Relationship Between the Provider's Mental Health Literacy and Maternal Postpartum Depression in Community Health Setting

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DOI: https://doi.org/10.47772/IJRISS.2026.100601259

Received: 28 June 2026; Accepted: 04 July 2026; Published: 16 July 2026

ABSTRACT

The transition to motherhood is often accompanied by profound emotional and psychological changes that can affect a woman's overall well-being. Although postpartum depression and anxiety are recognized as major maternal health concerns, their prevention and early identification remain challenging in many community healthcare settings. This study explored how mothers' perceptions of healthcare providers' mental health literacy, social support, and healthcare access relate to postpartum mental health outcomes. It also examined whether perceived social support serves as a pathway through which provider mental health literacy influences maternal mental health.

A descriptive-correlational design was employed among postpartum mothers and healthcare providers from selected barangay health centers in General Trias City, Cavite, Philippines. Data were gathered using validated instruments assessing postpartum depression, postpartum anxiety, perceived social support, healthcare access and utilization, and mental health literacy. Statistical analyses included descriptive measures, correlation tests, and mediation analysis.

The findings showed that participating mothers generally reported low levels of postpartum depression and anxiety, while perceiving high levels of social support, healthcare access, and provider mental health literacy. Healthcare providers likewise demonstrated strong mental health literacy despite limited formal training in maternal mental health. Mothers who reported greater social support tended to experience lower levels of postpartum anxiety. In addition, higher perceived provider mental health literacy was associated with stronger perceptions of social support. Mediation analysis further indicated that perceived social support significantly explained the relationship between provider mental health literacy and postpartum anxiety. However, a similar mediating effect was not observed for postpartum depression.

These findings suggest that healthcare providers may contribute to better maternal mental health not only through clinical care but also by fostering supportive relationships that help mothers feel understood, connected, and supported. Strengthening mental health literacy among frontline healthcare providers and integrating mental health support into routine maternal services may enhance the quality of postpartum care and promote positive mental health outcomes in community settings.

Keywords: postpartum mental health, postpartum anxiety, postpartum depression, mental health literacy, social

support

INTRODUCTION

Although postpartum depression served as the primary focus of the study, postpartum anxiety was also examined because these conditions frequently coexist during the postpartum period and together provide a more comprehensive understanding of maternal mental health.

Maternal mental health has gained increasing recognition as a critical component of public health due to its influence on maternal well-being, infant development, and family functioning. Among the most common psychological concerns during the postpartum period are postpartum depression and postpartum anxiety, conditions that can interfere with a mother's ability to adjust to new responsibilities and maintain healthy relationships with her infant and family. Although considerable progress has been made in promoting maternal health services, postpartum mental health concerns continue to be underrecognized, particularly within primary healthcare settings where routine care often focuses on physical recovery and infant health.

Globally, approximately one in five women experience mental health difficulties during pregnancy or the postpartum period, with a greater burden observed in low- and middle-income countries where mental health resources remain limited. Research has consistently shown that untreated postpartum psychological distress is associated with adverse outcomes, including impaired maternal functioning, reduced quality of life, disrupted mother–infant bonding, and negative developmental consequences for children. Despite these implications, maternal mental health screening remains inconsistently implemented in many community healthcare systems.

In the Philippines, maternal healthcare is largely delivered through barangay health centers, which provide accessible prenatal and postnatal services for mothers and infants. However, mental health support is not always integrated into routine maternal care, creating missed opportunities for early identification and intervention. Frontline healthcare providers, including barangay health workers, nurses, midwives, and physicians, play an important role in recognizing emotional concerns and facilitating access to support services. Their ability to respond effectively may depend partly on their level of mental health literacy, defined as the knowledge, attitudes, and competencies necessary to recognize and address mental health concerns.

Recent epidemiological evidence from the Philippines indicates that perinatal depressive symptoms remain a significant public health concern. A nationwide cross-sectional survey reported that clinically significant depressive symptoms were present among a substantial proportion of pregnant and postpartum women, underscoring the need for early identification, timely intervention, and stronger integration of mental health into routine maternal healthcare services (Filoteo et al., 2026).

Recent evidence suggests that the influence of healthcare providers extends beyond clinical assessment and referral. Mothers who perceive providers as knowledgeable, supportive, and responsive may feel more comfortable discussing emotional concerns and accessing available services. Such interactions may strengthen perceptions of social support, which has consistently been identified as a protective factor against postpartum psychological distress. Understanding how provider-related factors and social support interact may therefore provide valuable insights into improving maternal mental health outcomes in community settings.

Given the limited evidence from Philippine primary healthcare settings, this study examined the relationships among perceived provider mental health literacy, perceived social support, healthcare access and utilization, and postpartum mental health outcomes among mothers attending barangay health centers in General Trias City, Cavite. It further explored the mediating role of perceived social support in the relationship between provider mental health literacy and postpartum mental health outcomes.

Although previous studies have independently examined postpartum mental health, provider mental health literacy, healthcare access, and social support, few studies have investigated how these factors interact within community-based maternal healthcare settings. Existing Philippine studies have largely focused on hospital-based populations, leaving limited evidence regarding maternal mental health experiences in barangay health centers. Furthermore, the potential mediating role of social support in linking provider-related factors and

maternal mental health outcomes remains insufficiently explored. Addressing these gaps may provide valuable insights for strengthening community-based maternal mental health services.

LITERATURE REVIEW

Postpartum depression and anxiety remain among the most prevalent mental health concerns affecting women during the transition to motherhood. While prevalence estimates vary across populations and settings, studies consistently indicate that a substantial proportion of women experience emotional distress during the months following childbirth. Factors such as financial strain, limited social support, caregiving demands, prior mental health conditions, and barriers to healthcare access have been identified as significant contributors to postpartum psychological difficulties (Shorey et al., 2021).

Mental health literacy has emerged as an important determinant of effective mental healthcare delivery. Originally conceptualized as knowledge and beliefs that facilitate the recognition, management, and prevention of mental disorders, mental health literacy now encompasses broader domains, including attitudes toward mental illness, help-seeking behaviors, and confidence in providing support (Jorm, 2022). Studies have demonstrated that healthcare providers with stronger mental health literacy are more likely to identify psychological concerns, reduce stigma, and facilitate appropriate intervention and referral (Kutcher et al., 2021; Akkineni et al., 2025). In addition, recent evidence supports the Mental Health Literacy Scale (MHLS) as a valid and reliable instrument for assessing mental health literacy across diverse populations and settings (ElKhalil et al., 2024).

Recent evidence emphasizes that effective maternal mental healthcare extends beyond the use of screening tools and depends on the quality of communication, psychosocial assessment, and therapeutic relationships between healthcare providers and mothers. Women are more likely to disclose emotional concerns and engage in recommended care when healthcare professionals demonstrate empathy, provide patient-centred communication, and establish trusting relationships. These supportive interactions facilitate early identification of psychological concerns and improve access to appropriate care pathways (Norazman & Lee, 2024; COPE, 2023).

Social support remains one of the most consistently reported protective factors in maternal mental health literature. Support from partners, family members, friends, and healthcare professionals can buffer the effects of stress and facilitate adaptation to motherhood. Higher levels of perceived social support have been associated with lower levels of postpartum depression and anxiety, improved coping abilities, and better overall psychological adjustment (Cho et al., 2022; Wang et al., 2023; Norazman & Lee, 2024)

Healthcare access and utilization also play a crucial role in maternal well-being. Access to responsive and supportive healthcare services increases opportunities for screening, education, and timely intervention. However, barriers such as workforce shortages, limited mental health integration, and resource constraints continue to affect service delivery in many primary healthcare settings (World Health Organization, 2024).

In the Philippines, efforts to strengthen mental healthcare have been supported through the Philippine Mental Health Act (Republic Act No. 11036), which promotes access to mental health services across healthcare settings. Despite these policy developments, maternal mental health screening and support remain inconsistently implemented in many primary healthcare facilities. Consequently, postpartum mental health concerns may continue to be underrecognized at the community level, highlighting the need for evidence-based interventions within barangay health centers.

Although these factors have been examined independently, fewer studies have explored their interconnected influence on postpartum mental health outcomes, particularly within community-based healthcare settings. Furthermore, evidence from the Philippines remains limited. Examining the relationships among provider mental health literacy, social support, healthcare access, and maternal mental health outcomes may provide valuable evidence for strengthening postpartum mental health services at the primary healthcare level.

METHODOLOGY

Research Design

This study utilized a descriptive-correlational research design to examine the relationships among perceived provider mental health literacy, perceived social support, healthcare access and utilization, and postpartum mental health outcomes among mothers attending selected barangay health centers in General Trias City, Cavite. It also investigated the mediating role of perceived social support in the relationship between provider mental health literacy and postpartum mental health outcomes. Healthcare access and utilization was included primarily to describe respondents' experiences with maternal healthcare services and provide contextual information regarding the healthcare environment in which postpartum mental health outcomes were examined.

Participants and Setting

The study was conducted in selected barangay health centers in General Trias City, Cavite, Philippines. Participants included 202 postpartum mothers who had given birth within the previous 12 months and 75 healthcare providers, including barangay health workers, nurses, and midwives involved in maternal healthcare services. Respondents were selected based on eligibility criteria and voluntary participation. A purposive sampling approach was employed to recruit eligible participants. Postpartum mothers who met the inclusion criteria and were present at the selected barangay health centers during the data collection period were invited to participate. Healthcare providers involved in maternal healthcare services within the participating health centers were likewise recruited. This approach ensured that respondents possessed the relevant experiences and characteristics necessary to address the objectives of the study.

Research Instruments

Data were collected using validated survey instruments that measured postpartum depression, postpartum anxiety, perceived social support, healthcare access and utilization, and mental health literacy. Mothers completed questionnaires assessing their postpartum mental health, social support, healthcare experiences, and perceptions of provider mental health literacy. Healthcare providers completed a separate mental health literacy questionnaire assessing knowledge, attitudes, confidence, and referral practices related to maternal mental health. Prior to data collection, the research instruments underwent content validation by a panel of experts in nursing, maternal health, mental health, and research methodology. A pilot test was subsequently conducted to assess the clarity, relevance, and reliability of the instruments. Reliability analysis demonstrated good to excellent internal consistency across all instruments. The Edinburgh Postnatal Depression Scale (EPDS) obtained a Cronbach's alpha coefficient of .901, the Generalized Anxiety Disorder-7 (GAD-7) scale obtained .894, and the Multidimensional Scale of Perceived Social Support (MSPSS) obtained .892. The Perceived Provider Mental Health Literacy (PP-MHL) instrument demonstrated excellent reliability ($\alpha = .949$). For the healthcare provider mental health literacy domains, Cronbach's alpha coefficients ranged from .722 to .875, indicating acceptable to good internal consistency. These findings support the reliability of the instruments used in the study.

Data Collection and Analysis

Following ethical approval and permission from relevant authorities, questionnaires were administered to eligible respondents who provided informed consent. Data were analyzed using descriptive and inferential statistics. Frequencies, percentages, means, and standard deviations were used to describe respondent characteristics and study variables. Prior to inferential analysis, the distribution of the data was assessed using normality tests. Normality was assessed using the Shapiro–Wilk test. Since several variables violated the assumption of normality ($p < .05$), nonparametric analyses were performed. Spearman's rho correlation analysis was used to examine relationships among variables. Mediation analysis was conducted to examine whether perceived social support mediated the relationship between perceived provider mental health literacy and postpartum mental health outcomes. Statistical significance was set at $p < .05$.

Ethical Considerations

Ethical approval was obtained prior to data collection. Participation was voluntary, and informed consent was secured from all respondents. Confidentiality, anonymity, and the right to withdraw from the study at any time

were upheld throughout the research process.

DISCUSSION

Characteristics of Respondents

Table 1. Demographic Characteristics of Respondents

Variable	Category	n	%
Age (Mothers)	<18 years	8	3.96
	18–24 years	42	20.79
	25–34 years	100	49.50
	≥35 years	52	25.74
Civil Status	Married	91	45.05
	Live-in	94	46.53
	Others	17	8.42
Postpartum Check-up Attendance	Yes	146	72.28
	No	56	27.72
Distance to Health Center	<15 minutes	146	72.28
	15–30 minutes	50	24.75
	>30 minutes	6	2.97
Profession	Barangay Health Worker	66	88
	Midwife	3	4
	Nurse	6	8

Most postpartum mothers belonged to the 25–34-year age group (49.50%), followed by mothers aged 35 years and older (25.74%). The majority were either married or living with a partner, suggesting the presence of family support systems that may contribute to maternal adjustment during the postpartum period. More than seven out of ten mothers attended postpartum follow-up consultations and lived within 15 minutes of a barangay health center, indicating favorable access to maternal healthcare services. These findings suggest that respondents generally had access to healthcare resources and social environments that may support positive maternal mental health outcomes. Among healthcare providers, barangay health workers comprised the largest proportion of respondents, followed by nurses and midwives. This distribution reflects the structure of primary healthcare services in barangay health centers, where frontline workers often serve as the first point of contact for postpartum mothers.

Levels of Postpartum Mental Health, Social Support, and Provider Mental Health Literacy

Table 2. Descriptive Statistics of Key Study Variables

Variable	Mean	Interpretation
Postpartum Depression	2.10	Low
Postpartum Anxiety	2.13	Low
Perceived Social Support	4.09	High
Healthcare Access and Utilization	4.34	Very High
Provider Knowledge and Recognition of Postpartum Mental Health	3.91	High

As presented in Table 2, postpartum mothers reported generally low levels of depression (M = 2.10) and anxiety (M = 2.13). Severe depressive indicators such as hopelessness and thoughts of self-harm were minimally reported,

suggesting that most mothers were able to adjust successfully during the postpartum period.

Perceived social support was high (M = 4.09), indicating that respondents felt supported by family members, partners, and significant others. The highest-rated indicators reflected the availability of someone to talk to during difficult times and the presence of a supportive partner. Feelings of isolation were generally uncommon among participants.

Healthcare access and utilization were also rated very high (M = 4.34), suggesting that maternal healthcare services in the participating barangay health centers were perceived as accessible, affordable, and responsive to mothers' needs. Although healthcare access and utilization were not significantly associated with the primary mental health outcomes examined in this study, the consistently high ratings suggest that respondents generally encountered minimal barriers to obtaining maternal healthcare services. Such accessibility may contribute indirectly to positive maternal experiences and facilitate opportunities for health promotion and support. Respondents particularly agreed that healthcare workers listened to their concerns and that services were readily available within their communities. Regular contact with healthcare providers may create opportunities for health education, emotional support, and early identification of maternal concerns.

Healthcare providers demonstrated generally high mental health literacy, particularly in recognizing postpartum mental health concerns and the importance of early screening and social support. They recognized the importance of social support, hormonal influences, and routine screening in addressing maternal mental health. However, some uncertainty remained regarding specific mental health concepts and referral resources, highlighting opportunities for further professional development.

Correlation Analysis

Table 3. Correlations Among Study Variables

Variables	**ρ**	**p-value**	**Interpretation**
Social Support and Postpartum Depression	-0.112	.113	Not Significant
Social Support and Postpartum Anxiety	-0.203	.004	Significant
Provider Mental Health Literacy and Postpartum Depression	-0.093	.189	Not Significant
Provider Mental Health Literacy and Postpartum Anxiety	-0.099	.163	Not Significant
Provider Mental Health Literacy and Social Support	0.446	<.001	Significant

Correlation analysis revealed that perceived social support was significantly associated with lower postpartum anxiety ($\rho = -0.203$, $p = .004$), although the relationship was weak. Mothers who perceived greater support from family members, partners, and significant others tended to report lower levels of anxiety during the postpartum period. This finding supports previous evidence demonstrating the protective role of social support in maternal psychological adjustment.

Interestingly, social support was not significantly associated with postpartum depression. Similarly, perceived provider mental health literacy was not directly associated with either postpartum depression or postpartum anxiety. However, provider mental health literacy demonstrated a significant positive relationship with perceived social support ($\rho = 0.446$, $p < .001$), representing the strongest association observed in the study. Mothers who perceived healthcare providers as knowledgeable, approachable, and supportive also reported stronger feelings of support. This finding is consistent with the studies of Wang et al. (2023) and Norazman and Lee (2024), which identified social support as a protective factor against postpartum anxiety and depressive symptoms among postpartum mothers. The findings suggest that mothers who perceived healthcare providers as knowledgeable and supportive also reported stronger perceived social support, which was associated with lower postpartum

anxiety.

Mediation Analysis

Table 4. Mediation Analysis of Perceived Social Support

Pathway	B	p-value	Interpretation
Provider Mental Health Literacy → Social Support	0.419	<.001	Significant
Social Support → Postpartum Anxiety	-0.151	.030	Significant
Indirect Effect (Provider Literacy → Social Support → Anxiety)	-0.063	.043	Significant
Direct Effect (Provider Literacy → Anxiety)	—	.912	Not Significant
Total Effect	—	.335	Not Significant

Mediation analysis showed that perceived social support significantly mediated the relationship between perceived provider mental health literacy and postpartum anxiety. Higher perceived provider mental health literacy was associated with greater perceived social support, which in turn was associated with lower postpartum anxiety. The indirect effect was significant (B = −0.063, p = .043, 95% CI [−0.125, −0.002]), with the confidence interval excluding zero. In contrast, both the direct effect (p = .912) and total effect (p = .335) were not significant, indicating an indirect-only mediation model.

The findings suggest that provider mental health literacy was not directly associated with postpartum anxiety but may operate indirectly through mothers' perceived social support. When healthcare providers communicate empathetically, perform appropriate psychosocial assessment, and respond to mothers' emotional concerns in a patient-centered manner, mothers may feel more supported and understood, thereby reducing feelings of postpartum anxiety (COPE, 2023). This finding aligns with contemporary maternal mental health literature emphasizing the importance of relational and interpersonal aspects of care. The present findings are consistent with previous studies emphasizing the role of supportive healthcare relationships in maternal psychological adjustment. Similar to the work of Wang et al. (2023), mothers who perceived greater support reported better emotional outcomes. The findings further suggest that provider competence may be associated with maternal well-being indirectly through supportive healthcare relationships.

In contrast, no significant mediation effect was observed for postpartum depression. Although provider mental health literacy remained significantly associated with perceived social support, social support did not significantly predict depressive symptoms. This finding suggests that postpartum depression may be influenced by additional biological, psychological, and contextual factors beyond the supportive relationships examined in the present study.

One possible explanation for the absence of significant relationships involving postpartum depression is the generally low level of depressive symptoms reported by respondents. Limited variability in depression scores may have reduced the ability to detect statistically significant associations. Additionally, postpartum depression is a multifactorial condition influenced by hormonal changes, previous mental health history, socioeconomic stressors, and family dynamics, many of which were beyond the scope of the present study. Future investigations may benefit from examining these factors alongside provider-related and social influences.

Overall, the findings indicate that postpartum mental health in community healthcare settings is shaped by a complex interaction of healthcare experiences and social relationships. While provider mental health literacy remains important, its influence on maternal mental health appears to operate primarily through its contribution to supportive environments that foster maternal adaptation and emotional well-being.

The findings may be interpreted through the lens of Roy's Adaptation Model, which views individuals as adaptive systems responding to environmental stimuli. In the present study, perceived social support appears to function as an important adaptive resource that helps mothers cope with the emotional demands of the postpartum period. The findings also reflect Watson's Theory of Human Caring, which emphasizes the value of supportive and empathetic healthcare relationships. Mothers who perceived healthcare providers as knowledgeable and

supportive were more likely to report stronger feelings of social support, highlighting the importance of caring interactions in promoting psychological well-being.

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design limits the ability to establish causal relationships among the variables. Second, the study relied on self-reported data, which may be subject to recall bias and social desirability bias. Third, participants were recruited from selected barangay health centers in one city, which may limit the generalizability of the findings to other settings. Despite these limitations, the study provides valuable insights into the role of provider mental health literacy and social support in shaping postpartum mental health outcomes within community healthcare environments. The study primarily relied on mothers' perceptions of provider mental health literacy. Future studies should incorporate objective assessments of healthcare providers' mental health literacy to complement patient-reported perceptions.

The present findings are consistent with emerging Philippine evidence showing that maternal mental health concerns remain underrecognized in primary healthcare despite increasing policy attention. Strengthening the capacity of frontline healthcare providers may therefore represent an important strategy for improving community-based maternal mental health services.

CONCLUSION

Perceived social support was the only variable significantly associated with postpartum anxiety and mediated the relationship between provider mental health literacy and maternal anxiety. Among the variables examined, perceived social support emerged as an important factor associated with maternal mental health. Mothers who reported stronger social support tended to experience lower levels of postpartum anxiety. In contrast, neither perceived social support nor perceived provider mental health literacy showed a significant direct relationship with postpartum depression. Similarly, perceived provider mental health literacy was not directly associated with either postpartum depression or anxiety.

Overall, the findings suggest that postpartum mental health is shaped by a complex interplay of individual, social, and healthcare-related factors. While provider mental health literacy alone may not directly influence maternal mental health outcomes, it appears to contribute to supportive care environments that help reduce postpartum anxiety. The findings contribute to the growing body of evidence emphasizing the importance of relational and social dimensions of care in promoting maternal mental health within primary healthcare settings. Strengthening supportive relationships within primary healthcare settings may therefore play a meaningful role in promoting maternal psychological well-being during the postpartum period.

RECOMMENDATIONS

The findings of this study highlight the important role of supportive healthcare relationships and social support in promoting maternal mental well-being during the postpartum period. Based on the results, several recommendations are offered for healthcare practice, policy, and future research.

Barangay health centers and local health authorities may consider strengthening the integration of maternal mental health into routine postpartum services. While respondents generally reported positive mental health outcomes, regular mental health screening, education, and follow-up can help ensure that mothers experiencing emotional difficulties are identified and supported at an early stage.

Healthcare providers, particularly those working in community-based maternal care, may benefit from continuing education programs focused on postpartum mental health. Although providers demonstrated generally high levels of mental health literacy, additional training may further enhance their confidence in recognizing concerns, providing emotional support, and facilitating timely referral when necessary.

Given the significant role of perceived social support in reducing postpartum anxiety, healthcare programs should encourage family involvement and strengthen community support networks for new mothers. Educational activities that engage partners, family members, and caregivers may help create supportive environments that promote maternal adjustment and emotional well-being.

Local government units and healthcare administrators may also consider developing initiatives that foster supportive provider–mother relationships within primary healthcare settings. The findings suggest that mothers who perceive healthcare providers as knowledgeable and supportive are more likely to feel socially supported, which may contribute to lower levels of anxiety during the postpartum period.

These findings highlight the importance of viewing maternal mental health as a shared responsibility among healthcare providers, families, and communities. Beyond the provision of clinical care, healthcare providers play a meaningful role in creating supportive environments that encourage mothers to express concerns, seek assistance, and remain engaged in postpartum care. Strengthening supportive provider–mother relationships within primary healthcare settings may represent an accessible and sustainable strategy for promoting maternal mental well-being and enhancing the quality of postpartum care in community health systems.

Future studies may explore additional factors that influence postpartum depression, including socioeconomic conditions, previous mental health history, family dynamics, and biological influences. Longitudinal and mixed-methods research may likewise provide deeper insights into how maternal mental health evolves over time and how supportive healthcare experiences shape postpartum outcomes in diverse community settings.

ETHICS APPROVAL

Ethical approval for this study was obtained from the Ethics Review Board (ERB) of Saint Bernadette of Lourdes College under ERB Code: ERB-2026-117. The approved study protocol was entitled “Relationship Between the Provider’s Mental Health Literacy and Maternal Postpartum Depression in Community Health Setting.” Permission to conduct the study was likewise secured from the General Trias City Health Office and the participating barangay health centers. Prior to participation, all respondents were informed about the purpose of the study, their rights as research participants, and the voluntary nature of their participation. Written informed consent was obtained from all participants, and confidentiality and anonymity were maintained throughout the research process.

CONFLICT OF INTEREST

The author declares no conflict of interest related to this study.

FUNDING

This research received no external funding and was conducted as part of the requirements for the Master of Arts in Nursing program.

DATA AVAILABILITY STATEMENT

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

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