Within a few days	51	51
		Within a few months	16	16
		Within a few weeks	19	19
4.	Prevalence of postpartum depression among new mothers.	Yes	66	66
		No	2	2
		Not sure	32	32
5.	Awareness of postpartum depression prior to this survey.	Yes	96	96
		No	4	4
6.	Understanding the treatability of postpartum depression.	Yes, with therapy or medication	76	76
		No	7	7
		Not sure	17	17

% exceeds 100 due to multiple responses.

Legend: This table presents the prevalence of postpartum depression, common symptoms reported, and mothers' knowledge of onset and treatability.

Table 3: Sources of information, awareness, and treatment knowledge (n=100)
Includes sources of PPD information, awareness of where to seek help, knowledge of treatment options, and perceived adequacy of information.

Sl. No.	Particulars n=100	Respondents		
		%		
1.	Source of information	Books or magazines	2	2
		Family or friends	25	25
		Healthcare providers (Doctors, Nurse, Midwife)	15	15
		I don't seek information	6	6
		Online resources (websites, blogs, forums)	31	31
		Social Media	21	21
2.	Awareness of where to seek help for postpartum depression.	Yes, I know who to contact	43	43
		No, I'm not sure where to go	21	21
		I've never thought of it	36	36
3.	Known postpartum depression treatments	Counseling or psychotherapy	68	68
		Medications (e.g., Antidepressants)	41	41
		Support group for new mothers	44	44
		Physical activity and exercise	54	54
		I'm not aware of any treatments	10	10
4.	Perceived adequacy of information regarding postpartum depression.	Yes	40	40
		No	26	26
		Somewhat	34	34

This table highlights mothers' sources of information about PPD, their awareness of help-seeking avenues, and understanding of treatment options.

Knowledge of PPD Treatments

A majority of respondents (68%) identified counseling or psychotherapy as a viable option. This was followed by physical activity and exercise (54%), support groups for new mothers (44%), and medications such as antidepressants (41%). Notably, 10% of the sample population was unaware of any available treatments. The fact that 10% of mothers were not aware of any treatment options reflects a troubling lack of health education, which could result in delayed interventions and poorer mental health outcomes.

Perceived Information Sufficiency

Only 40% believed they had sufficient knowledge, while 34% felt only partially informed, and 26% considered their information inadequate. This means that a majority (60%) of respondents do not feel fully equipped with the necessary knowledge to recognize or manage PPD effectively.

Help Seeking behaviour and management of postpartum depression

The results indicate that only 27% of participants affirmed a definite willingness to seek professional help if they experienced symptoms of PPD. A majority (58%) expressed conditional willingness, stating they might seek help depending on the situation. Additionally, 8% clearly indicated that they would not seek help, while 7% remained unsure. These findings are consistent with prior studies that identify stigma, lack of awareness, and uncertainty as significant deterrents to help-seeking among postpartum women (Priyadarshini *et al.*, 2023).

A striking 78% of mothers reported that they had never discussed mental health concerns with a healthcare provider, in contrast to the mere 22% who had engaged in such discussions. This highlights a critical communication gap between healthcare professionals and postpartum women (Table 4).

When participants were asked about their comfort level in speaking to healthcare professionals about postpartum mental health, 34% reported feeling very comfortable, while the majority (57%) stated they were only somewhat comfortable. A smaller

Table 4: Help-seeking behavior, barriers, and mental health literacy outcomes (n=100)

Includes willingness to seek help, history of discussing mental health with providers, comfort levels, perceived stigma, barriers to help-seeking, and literacy outcomes.

Sl. No.	Particulars n=100	Respondents		
		%		
1.	Willingness to seek professional help if experiencing postpartum depression symptoms.	Yes, definitely	27	27
		No, I would seek help	8	8
		Maybe, depending on the situation	58	58
		I'm not sure	7	7
2.	History of discussing mental health concerns with a healthcare provider.	Yes	22	22
		No	78	78
3.	Comfort level in discussing postpartum depression with a healthcare provider.	Very comfortable	34	34
		Somewhat comfortable	57	57
		Uncomfortable	8	8
		Very uncomfortable	1	1
4.	Perception of stigma associated with discussing postpartum depression in your community or culture.	Yes	47	47
		No	16	16
		Not sure	37	37
5.	Perceived barriers to seeking help for postpartum depression.	Lack of knowledge about postpartum depression	44	44
		Fear of judgment or stigma	25	25
		Lack of access to healthcare or mental health services	8	8
		Financial constraints	4	4
		Lack of support from family or friends	13	13
		I would not seek help for postpartum depression	6	6
1.	Understanding the signs of postpartum depression could help improve the ability to cope with it.	Yes, understanding would help	80	80
		No, understanding would not change anything	8	8
		I'm not sure	12	12
2.	Encounter information about mental health during visits to healthcare providers (e.g., doctor, nurse, midwife).	Frequently	5	5
		Occasionally	28	28
		Never	17	17
		I have not visited a healthcare provider for mental health issues	50	50
3.	Maternal mental health education should be a routine part of prenatal and postnatal care.	Yes, definitely	79	79
		No, not necessary	4	4
		Maybe, depending on the situation	17	17
4.	Importance of educating new mothers about postpartum depression and other maternal mental health issues.	Very important	93	93
		Somewhat important	6	6
		Not important	1	1

This table outlines mothers' help-seeking behaviors, perceived barriers, and the relationship between mental health literacy and postpartum depression outcomes.

subset 9% reported feeling uncomfortable or very uncomfortable. Nearly half of the respondents (47%) agreed that their community or culture associated stigma with discussing PPD, while 37% were unsure and only 16% denied the presence of such stigma. This perception aligns with previous literature, which identifies cultural silence around maternal mental illness as a major obstacle to seeking support (Byatt *et al.*, 2020).

Among the barriers to help-seeking, the most frequently reported was a lack of knowledge about postpartum depression (44%). This was followed by fear of stigma or judgment (25%), insufficient support from family or friends (13%), and lack of access to healthcare services (8%). Financial constraints (4%) and an outright unwillingness to seek help (6%) were less commonly cited.

A substantial majority of respondents (80%) believe that gaining a proper understanding of postpartum depression symptoms would assist them in coping more effectively with the condition. This clearly highlights the perceived value of mental health literacy in fostering psychological preparedness and self-efficacy during the postpartum period. Conversely, a minority (8%) did not believe that awareness would influence their coping abilities, while 12% were unsure.

Only 5% of the mothers reported frequently receiving information related to mental health during visits to healthcare professionals such as doctors, nurses, or midwives. Another 28% stated they received such information occasionally. Notably, 17% had never encountered any mental health discussions during medical consultations, and a staggering 50% indicated they had never sought mental health-related care from a provider at all. This demonstrates a critical shortfall in integrating mental health education into routine maternal healthcare services.

When asked about the inclusion of maternal mental health education as a standard element of prenatal and postnatal care, 79% of respondents firmly agreed that it should be a routine component of care. Only 4% of participants believed such education was unnecessary, and 17% stated their support would depend on specific circumstances.

The survey also gauged the perceived importance of educating new mothers about postpartum depression and other maternal mental health challenges. A near-unanimous 93% of participants considered such education to be “very important,” while only 6% labeled it “somewhat important,” and a mere 1% regarded it as unimportant. These results signify a pronounced awareness among mothers of the potential benefits of mental health education and highlight the demand for such programs.

CONCLUSION

This study demonstrates that maternal health literacy is a critical determinant of postpartum depression outcomes. While awareness of PPD was high among respondents, significant gaps

remained in recognizing symptoms, understanding treatment options, and knowing where to seek professional help. Reliance on digital platforms and social networks for information, coupled with underutilization of healthcare providers, highlights the need for structured education and stronger integration of mental health literacy into routine maternal care. Stigma, lack of knowledge, and uncertainty about healthcare access continue to act as barriers to timely intervention. Strengthening maternal health literacy through prenatal and postnatal education programs can foster early recognition, reduce stigma, and encourage help seeking behaviors. By embedding mental health education into maternal healthcare systems, both mothers and children stand to benefit from improved well being and long term developmental outcomes. Integrating maternal mental health literacy into national health programs could reduce stigma and improve long-term outcomes for mothers and children.

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ABBREVIATIONS

PPD: Postpartum Depression; **EPDS:** Edinburgh Postnatal Depression Scale; **HLQ:** Health Literacy Questionnaire; **OBE:** Outcome-Based Education.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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AUTHOR CONTRIBUTIONS

Dr. Treesa Sindhu P. Thomas: Conceptualization, study design, data collection, statistical analysis and final approval of the version to be published.

Dr. Leena Leon: Supervision, methodological guidance, critical review of the manuscript and overall coordination of the research process.

Ms. Neswa: Data collection, statistical analysis, manuscript drafting.

Dr. Rose Mary Francis: Manuscript drafting and Supervision.

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