

Review Article

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Struggling against Internal Turmoil: Exploring the Lived Realities of Women who Suffered from Postpartum Depression

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ABSTRACT

Postpartum Depression (PPD) presents a significant mental health challenge affecting numerous women globally, including a notable percentage in the Philippines. Despite extensive research on PPD's prevalence and contributing factors, the lived experiences of women navigating this condition remain underexplored, particularly among Filipino women residing in Saudi Arabia. This descriptive qualitative phenomenological study seeks to elucidate the multifaceted experiences of ten clinically diagnosed Filipino women who suffered from PPD in Riyadh, Saudi Arabia. Utilizing semi-structured interviews, this research reveals the profound struggles and adaptive mechanisms of women facing PPD. The findings are categorized into two emergent themes: "Inner Shackles" and "Adaptive Mechanisms." The "Inner Shackles" theme captures the profound emotional, psychological, and physical challenges experienced by the participants, including unmet expectations, role transitions, physiologic changes, lack of awareness about PPD, negative feelings, and longing for support. Conversely, the "Adaptive Mechanisms" theme highlights the coping strategies employed, such as strengthened spirituality, promoting self-care, and navigating relational health. The study underscores the necessity for comprehensive, culturally sensitive support systems and tailored interventions to address the specific needs of postpartum women with PPD. By understanding the subjective realities and resilience factors of these women, healthcare providers, including midwives, can enhance their support strategies, reduce stigma, and ultimately improve the well-being of mothers during the critical postnatal period. The research contributes to the existing body of knowledge by offering a nuanced exploration of the lived experiences of women with PPD, advocating for targeted and effective mental health interventions.

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Introduction

Postpartum Depression (PPD) is a significant mental health issue affecting many women globally during the postnatal period. A recent study highlights that 1 in 7 women may experience PPD within a year of giving birth [1]. In the Philippines, a multicenter study published by Baecisa et al. found that 16.4% of new mothers experienced PPD six weeks after delivery [2].

While the prevalence and contributing factors of PPD—such as hormonal changes, genetic predispositions, and psychosocial stressors—are well-documented, the lived experiences of women dealing with these factors remain underexplored [3]. Research has shown that PPD profoundly impacts maternal-infant bonding and can have long-term consequences for both mother and child [4]. Understanding these experiences is crucial for addressing the specific challenges women face in nurturing early relationships. Cultural norms and expectations significantly shape these experiences, influencing help-seeking behaviors and the stigma encountered [5,6]. This cultural perspective is essential for developing effective support systems.

Most existing research on PPD is quantitative, emphasizing the need for qualitative approaches to capture the subjective realities and coping mechanisms of affected individuals [7]. The unique experiences of each woman with PPD require tailored interventions, as qualitative studies can identify specific triggers, resilience factors, and coping strategies. These experiences are believed to be exacerbated when such phenomenon is gone through in a foreign country. This research therefore focuses on the lived experiences of Filipino women in Saudi Arabia who suffer from PPD. According the Philippine Statistics Authority (PSA, 2022), about 26.6 percent of the total 1.77 million OFWs worked in Saudi Arabi [8]. The migration of Filipino women to Saudi Arabia, often for employment as domestic workers or in other low-wage sectors, involves separation from familiar support systems and challenges related to cultural adaptation, language barriers, and navigating a new environment. These stressors can exacerbate feelings of isolation and loneliness, increasing the risk of PPD [9]. Access to mental healthcare services is often limited for migrant women in low-wage sectors, further compounding their struggles [10].

By examining the experiences of Filipino women in this context, this study aims to highlight the intersection of migration stressors,

cultural norms, and access to care. The findings will contribute to a more comprehensive understanding of the challenges faced by these women, informing targeted interventions, reducing stigma, and ultimately enhancing the well-being of mothers during the critical postnatal period.

This research endeavors to delve into the lived experiences of Filipino women grappling with the complexities of Postpartum Depression in Saudi Arabia. By synthesizing existing literature and research findings, this study aims to articulate the pressing need for a comprehensive exploration of this topic.

Methodology

Research Design

The research design employed in this study was phenomenological, complemented by a comprehensive review of relevant literature. This approach was chosen to deeply explore and understand the lived experiences of Filipino women who suffered from Postpartum Depression (PPD) while living in Saudi Arabia. The phenomenological design focused on capturing the essence of participants' experiences, allowing for an in-depth examination of their personal narratives [11]. By integrating literature into the research design, the study was able to contextualize these experiences within the broader scope of existing knowledge on PPD, particularly concerning cultural, social, and environmental factors influencing mental health. This combined approach provided a robust framework for identifying gaps in the literature and ensuring that the findings were grounded in established research while revealing new insights specific to the unique challenges faced by Filipino women in a foreign cultural context. The use of literature also helped to substantiate the findings and highlighted the necessity for culturally sensitive mental health interventions, underscoring the study's relevance and potential impact on improving support systems for this population.

Sample and Sampling Procedure

The research sample was selected using a combination of purposive sampling and networking sampling to effectively address the research objective of exploring the lived experiences of Filipino women suffering from Postpartum Depression (PPD) in Saudi Arabia. Purposive sampling was employed to deliberately choose participants who had firsthand experience with PPD and were willing to provide detailed and insightful accounts of their experiences. This method ensured that the sample included women who were not only diagnosed with or self-reported PPD but also had sufficient residency in Saudi Arabia to provide contextually rich data. The inclusion criteria were specifically designed to capture the nuances of their experiences, such as having lived in Saudi Arabia for at least six months postpartum and being able to communicate their experiences effectively.

In addition to purposive sampling, networking sampling, also known as snowball sampling, was utilized to reach a broader and potentially more diverse group of participants. This approach involved initial participants referring other women who met the study criteria and had similar experiences [11]. Networking sampling was particularly valuable in this context due to the potential difficulties in identifying and reaching Filipino women experiencing PPD in a foreign country. By leveraging the social networks of participants, the study was able to access a wider pool of eligible women who might otherwise have been difficult to identify through conventional sampling methods.

The combination of purposive and networking sampling ensured

a comprehensive and diverse sample, which was crucial for achieving data saturation. Data saturation was reached after the tenth interview, with five additional interviews conducted to confirm that no new themes emerged. This strategic sampling approach provided a rich, in-depth understanding of the unique challenges and coping mechanisms of Filipino women with PPD in Saudi Arabia, aligning with the study's objective of informing culturally sensitive and effective mental health interventions.

Instrument and Data Gathering Procedure

In this study, data gathering was primarily conducted through semi-structured interviews, which were chosen for their flexibility and depth, allowing participants to share their experiences in a detailed and nuanced manner [12]. Semi-structured interviews were conducted both in-person and online, depending on the participants' preferences and logistical constraints. This dual approach ensured inclusivity and accessibility, accommodating participants' varying circumstances and providing a comfortable setting for them to share their experiences openly.

The in-person interviews took place in private, comfortable environments to ensure participants felt safe and at ease. This setting facilitated a more personal connection between the interviewer and the participant, which is essential for building trust and encouraging candid discussions about sensitive topics like Postpartum Depression (PPD). The interviewer followed a semi-structured guide with open-ended questions designed to explore various aspects of the participants' experiences, including their personal struggles with PPD, the impact on their daily lives and relationships, and their interactions with mental health services.

Online interviews, conducted via secure video call platforms (i.e. Zoom), offered a practical alternative for participants who could not attend in-person sessions due to geographical, time, or other constraints. This method ensured that the study could include a diverse range of participants, enhancing the robustness of the findings. The online format maintained the same level of confidentiality and comfort as in-person interviews, allowing participants to choose a familiar and safe space from which to speak.

In addition to semi-structured interviews, other data gathering concepts included field notes and reflective journaling by the researchers. Field notes were taken during and immediately after interviews to capture non-verbal cues, contextual details, and initial reflections on the conversations. These notes provided valuable context that enriched the analysis and interpretation of the transcribed interviews [11]. Reflective journaling allowed researchers to document their thoughts, feelings, and evolving understanding of the data throughout the research process. This practice helped maintain reflexivity, ensuring that the researchers remained aware of their biases and preconceptions, which is crucial in phenomenological research.

Furthermore, member checking was employed as a validation technique, where participants were invited to review and confirm the accuracy of their transcribed interviews and the emerging themes. This step ensured that the participants' experiences were accurately represented and allowed for any necessary clarifications or additional insights.

By integrating semi-structured interviews, both in-person and online, with supplementary data gathering methods like field notes, reflective journaling, and member checking, the study

achieved a comprehensive and nuanced understanding of the lived experiences of Filipino women with PPD in Saudi Arabia. This methodological rigor contributed to the reliability and validity of the findings, ultimately supporting the development of culturally sensitive and effective mental health interventions.

Data Analysis

The data analysis for this study followed Colaizzi's phenomenological method, a structured approach designed to uncover the essence of the lived experiences of Filipino women suffering from Postpartum Depression (PPD) in Saudi Arabia. Initially, the researchers immersed themselves in the data by thoroughly reading and re-reading the transcribed interviews to gain a deep understanding of each participant's narrative. Significant statements related to the phenomenon were then extracted, capturing key aspects of the participants' experiences, such as emotional challenges, coping mechanisms, and interactions with healthcare systems. These significant statements were analyzed to formulate meanings, interpreting the underlying messages within the context of the participants' overall experiences [13].

The formulated meanings were subsequently grouped into clusters of themes, representing common patterns across the participants'

narratives. This thematic clustering highlighted shared experiences and insights, including emotional struggles, cultural and social influences, support systems, and healthcare encounters [13]. Using these clusters, the researchers developed an exhaustive description that synthesized the detailed accounts of PPD experiences, aiming to provide a comprehensive and vivid portrayal of the participants' lived realities.

From the exhaustive description, a fundamental structure was distilled, encapsulating the core essence of the phenomenon. This essential structure summarized the primary experiences of Filipino women with PPD in Saudi Arabia, offering a concise yet profound understanding of their struggles and resilience. To ensure the accuracy and credibility of the findings, member checking was conducted, where participants reviewed the exhaustive description and fundamental structure. Their feedback was incorporated to refine the interpretations and enhance the authenticity of the study. By rigorously following Colaizzi's method, the analysis provided a deep, nuanced understanding of the unique challenges faced by these women, contributing to the development of culturally sensitive and effective mental health interventions.

Results

Table 1: Social and Demographic Data of Filipino Women in Saudi Arabia who Suffered from Postpartum Depression (N=15)

Participant ID	Age	Marital Status	Number of Children	Length of Stay in Saudi Arabia	Occupation	Education Level	Type of PPD Treatment (if any)
P01	28	Married	2	3 years	Domestic Worker	High School	None
P02	32	Married	1	5 years	Nurse	Bachelor's	Counseling
P03	27	Married	1	2 years	Sales Associate	High School	Medication and Counseling
P04	30	Married	3	6 years	Teacher	Bachelor's	None
P05	35	Married	2	8 years	Domestic Worker	High School	Medication
P06	29	Married	1	4 years	Secretary	Bachelor's	Counseling
P07	31	Married	2	3 years	Domestic Worker	High School	None
P08	34	Married	3	7 years	Nurse	Bachelor's	Medication and Counseling
P09	28	Single	1	2 years	Midwife	Associate's	Counseling
P10	33	Married	2	5 years	Nurse	Bachelor's	Medication
P11	26	Married	1	1 year	Domestic Worker	High School	None
P12	29	Married	2	4 years	Sales Associate	High School	Medication
P13	32	Married	1	3 years	Nurse	Bachelor's	Counseling
P14	35	Married	3	6 years	Domestic Worker	High School	None
P15	27	Single	1	2 years	Nurse	Associate's	Medication and Counseling

Table 1 provides a comprehensive overview of the demographic characteristics of the 15 participants included in the study on the lived experiences of Filipino women suffering from Postpartum Depression (PPD) in Saudi Arabia. The participants' ages ranged from 26 to 35 years, reflecting a diverse age distribution within the sample. The majority of participants were married, with varying numbers of children, indicating that PPD can affect women across different family structures. The length of stay in Saudi Arabia varied among participants, ranging from 1 to 8 years, highlighting the diverse experiences of Filipino women living in a foreign cultural context. Occupations varied widely, including domestic workers, nurses, teachers, midwives, office clerks, and sales associates, reflecting the different employment sectors represented within the Filipino migrant community in Saudi Arabia. Education levels also varied,

with participants holding qualifications ranging from high school diplomas to bachelor's and associate's degrees. Additionally, the table provides insights into the types of PPD treatment received by participants, including counseling, medication, or a combination of both, underscoring the importance of access to mental health services for women experiencing PPD in a foreign country. Overall, the table offers valuable demographic information that enriches the understanding of the participants' diverse backgrounds and experiences, contributing to the comprehensive analysis of the study findings.

Table 2: Theme Clusters and Formulated Meanings under the emergent theme “Inner Shackles”

Emergent Theme	Theme Clusters	Formulated Meanings
Inner Shackles	Role transition	<ul style="list-style-type: none"> Unmet expectations Loss of old life
	Physiologic changes	<ul style="list-style-type: none"> Insomnia and headache Breast pain Poor breast milk production Weight loss Lack of energy
	Lack of cognition about PPD	<ul style="list-style-type: none"> Unable to identify symptoms of PPD Lack of awareness and initiative to seek help Lack of experience in infant management
	Negative feelings	<ul style="list-style-type: none"> Stigma and denial Sense of detachment Feelings of guilt, self-blame, and self-harm Feeling stress Suicidal ideation and attempt
	Longing for support	<ul style="list-style-type: none"> Lack of support from families and friends Women think professionals lack initiative Professional support does not meet women's needs

The first emergent theme identified in Table 2 sheds light on the myriad challenges and adverse emotions experienced by women grappling with postpartum depression (PPD). The term "inner shackles" vividly illustrates the notion of internal constraints and limitations, rather than external ones. Within the context of PPD, these "inner shackles" symbolize the profound emotional,

psychological, and at times, physical hurdles faced by women as they confront this condition. PPD manifests as a complex interplay of negative emotions, thoughts, and behaviors that profoundly affect a woman's mental and emotional equilibrium. These internal constraints may manifest as overwhelming feelings of sadness, despair, or hopelessness, creating a sense of being trapped within one's own psyche with no visible means of escape. Moreover, the physical symptoms associated with PPD, such as fatigue, changes in appetite, and disruptions in sleep patterns, exacerbate the feeling of being ensnared by these "inner shackles." These bodily sensations further impede women's capacity to care for both themselves and their newborns, amplifying the challenges associated with PPD. This emergent is summarized in five theme clusters comprising role transition, physiologic changes, lack of cognition about PPD, negative feelings, and longing for support.

Role Transition

Women expressed a significant disparity between their expectations of motherhood and the reality they encountered postpartum. They often had lofty ideals about their new role but found themselves struggling to meet these expectations. The transition to motherhood was marked by unmet expectations and a loss of their old life, leading to feelings of inadequacy and a sense of being overwhelmed.

Many envisioned a smooth journey into motherhood, only to face unexpected challenges, as expressed by P11:

"All I thought was I want this baby, I hoped everything would be smooth and perfect... I thought I wouldn't have any problems with this."

Physiologic Changes

The physiological manifestations of PPD were evident in various ways, including insomnia, headaches, breast pain, poor breast milk production, weight loss, and a lack of energy. These physical symptoms further compounded the emotional burden of PPD, making it challenging for women to cope with their new roles as mothers. P02's experience with severe headaches post-birth illustrates the physical toll:

"After giving birth, my head hurt so much, I didn't know if it was normal. But when I couldn't take it anymore, I asked to be taken to the hospital. It hurt so much."

Lack of Cognition about PPD

Many women lacked awareness and understanding of PPD, leading to difficulties in identifying symptoms and seeking help. There was a general lack of recognition that what they were experiencing was more than just normal stress or adjustment to motherhood. This lack of cognition hindered their ability to seek timely support and intervention. P04 and P08 shared and expressed initial confusion:

"At first, I really couldn't accept it because I didn't know, I just knew something was wrong but I didn't know what."

Negative Feelings

Feelings of stigma, denial, detachment, guilt, self-blame, and stress permeated the experiences of women with PPD. They often felt isolated, misunderstood, and overwhelmed by negative emotions, which further exacerbated their condition. The stigma surrounding mental illness and the fear of being judged by others silenced women, preventing them from seeking the help they desperately needed. P10's statement reflects the overwhelming stress:

"Everything is too much for me, I can't even ask for help, it's like you're always lacking motivation."

Longing for Support

Women expressed a deep longing for support from their families, friends, and healthcare professionals. However, they often felt let down by the lack of understanding and empathy from those around them. Professional support, in particular, was perceived as inadequate and lacking initiative, further isolating women and exacerbating their feelings of despair. P07's lament highlights this:

"That's why my illness worsened because I couldn't express it, I wasn't getting any support."

These findings underscore the complex and nuanced nature of PPD, highlighting the need for more comprehensive support and intervention strategies to address the multifaceted challenges faced by women during this vulnerable period. Effective support systems that encompass emotional, physiological, and cognitive aspects are essential for helping women overcome the "inner shackles" of postpartum depression and regain a sense of well-being and empowerment as they navigate the journey of motherhood.

Table 3: Theme Clusters and Formulated Meanings under the Emerging Theme "Adaptive Mechanisms"

Emergent Theme	Theme Clusters	Formulated Meanings
Adaptive Mechanisms	Strengthened spirituality	<ul style="list-style-type: none"> Engaged in prayers Participate in church or spiritual activities
	Promoting Self-Care	<ul style="list-style-type: none"> Honouring her own needs Creating Space to Reflect Patience with the Process of Becoming a mom Accessing medication and therapy
	Processing Relations Health	<ul style="list-style-type: none"> Relationship with partner as source of stress and strength Understanding relationship with the baby

In the exploration of the lived experiences of Filipino women in Saudi Arabia grappling with postpartum depression, the second emergent theme of "Adaptive Mechanisms" in table 3 reveals the multifaceted strategies employed by these women to navigate the challenges posed by their condition. This theme encompasses three distinct clusters: strengthened spirituality, promoting self-care, and processing relations health.

Strengthened Spirituality

For many women, engaging in spiritual practices such as prayer and participation in religious communities serves as a source of comfort, resilience, and meaning amidst the turmoil of postpartum depression. These practices provide a sense of connection to

something greater, offering solace and support during times of distress. Many women found solace and strength in their spiritual practices, such as prayer and participation in religious activities. For example, P01 expressed.

"If it weren't for my faith, I might have given up long ago, I might have even left my husband. It helped me tremendously."

This highlights how spirituality provided them with a sense of connection to something greater than themselves, offering comfort and support during times of emotional distress.

Promoting Self-Care

Recognizing the importance of prioritizing their own well-being, women with postpartum depression emphasize the need to honor their own needs, create space for reflection, and exercise patience in their journey of motherhood. Accessing medication and therapy are also crucial components of self-care, providing essential resources for managing symptoms and promoting recovery. P06 shared,

"Don't neglect yourself especially if you're far from family, be open to them about your worries so they can understand. Don't force yourself beyond what you can handle."

This illustrates how prioritizing self-care, both physically and emotionally, was essential for their well-being amidst the challenges of postpartum depression.

Processing Relations Health

The quality of relationships, particularly with partners and newborns, significantly influences the coping and recovery journey of women with postpartum depression. While supportive relationships can offer validation and practical assistance, conflicts or lack of support can exacerbate distress and impede recovery. P09 participant mentioned,

"Of course, my baby is all I have left, sometimes I just look at her and that's why I need to be strong for my baby."

This highlights how the quality of relationships with their babies and partners influenced their ability to cope with postpartum depression, emphasizing the importance of nurturing positive, supportive connections for their well-being.

These adaptive mechanisms highlight the resilience and determination of Filipino women in Saudi Arabia as they confront the internal turmoil of postpartum depression. By drawing upon spiritual resources, prioritizing self-care, and nurturing positive relationships, these women demonstrate courage and strength in their journey towards healing and resilience.

Central Phenomenon

The researchers were able to generate the central phenomenon "*struggling against internal turmoil*" to fittingly describe the lived experiences of Filipino women in Saudi Arabia who suffered from postpartum depression.

The central phenomenon of "Struggling Against Internal Turmoil" encapsulates the poignant and often overwhelming lived experience of women grappling with postpartum depression. In the midst of what should be a joyous and celebratory time following childbirth, these women find themselves ensnared in a relentless battle with their own minds and emotions. This internal turmoil manifests

in myriad ways, from persistent feelings of sadness, anxiety, and despair to an overwhelming sense of inadequacy and self-doubt in their role as mothers.

The struggle against internal turmoil permeates every aspect of their daily lives, casting a shadow over what should be moments of connection and bonding with their newborns. Instead of experiencing the anticipated joy and fulfillment of motherhood, these women find themselves consumed by a profound sense of emptiness and detachment. The simplest tasks, such as caring for their infant or engaging in routine activities, become monumental challenges as they navigate through the fog of depression.

Moreover, the inner battle extends beyond the individual's internal landscape to impact their relationships and interactions with others. Women with postpartum depression often grapple with feelings of isolation and alienation, unable to articulate the depth of their suffering to those around them. The stigma surrounding mental health issues further complicates their ability to seek support, leaving them to confront their inner demons alone.

Despite the overwhelming nature of their inner turmoil, these women demonstrate remarkable resilience and strength as they strive to persevere through each day. They employ coping mechanisms and seek out whatever support is available to them, however limited it may be, in an effort to navigate their way through the darkness. Ultimately, the journey of overcoming postpartum depression is a testament to their courage and determination to reclaim their sense of self and find solace amidst the storm of their inner struggles.



Figure 1: Struggling against Internal Turmoil as Central Phenomenon

The image depicts two individuals, a man and a woman, sitting in a confined space enclosed by chains. Both appear to be in a state of emotional distress or contemplation, which can be interpreted in the context of the findings and emergent themes from the study on postpartum depression (PPD) among Filipino women in Saudi Arabia.

Inner Shackles

- **Emotional and Psychological Distress:** The chains symbolize the overwhelming feelings of entrapment and confinement that many women with PPD experience. This aligns with the theme of "Inner Shackles," where participants described their profound emotional and psychological struggles. The image

of the woman looking downcast and the man sitting pensively reflects the inner turmoil and isolation felt by women suffering from PPD.

- **Unmet Expectations and Role Transitions:** The closed, confined space could also represent the restrictive and challenging transition to motherhood, where expectations often clash with reality, leading to feelings of inadequacy and failure.
- **Lack of Awareness and Support:** The couple's isolated positioning within the chains highlights the theme of unmet support. Women with PPD often feel unsupported and misunderstood, both by their immediate family and the broader community.

Adaptive Mechanisms

- **Strengthened Spirituality and Self-care:** The subdued expressions and seated positions suggest a moment of introspection or prayer, which ties into the adaptive mechanism of strengthened spirituality. Many women turn to their faith or personal beliefs as a coping strategy.
- **Navigating Relational Health:** The presence of both individuals in the same confined space can signify the importance of relational health. Even though they are together, their individual postures indicate separate battles, reflecting the need for improved communication and understanding within relationships to support the woman's mental health better.

Visual Interpretation

- **Chains:** Symbolize the internal and external barriers that women face when dealing with PPD, representing both their emotional state and societal pressures.
- **Confined Space:** Reflects the feeling of being trapped within their circumstances, unable to break free from the depressive symptoms or societal expectations.
- **Emotional Expressions:** The somber and reflective expressions of both individuals emphasize the gravity of PPD's impact not only on the women but also on their families.

The image effectively captures the essence of the study's findings by visually representing the emotional weight, sense of confinement, and the adaptive challenges faced by women experiencing postpartum depression. It underscores the need for more comprehensive support systems and greater awareness to help alleviate the inner shackles that these women endure.

Discussion

The research on the lived experiences of Filipino women in Saudi Arabia who suffered from postpartum depression delves deeply into the multifaceted challenges and struggles faced by these women, encapsulated within the overarching theme of "Inner Shackles." This theme, elucidated through various clusters and formulated meanings, sheds light on the internal turmoil and constraints experienced by these women as they navigate through the complexities of motherhood and postpartum depression.

The first emergent theme, "Inner Shackles," encompasses several interconnected clusters, each portraying distinct facets of the women's experiences. The Role Transition cluster vividly depicts the stark disparity between the women's expectations of motherhood and the harsh realities they encountered postpartum. As cited in King et al. many of these women harbored idealistic notions of motherhood, only to be confronted with the daunting challenges of caring for a newborn [14]. This dissonance between expectation

and reality left them grappling with feelings of inadequacy and loss of control. Physiologic changes further exacerbated their distress, with insomnia, headaches, breast pain, poor breast milk production, weight loss, and lack of energy becoming tangible manifestations of their inner turmoil [15].

The Lack of Cognition about PPD cluster underscores the women's limited awareness and understanding of postpartum depression, hindering their ability to identify and seek help for their symptoms. Despite experiencing profound emotional distress, many struggled to articulate or acknowledge their feelings, attributing them to general stress rather than recognizing them as symptoms of PPD. This echoes findings by Hannan and Gardner et al. highlighting the pervasive stigma surrounding mental health issues in certain cultural contexts, which further compounds the women's reluctance to seek help [16,17].

Negative feelings permeate the women's experiences, encompassing a spectrum of emotions from stigma and denial to detachment, guilt, self-blame, and self-harm. The pervasive stigma surrounding mental illness, as described by Abrams and Curran, instilled fear and shame in the women, preventing them from openly acknowledging their struggles [18]. Feelings of detachment, as elucidated by Coates et al. further isolated the women, exacerbating their sense of loneliness and estrangement from their loved ones [19]. Guilt and self-blame, rooted in perceived failures as mothers, inflicted further psychological anguish, while stress compounded their emotional burden [20].

Amidst these inner shackles, the women yearned for support, yet often found themselves grappling with a dearth of familial and professional assistance. Despite longing for understanding and empathy from their families and partners, many encountered judgment, incomprehension, and even abandonment [21]. Professional support, too, fell short of meeting their needs, with health professionals often failing to validate their experiences or provide adequate assistance, further exacerbating their sense of isolation and despair [2].

In contrast, the emergent theme of "Adaptive Mechanisms" offers glimpses of resilience and coping strategies employed by these women in the face of adversity. The theme clusters identified in the study, namely "Strengthened Spirituality," "Promoting Self-Care," and "Processing Relations Health," shed light on the adaptive strategies employed by these women to navigate the complexities of PPD.

The theme of strengthened spirituality underscores the significant role of religious and spiritual practices in coping with postpartum depression. Existing literature supports this finding, emphasizing the positive impact of spirituality on mental health outcomes [22]. Engaging in prayers and participating in religious activities offer women sources of comfort, meaning, and resilience amidst their struggles with PPD. Additionally, spirituality provides a framework for understanding experiences within a broader context of meaning and purpose, facilitating a sense of acceptance and resilience [23].

Moreover, the theme of promoting self-care highlights the importance of prioritizing one's well-being in managing postpartum depression. This finding resonates with previous research emphasizing the significance of self-care practices in maternal mental health [24]. Women in the study honored their own needs, created space for reflection, and accessed medication

and therapy as part of their self-care routines. These practices enabled them to replenish their energy reserves, reduce stress, and cultivate balance and resilience in their daily lives. Moreover, seeking professional help and support was vital for their recovery and well-being [25].

On the next theme, processing relations health underscores the impact of relationships, particularly with partners and babies, on the coping and recovery journey of women with postpartum depression. Existing literature supports this finding, highlighting the significance of positive interactions and emotional engagement in enhancing maternal well-being [26]. Women described the importance of nurturing bonds with their babies and receiving support from understanding partners. Conversely, conflict or lack of support within partner relationships exacerbated feelings of distress and hindered recovery efforts [27]. Strengthening these relationships and fostering open communication are essential for supporting women's journey towards healing and resilience. The complex dynamics of relationships, both with partners and with their babies, are also explored within the context of processing relations health. While these relationships can serve as sources of stress and strain, they also offer opportunities for growth and resilience, highlighting the intricate interplay between interpersonal dynamics and mental well-being.

The study also integrated theoretical frameworks such as Attachment Theory and Beck's Postpartum Depression Theory to deepen the understanding of women's experiences with postpartum depression. Attachment Theory highlights the significance of early attachment experiences in shaping maternal mental health and caregiving behaviors [28]. Beck's Postpartum Depression Theory elucidates the cognitive distortions and negative self-appraisals characteristic of PPD, guiding therapeutic interventions aimed at promoting adaptive coping strategies [29]. Integrating these theoretical perspectives enriches our understanding of the multifaceted nature of postpartum depression and informs clinical practice and research initiatives aimed at supporting affected women.

In essence, the research illuminates the intricate tapestry of experiences woven by Filipino women in Saudi Arabia grappling with postpartum depression, underscoring the urgent need for culturally sensitive interventions and support systems to address their unique needs and challenges. Through a deeper understanding of their lived experiences, we can strive towards fostering greater empathy, awareness, and resilience within these communities, ultimately paving the path towards healing and empowerment.

Conclusion

In conclusion, this study offers significant insights into the lived experiences of Filipino women in Saudi Arabia who grapple with postpartum depression (PPD). Through the exploration of adaptive mechanisms, relational dynamics, and theoretical frameworks, the research sheds light on the multifaceted nature of PPD and the coping strategies employed by affected women. The emergent themes of strengthened spirituality, promoting self-care, and processing relations health underscore the importance of holistic approaches to supporting women's mental health during the postpartum period. By recognizing the significance of religious and spiritual practices, prioritizing self-care, and fostering positive relationships, healthcare providers and policymakers can develop culturally sensitive interventions to address the unique needs of Filipino women in Saudi Arabia facing PPD. Moreover, the integration of theoretical frameworks such as Attachment Theory and Beck's Postpartum

Depression Theory enriches our understanding of the psychological and social factors contributing to PPD and informs clinical practice and research initiatives aimed at enhancing maternal well-being. Ultimately, by amplifying the voices and experiences of Filipino women with PPD, this study contributes to the ongoing dialogue surrounding maternal mental health and underscores the importance of providing comprehensive support and resources to women during the vulnerable postpartum period.

Clinical Implications

Based on the findings of this study regarding the lived experiences of Filipino women in Saudi Arabia who suffer from postpartum depression (PPD), several specific recommendations can be proposed to enhance support and interventions for affected individuals. Firstly, healthcare providers and policymakers should prioritize the development of culturally sensitive mental health services tailored to the needs of Filipino women living in Saudi Arabia. This could involve the establishment of support groups or counseling services within Filipino communities, where women can access culturally relevant resources and receive support from peers who share similar experiences. Additionally, there is a need for greater awareness and education surrounding PPD among healthcare professionals and the wider community. Training programs should be implemented to equip healthcare providers with the knowledge and skills to effectively identify and support women with PPD, including understanding the cultural nuances that may influence their experiences and help-seeking behaviors.

Furthermore, interventions aimed at promoting self-care and resilience among women with PPD should be prioritized. This could involve providing resources and information on self-care strategies such as mindfulness practices, relaxation techniques, and physical exercise, as well as facilitating access to therapy and medication where necessary. Additionally, efforts should be made to involve partners and family members in the support process, as positive relationships can play a crucial role in women's coping and recovery journey. Education programs targeting partners and family members could help increase understanding and empathy towards women with PPD, fostering a supportive environment in which women feel validated and empowered to seek help.

Finally, future research should continue to explore the intersection of culture, migration, and mental health among Filipino women in Saudi Arabia. Longitudinal studies could provide valuable insights into the trajectory of PPD among migrant populations and identify factors that contribute to resilience and recovery over time. Additionally, qualitative research methods such as in-depth interviews and focus groups could further elucidate the unique challenges and coping strategies employed by Filipino women with PPD, informing the development of targeted interventions and support services. By addressing these recommendations, stakeholders can work towards improving the well-being and mental health outcomes of Filipino women in Saudi Arabia affected by postpartum depression.

Limitations

While this study offers valuable insights, several limitations should be acknowledged. Firstly, the sample size of the study may limit the generalizability of the findings. The study included a relatively small number of participants, and while qualitative research prioritizes depth over breadth, a larger sample size could have provided a more comprehensive understanding of the diversity of experiences within this population. Additionally, the study focused specifically on Filipino women living in Saudi Arabia, which may

limit the transferability of the findings to other cultural contexts or migrant populations.

Moreover, the study did not explore the intersectionality of factors such as socioeconomic status, immigration status, or access to healthcare, which may influence women's experiences of PPD.

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Informed Consent: The participants returned a signed copy of the written consent form.

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