MATERNAL PERCEPTIONS OF POSTPARTUM DEPRESSION AND ITS INFLUENCE ON CHILDREN IN EARLY YEARS

By

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Student ID: 23355006

A thesis submitted to BRAC Institute of Educational Development in partial fulfillment of the requirements for the degree of

Master of Science in Early Childhood Development

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Declaration

It is hereby declared that

1. The thesis submitted is my original work while completing my degree at Brac University.

2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through full and accurate referencing.

3. The thesis does not contain material which has been accepted, or submitted, for any other degree or diploma at a university or other institution.

4. I have acknowledged all main sources of help.

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Approval

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Ethics Statement

Title of Thesis Topic: Maternal Perceptions of Postpartum Depression and its Impact on Children in Early Years

Student name: Humaira Tasnim Karim

1. Source of population: Purposive Sampling Approach

2. Does the study involve (yes, or no)

a) Physical risk to the subjects - no
b) Social risk- no
c) Psychological risk to subjects - no
d) discomfort to subjects - no
e) Invasion of privacy - no

3. Will subjects be clearly informed about (yes or no)

a) Nature and purpose of the study - yes
b) Procedures to be followed -yes
c) Physical risk - yes
d) Sensitive questions - yes
e) Benefits to be derived - yes
f) Right to refuse to participate or to withdraw from the study - yes
g) Confidential handling of data - yes
h) Compensation and/or treatment where there are risks or privacy is involved - yes

4. Will Signed verbal consent for be required (yes or no)

a) from study participants - yes
b) from parents or guardian - no
c) Will precautions be taken to protect anonymity of subjects? - yes

5. Check documents being submitted herewith to Committee:

a) Proposal - yes
b) Consent Form - yes
c) Questionnaire or interview schedule - yes

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Abstract

This qualitative study explores maternal perceptions of postpartum depression and its perceived impact on children's development during their early years. Despite the growing global recognition of maternal mental health as a prominent determinant of child's well-being, awareness surrounding postpartum depression and its developmental implications remain limited in many communities. Due to mothers largely constituting infant and children's social environment, it is necessary to investigate how mothers recognize the importance of identifying postpartum depression and its effects on their children. Using a purposive sampling strategy, data for this study were collected through using both Focus Group Discussion (FGD) and In-Depth Interview (IDI) methods. A notable gap regarding the clinical understanding of postpartum depression and its connection to key aspects of early childhood development (emotional attachment with mother, feeding practices, social interaction, cognitive development etc) was observed. Findings from the study highlight the need for instituting community-based awareness programs and integration of maternal mental health services within early childhood development frameworks.

Keywords: postpartum depression; maternal mental health; child-development; mother-child bonding; support systems

Dedication

This thesis is dedicated with warmest love and gratitude to my husband whose constant encouragement, guidance and unwavering support has been my greatest strength throughout this Master's program journey, and to our precious, unborn child who has been a silent source of inspiration and hope during this research journey.

I would also like to extend this dedication to my beloved parents and family who always believed in me.

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List of Acronyms

PPD Postpartum Depression

ECD Early Childhood Development

WHO World Health Organization

SDG Sustainable Developmental Goals

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CHAPTER I. INTRODUCTION & BACKGROUND

Introduction

Postpartum itself refers to the phase immediately after, typically the first six weeks after a mother has given birth and this delicate period of time is very significant as it can have an enduring impact in the development and lifelong growth of the newly born (Giles & Khoury, 2025). A prevalent global condition that affects mothers who are in this postpartum period is ‘Postpartum Depression’. Postpartum depression is stated to be a non-psychotic depressive episode which can be in different scale such as from mild to major and, can last for several weeks and has been associated with many harmful health outcomes for the mothers and the newborns, particularly in low- and middle-income countries (Gelaye et al., 2016). This depression is stated to be caused due to a variation of hormonal changes, genetic predisposition and environmental factors (Carlson et al., 2025). Mothers suffering from postpartum depression usually exhibit symptoms of chronic sadness, intense irritability or anger, anxiety, low self-esteem, sleep disturbances, difficulty in bonding with the newborn, negative thoughts and in severe cases thoughts of causing harm to oneself or harming the baby etc (Carlson et al., 2025).

Postpartum depression has been stated to be amongst the most frequent morbidities of pregnancy and postnatal period, in a study that has been conducted for The Lancet’s perinatal mental health series and it also mentioned how it is a major public health challenge for the new mother, and additionally an impediment to the healthy development of the newborn (Howard et al., 2014). The deep interrelatedness of a mother's mental well-being and various aspects of her child’s development in different domains such as emotional attachment building, physical growth, cognitive skills and

language acquisition, has all been widely explored in worldwide research. Regardless of the presence of thorough research done globally to document the negative effects of untreated postpartum depression on child development, countries like Bangladesh continue to face significant challenges due to limited awareness, lack of education, and persistent social and cultural stigmas. As a result many mothers remain undiagnosed, placing their children at an increased risk of long-term developmental consequences. There is a growing need for more evidence-based studies that focus on country specific contexts, and broader recognition about postpartum depression, especially in low and middle-income countries. For instance, a research study focused primarily on high-income countries, investigated the mothers diagnosed with postpartum depression and their relationship with their child and found a linkage to outcomes such as low birth weight of newborn, reduced breastfeeding rate, weaker mother-infant attachment, feeding difficulties in children etc (Cook et al., 2017). Maternal depression has been stated to be a significant factor in a child's life even after the child has entered adolescent stage or adulthood (Ritter et al., 2024). Additionally, another stark discovery from various research revealed that the chances of children developing mental illnesses from early childhood through young adulthood increase if those children's mothers had depression (Barker et al., 2012; Gjerde et al., 2021). Maternal depressive symptoms during pregnancy as well as in the postpartum stage, both have been shown to be essential in identifying depressive symptoms in children in their early years (Kingston et al., 2018). Postpartum depression is highly likely to impact mother's parenting practices negatively where mothers can be neglectful, unresponsive to child's cues, punitive at times and consequently acting as a stimulus for children developing depression (Wang, 2018). In

multiple studies it has been discovered that children of mothers with postpartum depression are more likely to be diagnosed with attention deficit hyperactivity disorder than children born of mothers without (Getahun et al., 2025).

The stage before birth also known as antepartum and the mental state during that period is also very closely connected to postnatal mental health of a mother. In a longitudinal study published in BMC Psychiatry found women who revealed depressive symptoms in the antenatal period were also at higher risk of developing postpartum depressive symptoms (Wang et al, 2023). Therefore, it is essential to study further and publicly hold discourses about postpartum depression in countries such as Bangladesh to educate the society on such a sensitive and crucial issue, eliminate stigmas attached to it & make support services more accessible. Studying postpartum depression deeply is necessary for recognizing the consequential interrelation between maternal mental health and child development in multiple disciplines (secure attachment, cognitive, socio-emotional etc) in early years.

Statement of the Problem

In spite of postpartum depression and its significant role in early childhood development being widely acknowledged globally, in countries like Bangladesh, the subject of postpartum depression and its long-term effects on children remain misinterpreted and often overlooked. Research shows that the prevalence of postpartum depression among women is considerably higher in low- and middle-income countries -estimated to be around 20% to 25% and compared to high income countries where it is approximately 10% (Gelaye et al., 2016). The rate of postpartum depression continues to be significantly high in Bangladesh and typically varies between 18% - 39.4% (Alam et al., 2021).

Different studies also emphasized that postpartum depression was more common among women who belong to a middle socioeconomic class and among younger mothers with their first pregnancy. In Bangladesh specifically, factors contributing to postpartum depression include but are not limited to education and awareness level, financial stability, social support, gender of the newborn etc.

Despite the high prevalence rate and serious implications of postpartum depression connected to child development, many mothers in Bangladesh continue to have limited knowledge and awareness about how mother's depression can play a pivotal role in determining the developmental pathway for the newborn. Besides, directly due to the knowledge gap, the mothers remain undereducated, they do not seek early diagnosis and hence exacerbate the condition's impact both on mother and the child.

Although there have been some studies in Bangladesh focusing on the prevalence of postpartum depression in the country, there is still inadequate research exclusively highlighting the interrelation between postpartum depression and child development. The mechanism through which postpartum depression can affect early childhood development is multifaceted and complex. Research studies have proven that postpartum depression is directly associated with a decrease in responsive caregiving, unhealthy feeding practices, insufficient breastfeeding and the existence of a strong correlation between maternal depression and early childhood development (Zou et al., 2024). As, early responsive caregiving is positively associated with children's language and vocabulary acquisition, therefore postpartum depression endangers children's developmental skills in that capacity.

Therefore, having further public discourses exploring detailed maternal perspectives on this issue, support received by mothers, mothers degree of knowledge on postpartum depression's impact on their child etc, can bring significant differences in the country's social context. Through employing qualitative research methods, hearing from mothers of their lived experiences and elucidating their perspectives on this issue, benefits can be drawn in multiple aspects such as - improving maternal and child health outcomes, a stronger early childhood development system, informed public health practices, community empowerment, more candid public discourse on mental health, addressing the global sustainable development goal (SDG) - 3 explicitly, etc.

Purpose of the Study

The aim of conducting this qualitative research is to explore the urban mothers' perceptions of postpartum depression and how it is interrelated to their children's development. There has been adequate research published that demonstrates the risk factors of a mother's postpartum depression and how that can as a result impact a child's development and well-being largely. Therefore, through this research and investigation, it is intended that in-depth insight of readers on the prevalence of postpartum depression and its connection to critical developmental outcomes of children be more familiar in a society. Additionally, this research intends to assist policymakers on prioritizing this issue to introduce relevant and much required interventions and support services. Exploring mothers' perspectives who have given birth in recent years can have consequential benefits and assist in bridging the gap in existing research, developing all-inclusive support programs and in addressing inter-generational consequences of postpartum depression.

Significance of the Study

In the context of underdeveloped or developing countries such as Bangladesh, postpartum depression remains to be a subject given less importance. The rate for postpartum depression has been found to be 39.4% in the first twelve months after childbirth in Bangladesh (Raisa et al., 2022). To ensure a child's development and well-being in early years, it is pivotal to understand and study about postpartum depression of mothers. For the reason that, postpartum depression has been associated with delays in cognitive and motor development, reduced expressive language abilities, elevated behavioral concerns such as emotional dysregulation, higher chances of getting chronic illnesses etc among children; these emphasize the necessity of researching more on this subject (Suarez et al., 2023)

Among the leading reasons why postpartum depression rates remain alarmingly high in Bangladesh and why many mothers stay unaware of its significant influence on children is that most Bangladeshi hospitals do not have consolidated maternal healthcare services such as birth counselling before and after giving birth to child. Although the research rates have increased on this subject in Bangladesh lately, the number of detailed interviews as well as focus group discussions with mothers who have given birth in recent years still remain insufficient in numbers. The studies that are accessible do not necessarily reflect the true extent of the problem as the data are focused primarily from countries that may not have cultural or contextual relevance with Bangladesh. Furthermore, there have been insubstantial amounts of studies that have solely focused on mothers' perspectives on how their mental health is directly or indirectly influencing their children, particularly in the critical early years from birth to age five.

This research proposal intends to highlight mothers' insights, their detailed understanding of the concept so that researchers, healthcare professionals, policymakers etc can research further, introduce and implement targeted maternal programs, child support services to reduce the detrimental effects of postpartum depression on child development and well-being. In addition to that, the study also desires to signify the urgency of prioritizing maternal mental well-being in the society and eliminating any sort of stigmas attached to it.

Research Questions

- What is mothers' understanding about postpartum depression and its causes and consequences on themselves?
- How do mothers perceive that postpartum depression is connected to their child's development and well-being?
- What forms of support, shaped by external factors are accessible to mothers during the postpartum period?

Operational Definitions

- **Postpartum Depression:** The extent to which a mother can identify, explain or interpret the symptoms and causes of postpartum depression as reflected in the in-depth interviews and focus group discussions
- **Maternal Mental Well-being:** The self-reported emotional, psychological and social well-being of mothers based on their descriptions of their daily functioning, stress or anger levels, ability to care for themselves or their children.
- **Knowledge Gap:** The difference between clinical definitions and the mothers expressed understanding

- **Awareness on Child Development:** Mother's expressed knowledge and beliefs about how their emotional state or postpartum depression affected their child's bonding with them, early learning, and growth.
- **Attachment (Mother-Child Bonding):** The emotional connection and feeling of closeness that develops between mother and child.

CHAPTER II. LITERATURE REVIEW

The definition mentioned at the introductory stage of the paper is corroborated by multiple authentic sources such as the National Institute of Health, UNICEF etc. However, all these sources clearly point out that postpartum depression cannot be equated to be similar to another common term used after pregnancy known as baby blues. Medical professionals highlight the fact that baby blues onset is usually in a week or so after giving birth and are usually largely due to the immediate shifts in levels of progesterone post birth and sudden changes in life after the arrival of a newborn. 'Baby blues' usually is short-lived, has limited functional impact and responds quite well to social support whereas, postpartum depression causes more significant functional compromise among the mothers and usually requires more insistent therapy or support (Trigo, 2025). UNICEF highlights that postpartum depression can occur two to eight weeks after giving birth, and in some cases, it can occur up to a year after the baby is born too.

Prevalence of Postpartum Depression

Postpartum depression has been repeatedly confirmed by researchers to be considerably higher in low- and middle- income countries, with average prevalence estimated to be at 15.6% during pregnancy and rising to 19.8% in the postnatal period (Ayoub et al., 2020). Although the rates of postpartum depression have stood substantial, it differs in different countries and regions of the world. A recent study by Mitchel et al. (2023) identified in a meta-analysis with 51 low- and middle-income countries and outcomes from over 6 lac women that perinatal depression across all studies was 24.7%.

The rate for postpartum depression specifically in Bangladesh has been revealed in some research, however, the rates demonstrated variation in different geographical areas. In the first twelve months after childbirth the rate of postpartum depression has been found to be 39.4% (Raisa et al., 2022). One cross-sectional study conducted in urban slum areas found the rate to be alarmingly high at 24% (Azad et al., 2019). Mostly in rural areas of Bangladesh and slum areas, studies show that prevalence of postpartum depression has a higher rate and can range from 18% to 39.4% (Alam et al., 2021).

The prevalence of postpartum depression in countries such as India in 2017 was said to be 20-22 per 1000 births according to the bulletin of the World Health Organization (Kansagra et al., 2021). One of the studies of postpartum depression's prevalence and predictors in Kosovo found out that in some low-income countries the variability can be majorly high with rates being as high as 44% (Jemini Gashi et al., 2025). The rise in the postpartum depression rate in different studies over the 3 years difference also emphasizes the need to have more consciousness around such an important topic.

Risk Factors Involved

Many risk factors for postpartum depression include poor socioeconomic status, unplanned pregnancy, lack of family/partner support, lack of societal empathy etc. Low socioeconomic status, lack of financial stability in the family, inadequate parental support etc, are listed as some of the factors why postpartum depression can occur among mothers and be further aggravated (Pan et al., 2024). While studying the factors that influence postpartum depression, it is also found that some studies highlight PPD being more prominent in urban area mothers than mothers residing in rural areas. In a study

focusing primarily on Indian mothers revealed that higher cases of postpartum depression in rural areas are likely to be due to overcrowding, insufficient quality housing, increased work pressure leading to stress, higher cost of living and healthcare (Agarwal, 2023). In another cross-sectional study with 291 mothers from Bangladesh also revealed a relatively high prevalence of postpartum depression symptomatology (Alam et al., 2021). In rural areas of Bangladesh most common risk factors identified were low economic status, nutritional status, domestic violence and poor relationship with husband and in-laws, past mental illness and depression etc. (Azad et al., 2019).

The incidents of unwanted pregnancy, experience of the mother during the entire delivery e.g a negative birth experience is many times said to be connected with an increased occurrence in postpartum depression, and it has been demonstrated in multiple retrospective studies and secondary analyses (Agrawal et al., 2022).

However, it is crucial to add that there have been lesser research done focusing primarily only urban area mothers of Bangladesh to identify the rate among them and the causes that may be exclusive for this population.

Furthermore, along with socio-demographic and psychological factors, biological factors are also sometimes said to pose risk in causing postpartum depression. History of gestational diabetes, vitamin d deficiency has been associated in studies while discussing markers for postpartum depression. Some more factors that are said to be involved include chronic diseases among south Asian families such as diabetes, hypertension and cardiovascular diseases etc. - which can induce stress and anxiety, major imbalance in hormonal levels and therefore aggravating the postpartum depression conditions among mothers (Jana & Chattopadhyay, 2022).

Cultural Stigmas Aggravating Postpartum Depression and Impacting Parent-Child Relationship

In a striking finding in South Asia as well as some in some Arab regions, it is discovered that birth of a female child mostly in a low-income household is also a factor in generating postpartum depression among new mothers (Ayoub et al, 2020). These cultural stigmas and barriers play a significant role in simultaneously causing and exacerbating postpartum depression. In underdeveloped countries where depression itself is not largely recognized and mental health issues can be deeply stigmatized; new mothers tend to endure silently or are discouraged from seeking professional help. In addition to these, in many cases in the society working mothers are also forced or emotionally persuaded to leave work permanently after a baby is born and that can result in triggering or exacerbating postpartum depression. It was found in a quantitative study focusing Bangladeshi urban slum mothers that the chances of developing depression among mothers who were in the workforce before pregnancy and were forced to leave work were higher than the chances of developing depression among other groups of mothers (Azad et al., 2019).

Effects of Maternal Postpartum Depression on Child Development

There are many negative effects of maternal depression on a child's development that have appeared in multiple researches and of the ones listed are - effects on child's physical growth, behavior, emotions, sociability and cognitive development (Charrois et al., 2019). Some handful of longitudinal studies conducted in Nigeria, South Africa and South Asia have, however, shown postnatal depression has an impact on infant growth

and postnatal depression of mother to be associated with stunting, wasting and underweight status of children as well (Parsons et al., 2011). One of the studies discovered that depression during and post pregnancy in mothers is a strong predictor for a range of adverse physical health outcomes for their children, which may persist throughout childhood and even extend into adulthood (Maselko et al., 2015). Maternal postpartum depression cases have also been linked to limited social interactions, lower health-related quality of life and impaired family functioning (Xu et al, 2025). A longitudinal study focusing on PPD and its influence on children's socioemotional development highlighted correlations between parental depression and mental health outcomes among children (Clement et al, 2024). Research conducted in Italy involving perinatal psychiatry, revealed that postpartum depression significantly impacts the development and functioning of a child's prefrontal cortex, thereby influencing the cognitive processes beginning as early as the intrauterine life (Severo et al., 2023). What's more, it has also been researched that children of mothers affected by postpartum depression face delays across five key domains i.e., socio-emotional, language, cognitive, gross motor and fine motor development (Niloufer et al., 2013). Further findings from studies suggested that postpartum depressive symptoms in mothers are directly associated with reduced responsiveness towards children, decreased self-assurance in caring for child, suboptimal breastfeeding rates (Pan et al., 2024). Researchers have constantly emphasized on the quality of caregiving of a child in earlier stages as it can have a significant impact on children's later language development and acquisition of vocabulary (Stein et al., 2007). Additionally, studies reveal that depressed mothers often engage in less physical and emotional interactions with infants - which is a key aspect of

developing strong attachment in the early stage. These mothers also tend to respond more slowly to infant cues and may appear overall withdrawn and emotionally detached (Rados et al., 2020; Wolford et al., 2019). Although limited in number, children of mothers diagnosed with postpartum depression are consistently proven to have delayed motor development, weaker attachment to mothers and more difficult temperaments compared to children of mothers who do not have postpartum depression (Pan et al., 2024).

Strengthening the mother-child bond is essential as it works as an intricate and impactful first step towards ensuring a child's healthy development in early years and fending off many negative outcomes. If the bond between the mother and child is compromised, the chances of the child facing psychological harm rises. In some cases, such relationships have been linked to instances of severe cases of infanticide (Mokwena, 2021).

Global Interventions and Actions

While the above section focuses on how child development may be squarely impeded due to postpartum depression of the mother, this paragraph will try give data on cases where interventions have been proven to be remarkable and how adequate access to support systems both clinical and social can help in recognizing and diagnosing postpartum depression. Culturally modified Cognitive Behavioral Therapies (CBT) have been proven to be effective in developed, developing and underdeveloped countries in the world. In Pakistan, researchers assessed over 600 women after their childbirth and observed a significant difference in postpartum behaviors among the mothers who received the intervention versus the ones who did not receive any targeted intervention (Surkan et al., 2024). Clinical academic Atif Rahman from University of Liverpool developed

‘Thinking Healthy Programme (THP)’ which included Cognitive Behavioral Therapy (CBT) based interventions and the strategies to assist mothers with processing their thoughts and behaviors and improving self-care, mother-child relationship. This intervention was adopted by the World Health Organization, and its dissemination has seen positive outcomes in different countries. National Institute of Mental Health (NIMH) emphasized the valuable role that non-specialist’ providers can play in addressing the inadequacy of mental health professionals, particularly in low resource settings.

Interventions and Actions in Bangladeshi Context

In Bangladesh, the National Mental Health Strategic Plan 2020-2030 was approved in 2022, which aims to work solely on the mental health governance system of the country. Regardless of it being still in its implementation stage and there being some weaknesses such as lack of sufficient technical capacity, there can be great benefits reaped from this major step towards acknowledging the widespread stigmatized concept of ‘Mental Health’. The Thinking Healthy Programme (THP) was adapted in Bangladesh by BRAC Institute of Educational Development and was found to be acceptable and impactful for Bangladeshi society as well (Yesmin et al., 2016). The study was a community based randomized trial, and the study identified that psychosocial interventions during the last trimester of pregnancy have positive outcomes on the cognitive and socio-emotional development of infants of depressed mothers and it additionally supported the maternal mental health of mothers during and post pregnancy and reduced symptoms of depression (Yesmin et al., 2016). There have also been some mHealth (mobile health) programs initiated in Bangladesh in collaboration with non-governmental organizations such as m

Care, Aponjon mHealth service, BRAC mHealth etc that pays particular attention to pregnancy, maternal and neonatal health and well-being. While many programs in the country don't explicitly only address maternal mental health, many home-visit interventions by BRAC, Save the Children, etc. have integrated maternal mental health aspects to its existing Maternal, Infant and Child Nutrition (MIYCN) programs. The Shonzog project by Save the Children Bangladesh very recently concluded its project aimed at enhancing first time mothers' postpartum care and improving overall maternal and child health (Save the Children, 2022).

The motivation behind this study is to understand the pernicious effects of postpartum depression on both mothers and their children, while also examining how increasing maternal awareness about postpartum depression along with implementing targeted interventions can support mother's mental health and positive developmental outcomes in young children with the help of a more holistic and integrated care approach. Concomitantly understanding that there has to be widespread recognition of this issue and shattering unreasonable societal expectations and developing solid support systems.

CHAPTER III. METHODOLOGY

This chapter is going to discuss the following method for the research in detail below.

Research Approach & Design

The study adopted a qualitative methodology to explore and deeply understand mothers' perspective on postpartum depression and its perceived effects on their children. This study involved conducting in-depth interviews along with one focus group discussion. However, since this topic is a very delicate and sensitive one, the researcher focused on general discussion on postpartum depression in the focus group discussion and reserved more personal experience questions for the in-depth interview.

Research Site

The selected area for the FGD was in a School compound in Mohammadpur, Dhaka city and the six IDIs were conducted in different areas, Iqbal road, Katasur, Lalmatia of Dhaka city. The specific location for individual in-depth interviews was selected upon discussing with participants. For the FGD as well, location was confirmed after consulting with all focus group members and prioritizing their convenience.

Research Participants

The participants selected were urban mothers between the age range of 30 to 40 and who had a child/children in the past 0 to 3 years. All mothers selected were belonging to a middle-class socio-economic background, with minimum a bachelor's degree in any discipline. The participants ranged in different professions - homemaker, teaching, private service.

Sampling Procedure

A total number of 6 participants were selected for the in depth interviews and 6 parents were selected for FGD through purposive sampling. The purposive sampling method ensured broader understanding of different mothers in the same research topic.

Data Collection Method & Procedure

The process began with first developing the IDI and FGD guideline, preparing questions that are open-ended and thematically connected to the research objectives. The tool for the data collection was six in-depth interviews and one focus group discussion. The interviews included open-ended questions connected to our study objective. Additional probing questions were added during the interview as that helped bring more insights from participants. Both the interviews and the focus group discussion were carried out in Bengali language to ensure clarity and easier comprehension by the participants. Audio recordings of the interviews were taken only after obtaining informed consent from each participant.

The researcher took prior knowledge on psychosocial skills through a short orientation from the supervisor, so that the researcher was equipped with discussing such a delicate topic with the study participants. Data collection then moved on to finding out mothers who are voluntarily willing to participate in the study. A consent form including all the details was prepared and the study participants' consent was written down. The consent form contained the study topic, objective of the research, mentioned risk and benefits associated with the study, confidentiality of participants, consent for taking audio recording etc. Participants' preferable locations were selected due to the sensitivity of the conversational topic. The researcher attentively paid attention to all participants' opinions

and details, ensuring that the conversation remained unbiased and was not directed in a way that might lead to favorable response. Carefully curated neutral questions were asked to encourage diversified insights from different participants.

All in-depth interviews were conducted in a casual, conversational manner and the duration was kept within 45-60 minutes. The focus group discussion was limited within 60-70 minutes. Interviews were conducted mostly in Bengali language as it helped participants express fully and helped in enhancing data reliability. It also built and fostered a sense of trust between researcher and participant, as the participants felt their linguistic background and preference is given respect. Relevant field notes and reflections were recorded during and immediately after each session to capture non-verbal signals including facial expressions and situational context effectively.

Data Management and Analysis

This stage was very crucial as it ensured the integrity, confidentiality and traceability of all the collected data from the previous steps and helped the researcher in reaching the final step. For the content analysis, firstly all the recordings were transcribed in its original language and formatted with all relevant and noted tone, pause, expressions and remarks. The original transcribed data was translated into English language in a separate document and was revised to ensure the accuracy of the translation. The final transcribed data was analyzed, and coded as participant 1, participant 2 and so on, for confidentiality of the participants. To ensure accuracy and to minimize any errors, recordings and notes were checked repeatedly with the transcribed data. Soft copies of the final transcribed data were made and both transcripts and audio recordings were repeatedly reviewed to identify and define common, recurring themes and patterns. Analyzing the data included

categorizing different paragraphs or clustered sentences under a code or marker. The identified themes were checked with the research questions and revised accordingly so that they accurately represent the collected insights from interviews.

Specific strategies such as asking key questions, concept mapping was applied for capturing extensive understanding of the research problem. Concept mapping was applied to visually see the representation of the interconnectedness of different pieces of information and findings - that helped the researcher to communicate the findings more efficiently.

All the audio recordings of the participants taken with their consent were saved in an encrypted device so that no one apart from the researcher had the access to those and the notes were kept in password secured, specific folders according to the data type and theme, in the computer as well as in the google drive. All the hard copies of the consent forms and information sheets, descriptive and reflective notes were stored in a very secured place.

All of the documents (soft and hard copies, audio recordings) will be retained by the researcher for a specified term and will after that be destroyed permanently.

Validity &Reliability

After preparing the guidelines for both FGD and IDI, these were reviewed by the experts and then pilot-tested with some participants. Finally, the guidelines were approved by the supervisor and were checked for its language, cultural sensitivity and content. To ensure credibility, data were collected using both methods which enabled triangulation of insights from participants.

Ethical Issues

The research strictly cohered to the ethical guidelines that prioritize safety, confidentiality, dignity and rights of all the participants. The Ethical clearance for the study was sought from the BRAC Institute of Educational Development (IED), BRAC University. All of the participants were thoroughly informed of the purpose and objectives of the study; risks associated with the study. It was clearly communicated to the participants that their participation in this study was entirely voluntary, and individuals may withdraw from the interview or discussion at any point in time without any consequences.

All collected data, only after being anonymized, was used for research purposes. As safeguarding participants' sensitive information is the utmost priority, the interviewer avoided asking any discomforting intrusive questions to the participants and was cautious and respectful towards each participant’s individual values and beliefs and present them as such in the final report. The research data including transcripts and audio files -is stored securely for a limited period of time and will be permanently deleted to protect participants’ complete privacy. If requested, participants will be provided with a copy of the final research report.

Limitations of the Study

Through qualitative research methods and in-depth interviews, we can get a detailed exploration of mother’s perceptions on postpartum depression. However, as the topic was very sensitive and is attached to many societal stigmas, many mothers under-reported their symptoms or shared only selective details. Although the sample was purposely selected to reflect a similar demographic’s mothers’ perceptions, it may not fully

represent the diversity of experiences among mothers in other geographical or socio-economic contexts. Lastly, during the FGD, a few participants' disposition to dominate the discussion may have inadvertently limited the depth or expression of other voices.

Addressing maternal depression alongside its profound impacts on a child is extremely crucial. Through engaging with mothers in conversation about postpartum depression, and focusing on their lived experiences, beliefs, values - many existing knowledge gaps can be filled. Moreover, the findings from the study may also help guide future policy frameworks, implementation of community-based interventions, and newer campaign strategies to ensure that postpartum depression is not addressed in isolation but as a foundational element of early childhood care and development

CHAPTER IV. RESULTS/FINDINGS & DISCUSSION

Results/findings

How mothers understood the definition, causes and consequences of postpartum depression and its significant impact on their children in early years are reflected in the results section of the study. There were six in-depth interviews (IDIs) and one focus group discussion (FGD), conducted with mothers who have at least one of 0-3 years old child, residing in Dhaka. The data from both IDIs and the FGD were analyzed thematically, and the findings are organized considering the primary theme that emerged from different participants' narratives. The section is divided into two parts. The first section would capture the responses received from interviewing and discussing with the mothers, involved in different professions who have dealt or are currently dealing with postpartum distress. A thorough analysis of the collected data supported by verbatim quotes directly by the mothers was included taking into account existing research as well as researcher's reflection.

Demographic Information

For both the FGD & IDI, a total of six mothers who gave birth to a child/children in the last 5 years were selected. All of the mothers for the FGD had their child or at least one of their children enrolled in the same school in Mohammadpur area of Dhaka city. The age of the mothers in the FGD and IDI varied between the range of 24-40 years. Six of the mothers have completed their Bachelor's degree, five mothers have a Master's Degree, one of the mothers was continuing her Bachelors study. One mother from the FGD is currently undergoing 'postpartum depression' counselling and treatment from a medical professional.

The findings are presented under different relevant themes in detail below.

Theme 1 - Mothers' Perception of Postpartum Depression

Sub-theme 1.1 Awareness and recognition of symptoms

Different mothers' understanding of postpartum depression varied notably in the FGD and IDIs. Most mothers had rudimentary understanding of postpartum depression and most of the parents' awareness about this stage after giving birth and the knowledge of symptoms for postpartum depression as a psychological condition appeared to lack adequate knowledge. The understanding was mostly shaped by personal coping, social expectations etc. Most mothers did not identify their emotional distress or extremity of it as any health concern, and some mentioned that the term "postpartum depression" was unfamiliar to them or they are hearing about it only lately.

"I did not even know there was even a word as such and we are only hearing about this now" (Participant from **FGD** , June 30, 2025)

One of the mothers mentioned her incapacity at that stage to even recognize alarming symptoms and it was only after she sought professional help when she understood how her mood disorders were not a normal part of motherhood.

"I don't think if I had not gone to the doctor to seek help, I would have ever recovered from it" (FGD 1, June 30, 2025)

Sub-theme 1.2 Cultural and Social Interpretations

Many mothers' perceptions were highly influenced and shaped by family narratives and values. Most mothers had the similar opinion that as the family members or in-laws never

gave too much importance to emotional distress, they also believed it is not anything too significant. Furthermore, some mothers shared a belief that if they had ample free time, emotional distress would be more noticeable then and if they were occupied with chores they did not really have time to think about depression or anything as such.

"I barely had time to think about my physical health, let alone mental health after doing all the works for the family and household" (Participant from **FGD**, June 30, 2025)

Sub-theme 1.3 Stigmas surrounding Postpartum Depression

Almost all mothers except a few shared how they feared being labelled or called "crazy" or "unfit to be a mother" if they talked about their emotional struggle post-birth. Some mothers also reflected their cultural or religious beliefs surrounding mental health.

"I also started doubting myself at one point when everyone was saying that I may be possessed and should be taken to a religious preacher for behaving like this" (IDI 2, June 29, 2025)

Some parents however, revealed to have great understanding on how mental health and postpartum depression continues to be stigmatized in our society.

"More and more conversations surrounding maternal mental health after giving birth should be talked about, because even if we have knowledge on it, we cannot progress without our husbands, mothers, grandmothers staying undereducated on this important matter" (IDI 1, June 24, 2025)

Theme 2 - Mother's Understanding of Effects Postpartum Depression on Child-rearing and Development

Sub-theme 2.1 Reduced emotional availability and Insecure attachment

In the matter of discussing the impact of postpartum depression on children's development in early years, all mothers agreed that it can readily have an impact on the bonding between mother and the baby. They agreed that the sudden physical changes and hormonal shifts of mothers caused at times difficulty in emotionally connecting to the baby. Mothers who had a toddler or another child along with the newborn, emphasized that there was certainly a delay in bonding with their newborn.

"I would feel so sad and depressed all the time, I at times felt as though the child is to blame for all my sadness" (IDI 3, July 2, 2025)

Sub-theme 2.2 Weaning and nutrition gaps

Although not all mothers, some recognized that the postpartum distress caused some disruption in feeding routines or acknowledging newborn's hunger cues. Approximately all the mothers thought 'mother's emotional state' did not impact the consistent care such as hygiene, sleep patterns etc of the baby. While all the mothers recognized that physical health of a child is a cornerstone for different milestones, most stated their postpartum mental condition however, did not impact their child's breastfeeding, nutrition or physical health outcomes.

"I don't think my mental state anyhow impacted my feeding practices" (Participant from **FGD**, June 30, 2025)

Sub-theme 2.3 Limited verbal interaction

Some mothers expressed that they did not necessarily think verbal interaction with newborns had the possibility to negatively affect the child's early years development

particularly in areas such as language acquisition, emotional regulation, or cognitive growth.

"We barely have time, energy or motivation left after bathing, feeding the child to focus on interacting or talking to the child" (IDI 6, July 5, 2025)

Having said that, two mothers emphasize on the necessity of using infant-directed speech and graphic facial expressions or gestures while communicating with their baby. They added that, due to the postpartum depression they have lacked the motivation to engage with the baby and often focused on only catering the basics to the baby, but they agreed on the importance of verbal interaction with children in their early years. One mother emphasized,

"I believe postpartum depression has a high likelihood to reduce the quality and responsiveness of mother-child interaction and therefore impacting child's verbal interaction skills" (IDI 1, June 24, 2025)

Sub-theme 2.4 Effects on Language and Cognitive Development

Mothers displayed varied understanding on how postpartum mental well-being of a mother can influence the language and cognitive development of their child. Only a handful of mothers linked their emotional state with the child's capacity to learn speech or acquire vocabulary. One of the mothers exclusively stated how as she lacked interest and felt demotivated all the time, she would allow her child screen time as a coping tool and relied heavily on electronic devices for keeping the child engaged.

"As my husband wasn't home until very late at night and I did not feel like engaging with anything, I relied on television or cartoons as it kept my child distracted and less demanding of attention" (Participant from **FGD**, June 30, 2025)

Sub-theme 2.5 Effects on child's Behavioral and Social development

A few mothers stated how they believed their emotional outbursts or aggression played a part in shaping their children's behavioral and social development. One of the mothers said she noticed her eldest daughter of 3 years becoming more withdrawn as the mother's anger and rash temper immediately after the second child's birth made her feel emotionally neglected. The mother stated -

"My eldest daughter's musical teacher pointed out to me that my eldest daughter had been comparatively quieter and was under-performing in musical lessons and it could be connected to how she is being dealt with at home" (Participant from **FGD**, June 30, 2025)

Another mother added that she felt her eldest behaved too maturely for her age at times and would appear hyper vigilant about mother's mood swings and reveal premature emotional awareness sometimes.

Theme 3 - Mothers Perception on the Factors Involved in Postpartum Depression and its Effects on Early Childhood Development

Sub-theme 3.1 Lack of Support from Spouse and Family

All the mothers pointed to the fact that immediate support received from husband and family works as a shield against tackling postpartum distress. Although some mothers had the notion that child-rearing tasks are exclusive to mothers or women of the household, most mothers agreed that if the husband involved or actively took up responsibilities such as feeding, burping, changing etc - that would take a lot of emotional stress off of the mother. One of the mothers in the interview stated-

“I believe my distress level was positively related to how much support or empathy I was receiving while taking care of the child” (IDI 4, July 2, 2025).

A common factor found in the discussion was the importance of financial stability and how the financial struggle during that stage can compound the emotional distress and exacerbate the postpartum depression.

Sub-theme 3.2 Lack of Public Healthcare Institutions and Medical Professionals

Mothers discussed how even if at times they were motivated to seek professional help, there were many barriers and inadequate information on where exactly to go for help. Multiple mothers addressed that public clinics or hospitals can include routine screening for mothers who give birth and that can help in diagnosing and treating mothers early for postpartum depression. One of the mothers during the group discussion addressed- *“I wish hospitals and doctors acknowledged the emotional well-being of the mother post birth and had some programs dedicated for mothers to understand the gravity of postpartum depression and its impact”* (Participant from **FGD**, June 30, 2025). Multiple mothers additionally mentioned that many times postpartum counselling services are accessible in private hospitals or clinics and can be very costly.

Discussion

This study sought to explore how mothers perceive postpartum depression and its impact on children in their crucial early years. By analyzing data received from mothers from varying professions, the findings displayed a lack of clinical understanding about postpartum depression and the multiplex ways it is connected to a child’s developmental outcomes among the mothers of the age group between 24-40. The study also discovered

that despite the concept of maternal mental well-being to be deeply influenced by cultural norms and linked to beliefs and stigmas, most mothers wish for more awareness and campaigns to be made around postpartum mental well-being. The findings are discussed extensively below in relation to existing literature highlighting three major themes.

Theme 1: Mother's Perception of Postpartum Depression

Most of the mothers, except only a few, exhibited limited understanding of PPD's scope and the symptoms of it, oftentimes labelling it as "stress", "tiredness" or "motherhood experience". Most mothers agreed to being incapable of identifying their emotional distress after childbirth as a potential concern for both herself as well as her children. Most mothers also added that the term "postpartum depression" was absolutely unfamiliar to them and it is during the discussion they are only learning there is such a term for it. According to many mothers in this study, their symptoms such as sadness, anger, irritability etc are considered part of new motherhood rather than being signs for any major disorder. This is in alignment with finding that women's inadequate knowledge of PPD may impair their ability to recognize depression symptoms and therefore seek any professional help (Mohamed et al., 2024).

Conversely, a handful of mothers who had a higher degree in education and were engaged in professions such as academia, financial institutions displayed enriched understanding of postpartum depression and had better recognition of symptoms of postpartum depression and could differentiate between general postpartum blues and depression. This observation is also parallel with research finding in South India where knowledge about postpartum depression was significantly higher among those

populations who had higher education and those who were employed in professional roles (Vijayalakshmi et al.,2021).

Furthermore, many mothers' understanding of postpartum depression in his research seemed to have cultural associations and how it may be seen as inappropriate for a mother to ask professional assistance for feeling ‘just sad’. A systematic review study involving countries of South Asia including Bangladesh found that discussing physical or more somatic symptoms is much more acceptable compared to mental health conditions; because emotional symptoms can make a mother look weak and it is not socially acceptable (Insan et al., 2022). The presence of stigma within community and family members is highly likely to continue the ignorance around postpartum depression and its complex ways of affecting both mother and child. A study in Iran focusing on cultural beliefs surrounding postpartum mental health finds that people in some countries believe that mothers lacking in religious practices are more likely to be affected by these symptoms (Miraj et al., 2023). This researcher’s finding is also in conformity with the focus group discussion where a mother was told by her mother-in-law about being possessed and regarded her symptoms to be synonymous with ‘insanity’.

All things considered, this study found a very marginal difference in opinion of mothers recognizing postpartum depression symptoms and its impact, especially due to the presence of mental health stigma and community awareness gap. Additionally, most mothers considered they should be self-sufficient and endure the stresses of motherhood because otherwise they would appear weak to the in-laws or family members.

Theme 2: Mothers' Perception on the Effects of Postpartum Depression on Child Rearing and Development

More or less, all the mothers described feeling emotionally detached or disconnected with the baby. Mothers with multiple children also noted that their behaviors changed towards the elder children as well, immediately after giving birth. While only a few mothers could associate their emotional detachment as a potential risk for negatively influencing their attachment with their newborn or the other child, all mothers interpreted how their distress caused them to struggle gravely to emotionally connect with the newborn. The findings are consistent with different research that discusses mother's postpartum depression to create an environment where optimal development of a child becomes threatened. Studies revealed that mothers with diagnosed postpartum depression had demonstrated comparatively low nurturance of the newborn and poor child rearing practices and therefore affecting the essential first step of development of the newborn (Slomian et al., 2019). A few mothers in this research study stated how their reduced responsiveness may have caused insecure attachment with their newborn.

Regardless of the findings revealing that mothers agreeing their depression may have caused changes in feeding practices, most did not acknowledge that maternal depression is known to be an established risk factor for infant-child malnutrition during the postpartum periods (Ritter et al., 2024). Many studies have also discovered that there is a complex interrelation between postpartum depression and the outcomes of malnutrition treatment (stunting, wasting, underweight etc) of a child and children under 5 years of age are more likely to develop malnutrition if born to a mother with diagnosed postpartum depression. (Ritter et al., 2024). A study including data from Bangladesh

noted that postpartum depression increased the risk of illness in infants aged four to twelve weeks and in children under 5 years (Dadi et al., 2021).

Although global data on wasting, stunting, diarrhea etc connected to postpartum depression are limited, the general findings from many low and middle income countries reveal pattern points to elevated risks of poor growth outcomes of children (Carosella et al., 2024).

Despite mothers in this study agreeing that verbal interaction with children was impacted due to feeling extremely sad and overwhelmed with motherhood responsibilities, some highlighted that they did not think it was, however, a major concern as to children falling behind in progressing cognitively or in learning language. Only a few mothers could attribute their child's delayed babbling, fewer verbal exchanges as impact on cognitive development. These mothers assessments align with research findings that indicate that postpartum depression has shown to be associated with alteration of a child's cognitive flexibility, functioning, working memory etc (Severo et al., 2023). Besides, mothers with postpartum depression tend to be verbally disengaged where they perform less verbal repetition with their children, give fewer explanations and can be unpredictable with behaviors (Severo et al., 2023).

It is likely many mothers in this study could not establish a direct linkage between depression and child's capacity to develop cognitively. One study explicitly highlights that maternal depression influences a child's language or cognitive functioning indirectly through its negative effects on the quality of caregiving (Stein et al., 2008).

Infants or children exposed to maternal postpartum depression have been observed in a study in Pakistan to be six times more likely to exhibit emotional dysregulation, difficulty

in self-soothing, heightened tantrums and externalizing behaviors (Ali et al., 2013). Mothers with postpartum depression are revealed to have reduced sensitivity which disrupts the parent-child emotional attunement which is extremely crucial for developing the child's emotional regulation and social engagement (Slomian et al., 2019).

Theme 3: Mothers Perception on the Factors Involved in Postpartum Depression and its Effects on Early Childhood Development

Discussing with multiple mothers, the importance of the support from family and community repeatedly came up. Multiple mothers echoed the lack of husband's family's support and the overburden of household responsibilities as factors that exacerbated their mental state after giving birth. One of the studies in Bangladeshi urban slums discovered that poor marital relationship, weak relationship with in-laws and frequent domestic arguments are strong predictors of postpartum depression among women (Azad et al., 2019). Emotionally distant partners or a household where constant negative interactions such as criticism, blame or interference with child rearing occur, leads to mothers feeling inadequate and excessive stress. Moreover, when a mother is held responsible for a baby's tantrums or feeding difficulties, this can reinforce guilt and depressive thoughts in the mother too and as a result influencing the development of the mother-child relationship.

Almost all the mothers agreed that cultural expectations and gender focused roles added more pressure and exacerbated their mental state after giving birth. In spite of mothers in this study finding their own family members to be of extreme help and support, most reported feeling the absence of shared responsibilities by their in-laws. This finding is also parallel to where in Bangladesh a researcher found that women who are given less

decision-making power and stay in unsupportive family environments are more likely to suffer from depressive symptoms postpartum (Nasreen et al., 2011).

Another major well-established contributing factor in worsening postpartum depression among the mothers and therefore strongly impacting the child's development was the financial constraints in a household. Mothers shared struggles of mental stress regarding living with economic insecurity, affording food, healthcare, child supplies etc to be significantly increasing their emotional distress. Financial constraint itself often leads to food insecurity resulting in under-nutrition, wasting, underweight status in infants and toddlers; maternal mental worry with financial management can compound the distress often making mothers struggle to maintain feeding routines.

Along with family support, the lack of accessible public mental health services, absence of counselling from professionals - all appeared in discussion with mothers. Most mothers expressed disappointment on lack of routine screening or skilled public health professionals who are trained to detect postpartum depression. This in truth can be associated with the high number of undiagnosed or prolonged maternal distress among the mothers. The necessity of medically trained professionals, peer counselors and varying interventions targeting maternal mental health has been seen to significantly reduce the symptoms of postpartum depression and improve maternal and infant outcomes through psycho-education and emotional support (Norazman & Lee., 2024). With continuation of weak healthcare services, many mothers' maternal stress continues to get aggravated leading to the mothers having reduced caregiving capacity and therefore increasing the child's emotional risk and regulatory struggles. To mitigate this issue it is necessary to have interventions that focus on addressing and early diagnosing

of postpartum depression and limiting these gaps to translate into children's developmental outcomes.

In summary, the findings of this study revealed a glaring gap in mother's understanding of postpartum depression as both a serious public health health concern as well as a threat to children developing optimally. Mothers often overlooked the direct implications of their emotional distress for their child's development during the crucial formative years. Despite mothers acknowledging many intricate aspects of factors that contribute to postpartum depression and recognizing the imperative need to have more awareness and campaigns around maternal mental well-being's connection to early childhood development, most of the mothers struggled to comprehend how their postpartum sadness or emotional distress have the potential to negatively influence infant emotional bonding, cognitive stimulation, nutritional care, social interaction and foundational learning.

Conclusion

Although globally researches to understand the interplay between postpartum depression and early childhood development have been ongoing for some time, there are few studies in Bangladesh that directly attempts to shed light on maternal perceptions on this issue solely. Through detailed discussions and engagement with mothers' lived experiences, knowing about their personal struggle made it more obvious that postpartum depression should be judged as a social and developmental concern that has lasting implications for early childhood outcomes.

Moreover, the finding that most mothers are unaware of the potential long-term developmental impact on their children demands more frequent conversations and interventions be introduced. The gap in many mothers' awareness level on postpartum

depression and its implications for their children, compounded by social stigma, limited mental health literacy, lack of support services, underscores a critical need for early identification and culturally sensitive interventions.

Maternal mental health must be viewed as being deeply connected to children' s well-being. First and foremost, recognizing mothers as key agents in nurturing developmental environments, it is imperative to empower them through proper knowledge on postpartum depression and informed guidance.

As Bangladesh continues to make significant strides in early childhood development by addressing associated sustainable development goals (SDG), integrating maternal mental health into public health and early childhood policies can bring transformative changes. Ultimately, it can be suggested that maternal voices are central to shaping more responsive, empathetic systems that safeguards both mother and child. To nurture the early years as a foundation for a child's well-being, altogether, identifying and diagnosing a mother's postpartum depression early through introducing population specific interventions and reformed policies has no alternative.

Recommendation

The findings from this research prove that through acknowledging and responding to maternal perceptions and needs, Bangladesh can progress further towards a more holistic, sustainable model of early childhood development. Below are some recommendations that emphasize that addressing postpartum depression is not just a public health concern - it is also a foundational investment in children's early years development.

Prenatal and postnatal programs that create awareness should include structured sessions on the gravity and implications of postpartum depression. These sessions should

explicitly discuss the ways maternal emotional well-being affects children's early emotional, cognitive, social and behavioral development.

As from the findings we observe how mothers with educational degrees lack the knowledge on PPD and its impacts; appropriate communication tools for example videos, brochures, locally announcing etc be developed and disseminated.

Incorporating home visits or parenting sessions that screen for maternal mental health screening can be incorporated targeting the stay at home mothers.

More rigorous advocacy for policy integration of maternal mental health into Early Childhood Development frameworks should be considered by policymakers of the country allocating specific budgets.

Lastly, further studies on maternal perceptions of postpartum depression and its influence in children's development in early years must be conducted to capture diverse perspectives across different contexts.

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APPENDICES

Demographic Information					
IDI					
Anonymized Participant #	Age of the Mother	Highest Educational Degree	Employment Status	Number of Children	Age of the youngest Child
1	34	Bachelors	Homemaker	1	22 months
2	32	Bachelors	Lecturer	1	4 months
3	38	Masters	Homemaker	2	7 months
4	31	Masters	Homemaker	2	2.5 years
5	30	Bachelors	Private Service	2	2 years
6	37	Bachelors	Teacher	3	3 years
FGD					
1	37	Bachelors	Homemaker	2	6 months
2	30	Bachelors	Homemaker	2	9 months
3	38	Masters	Private Service	1	3 years
4	39	Masters	Homemaker	2	3 months
5	30	Bachelors	Looking for Job	2	11 months
6	40	Masters	School Teacher	3	2 years

Appendix - A: Research Tool

Appendix A.1: IDI Guideline

1. What was your experience like during the first few months after giving birth?
2. Have you felt extreme sadness/loneliness after giving birth and how severe was it?
3. What do you understand about postpartum depression and what are some causes for it?
4. What would you say were the risk factors that contributed to you developing ‘postpartum depression’?
5. Do you consider that maternal mental well-being is connected to a child's development in early years? If yes, how?
6. How do you think your relationship with the newborn was affected due to your postpartum depression?
7. Did your postpartum depression affect the breastfeeding or caregiving to your child?
8. Have you observed any noticeable effects in your child’s development (cognitive, language, motor etc) due to your postpartum depression?
9. What kind of support did you receive from your spouse, household or close family members?
10. Have you faced any cultural or social myths associated with maternal mental health during your pregnancy?
11. Did you seek any professional help from healthcare workers? What support did they provide?

12. What services or support programs do you think need to be introduced that will be beneficial to new mothers who are struggling with postpartum depression?
13. Lastly, what message will you like to give to mothers who are pregnant or have recently become mothers?

Appendix A.2: FGD Guideline

1. What are some common experiences mothers go through right after childbirth?
2. What do people around you understand when “Postpartum Depression” is mentioned?
3. What are the factors that influence mothers’ emotional well-being during this stage?
4. In what ways mothers’ who have postpartum depression engage differently (breastfeeding, responsive caregiving etc) with their newborns?
5. Did you notice any differences in your breastfeeding or caregiving practice to your child due to postpartum depression?
6. How do you think postpartum depression can impact children’s development in different domains such as language, brain, problem solving, motor etc skills?
7. Are there cultural stigmas attached to maternal mental health and what are they?
8. Where do mothers typically seek help from if they feel their emotional health is impacting her or her child?
9. What kinds of support services are readily accessible for mothers in the community?
10. How can discussion about postpartum depression and maternal mental health be made more frequent?

11. How can the available support services be improved or modified?
12. What suggestions will you give to mothers regarding postpartum depression?

Appendix - B: Consent Form

Title of the Study: *Maternal Perception of Postpartum Depression and its Influence on Children in Early Years*

Researcher's Name: Humaira Tasnim Karim

Purpose of the Study: You are kindly invited to take part in this research study that I am undertaking as a part of the requirements for my Master's Degree at BRAC Institute of Educational Development (BRAC IED), BRAC University. This study aims to explore mothers' perceptions of postpartum depression and its impact on children in their early years.

Procedures: If you agree to participate in this study, you will be asked to take part in either an in-depth interview or focus group discussion that will include questions about -

- Your understanding of postpartum depression, experience after childbirth
- Your perception of how postpartum depression is connected to children's development and well-being
- What are some recommendations to address and treat postpartum depression

The in-depth interview is expected to take approximately 45-60 minutes and focus group discussion will last about 60-70 minutes.

Risks and Benefits: There are no foreseeable risks associated with participation in this study. Nonetheless, discussing postpartum depression and recollection of its experience can be emotionally challenging. You may choose to skip any question that you find uncomfortable in answering.

While there will not be any monetary compensation, your insights will significantly add to understanding how postpartum depression affects maternal well-being and children's development and well-being in early years. Potential benefits will also include developing an informed societal awareness and in having effective interventions and policies in place.

Confidentiality: All responses collected will be kept strictly confidential and anonymous. Your name or identifying details will not be disclosed in any reports or publications. All data will be anonymized and stored very securely where only the researcher will have access to it.

Voluntary Participation: Your participation is entirely voluntary and you may withdraw from the study at any point during the interview without any penalty.

Questions and Contact Information: Thank you for your cooperation. If you have any questions regarding this study, please contact the researcher at humairatkarim@gmail.com or at contact no - 01782091430

Consent

I have read and understood the information outlined above and have voluntarily agreed to participate in this study.

Participant's Name: _____

Participant's Signature: _____

Date: _____

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[illegible]?

[illegible]

[illegible] '*প্রসব পরবর্তী বিষণ্নতা / পোস্টপার্টাম ডিপ্রেশন*' [illegible]

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[illegible] 'প্রসব পরবর্তী বিষণ্নতা'-[illegible]

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[illegible] 'প্রসব পরবর্তী বিষণ্নতা' –এর কারণে কি নবজাতকের সাথে আপনার সম্পর্কের ওপর কোনো প্রভাব পড়েছিল বলে মনে করেন?

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?ট্রেনিং কী কী বিষয়ে দেওয়া হয়েছে (একাধিক উত্তর হতে পারে)

ট্রেনিং কি আপনার কাজে সহায়ক হয়েছে, নাকি হয়নি?

?ট্রেনিং থেকে আপনি কী কী শিখেছেন

আপনি কি মনে করেন, ট্রেনিং আপনার কাজের মানোন্নয়নে সহায়ক হয়েছে?

?ট্রেনিং থেকে আপনি কী কী শিখেছেন

আপনি কি মনে করেন ট্রেনিং আপনার কাজে সহায়ক হয়েছে?

?ট্রেনিং থেকে আপনি কী কী শিখেছেন ?ট্রেনিং কি আপনার কাজে সহায়ক হয়েছে

?ট্রেনিং থেকে আপনি কী কী শিখেছেন

?ট্রেনিং কি আপনার কাজে সহায়ক হয়েছে

এফজিডি নির্দেশিকা

?আপনার এলাকায় কী কী ধরনের সমস্যা রয়েছে

?কী কী সমস্যা সমাধানে আপনারা কাজ করছেন

?আপনার কাজে কী কী সমস্যা রয়েছে

প্রক্রিয়া: গর্ভাবস্থা পরবর্তী বিষণ্ণতা সম্পর্কে আপনার ধারণা এবং সন্তান জন্মের পর আপনার অভিজ্ঞতা

- প্রসব পরবর্তী বিষণ্ণতা সম্পর্কে আপনার ধারণা এবং সন্তান জন্মের পর আপনার অভিজ্ঞতা
- প্রসব পরবর্তী বিষণ্ণতা কীভাবে শিশুর বিকাশ ও সুস্থতার উপর প্রভাব ফেলে সে সম্পর্কে আপনার মতামত
- এই বিষণ্ণতা প্রতিরোধ ও চিকিৎসার জন্য আপনার পরামর্শ

গর্ভাবস্থা পরবর্তী বিষণ্ণতা সম্পর্কে আপনার ধারণা এবং সন্তান জন্মের পর আপনার অভিজ্ঞতা

প্রসব পরবর্তী বিষণ্ণতা কীভাবে শিশুর বিকাশ ও সুস্থতার উপর প্রভাব ফেলে সে সম্পর্কে আপনার মতামত

ঝুঁকি ও সুবিধা:

গর্ভাবস্থা পরবর্তী বিষণ্ণতা প্রতিরোধ ও চিকিৎসার জন্য আপনার পরামর্শ

গোপনীয়তা:

স্বেচ্ছায় অংশগ্রহণ:

প্রশ্ন বা যোগাযোগের তথ্য:

: **humairatkarim@gmail.com**

ফোন: **০১৭৮২০৯১৪৩০**

সম্মতি

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অংশগ্রহণকারীর নাম: ______________________________________

অংশগ্রহণকারীর স্বাক্ষর: ___________________________________

তারিখ: ____________________