

Cultural Norms and the Myth of the Ideal Mother: Implications for Maternal Mental Health

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ABSTRACT

“Matrescence” a multifaceted transitional period in a women’s life. It is a profound journey for a woman marking a significant change in her physiological, psychological & social changes, It is a complex yet transformative life stage for a women. She discovers herself as a new mother, which is a new role for her to address. It reshapes her sense of self, as she navigates her new as a mother along with the responsibilities that comes with it. The entire process of re-inventing oneself sometimes takes a toll on the mother’s mental health; she is trying to re-evaluate her priorities, relationships and personal aspirations. With that comes the societal standard of being the “Ideal Mother “for her child, these cultural norms and stigmas can at times be challenging for a new mother. Physiologically a new mother goes through immense pain during childbirth, exhaustion, physically pain, sleepless night makes it extremely difficult for a women. During this time they find themselves in a vulnerable position. Childbirth can trigger pre existing mental illnesses among women, including mood disorders. There can be a number of factors such as hormonal changes, sleep deprivation, pre existing mental health conditions, social & environmental stressors. We celebrate the new beginning but tend to forget the hardships that a mother goes through during this process.

Keywords: women, psychological, social, mother, mental health

INTRODUCTION

Embracing motherhood is a transitional phase in a women’s life. As beautiful as it is, it can be a challenging task for a women, We are not just discussing about the physiological labour but the emotional turmoil a women goes through during this stage .Culture plays a significant role as well, we have seen different cultures discouraging the birth of a girl child, female feticide is a disheartening reality of many cultures. So the attitude towards pregnancy and childbirth is different among different cultures. The period after childbirth, known as postpartum or the puerperium, is an integral part of the childbearing process. The postpartum period starts when the placenta is delivered and lasts for six weeks, during which the body works to return to its pre-pregnancy state. But the psychological changes that a women endures during her pregnancy does not really go back to its pre pregnancy state , the adaptation from womanhood to motherhood brings a significant psychological change , even though it does not manifest externally and so are least recognized . The baby blues or post partum mood disorder generally affects 30 to 75% of women; right after childbirth the women may experience mental liability, sadness, anxiety. They go through a wide range of emotions. As they are trying to recover from the physical pain their

mental health starts debilitating. Postpartum depression is a prevalent mental health condition associated with childbirth, impacting 10% to 15% of women shortly after delivery. If it's left untreated it can cause a disruptive relationship between the infant and the mother, including the family. The long term effects of Postpartum depression can be Persistent feelings of sadness, anxiety, difficulty bonding with the child, hallucination, low level of concentration, loss of memory, behavioural changes. Maternal depression can lead to adverse infant feeding outcomes and reduced likelihood of starting or continuing breastfeeding. While postpartum depression is a health issue for a women, but the disorder often remains untreated and undiagnosed.

There can be a number-of factors that might be responsible for Postpartum Depression- low social support, prenatal depression, prenatal anxiety pregnancy loss experience, perceived body image, child care stress parity, marital relationship, socioeconomic status, and currently employed status are some of the known factors that are responsible for post postpartum depression. Studies have shown that father's may also go through postpartum depression that may include the signs of anxiety, tiredness, feeling of overwhelmed. Father's that have a history of mental health problems have a higher risk of developing Paternal Postpartum Depression. Finances do play a significant role here, as the traditional society goes by the notion of father being the breadwinner of the family so sometimes it gets difficult for the men to take up all the responsibilities at once. Studies have shown that women having a prior history of mental illness have 3.04 times more risk of developing postpartum depression.

Just like an infant, a mother needs love and support from their family. The emotional support from her partner is crucial during this stage. Social Support can help the mother to adjust and manage stressors related to child birth; Social Support is a protective factor. Family is a key element in alleviating maternal mental health. Women who stayed in a postpartum care facility had lower PPD symptom scores than those who did not, according to Huang et al.'s longitudinal study, which examined the impact of staying in a postpartum care facility on postpartum depression. Additionally, Huang et al. Discovered that the sole predictor associated with the Postpartum depression symptom score was remaining in a postpartum care facility. In Taiwan the model of care that is provided to the new mother by the medical professional's and nurses are holistic, they take care of the new mother and the infant with all the protective measures. Resources that defend against stress and promote health include education, money, work, and supportive relationships. Protective resources make it easier to acquire resources and opportunities that could lower risk and enhance one's capacity to handle stress as it arises. Personality traits and thought patterns that influence behavior and may alleviate stress are examples of protective features in addition to resources. In contrast to those who perceive stress as a threat, those who exhibit protective tendencies may consider stress as a task that they can manage and overcome. Aninteresting fact about postpartum depression is Multiparity; they have 5 times higher risk of having post partum depression. Multiparity increases the stress among women because they need to take care of her previous

children along with her new born. Women with multiparty might not receive the social support that is required as people tend to assume that she is an expert in raising children as it is not her first time.

Pregnancy loss is another major factor of post partum depression. Women who went through miscarriage or abortion have 10 times higher rate of developing post partum depression. According to previous studies, it has been found that women who have lost their baby are 7 to 9 times prone to depression than women without a pregnancy loss. These results indicates that postpartum women with the history if pregnancy loss requires a higher level of Social Support.

Body image plays a significant role here, similar to adolescence a women goes through rapid and drastic physiological & psychological changes during pregnancy & after child birth. Studies have suggested that around 85% women suffer from body dissatisfaction after child birth. Sudden weight gain and appearance of the body triggers depression among new mothers. As they are still adjusting to the new changes, sudden body fluctuations take a toll on them.

Several countries have the policies of both maternal & paternal leave, despite policies like paid leave, work from home women still continuous to work in the fear of losing their job, financial burden or maybe because of negative work environment. Financial Stress & Job strain often cannot be decreased or relieved, but social support in workplace can buffer the negative effect of overwork and role ambiguity. Emotional & Social Support from the partner can help uplift the mood and decrease job stress among postpartum women.

As we have discussed a lot about the causes of postpartum depression, we also need to take the effort to figure out how to prevent it or, if not, how to deal with it. A few reminders that will help us be aware about postpartum depression.

1. Awareness - It's critical to be mindful of your physical and mental health following childbirth. As it is a fresh beginning for a mother as well, she needs just as much care and support as the baby, therefore we must pay attention to our body, stay away from things that could make us feel bad, and surround ourselves with people who will make us feel warm and comfortable.
2. Educating your loved ones regarding postpartum depression – It's crucial to educate yourself and your loved ones on postpartum depression; while it won't stop it, it will enable them to recognize its symptoms. It will take longer to receive aid if we don't know what to look for.
3. Identify friends you can always call on – Keeping your loved ones close by is encouraged during this time because isolation may be a major issue for new mothers.

4. List out activities you enjoy doing daily – It is important for new mothers to continue their old interest since they may feel as though they have lost their individuality at this time. It will help you relax if you keep track of what you enjoy and do it sometimes.
5. Nourish your body with good food and exercise – Being active and eating a healthy diet are beneficial for the newborn, but they are also crucial for the mother. With a doctor's advice, yoga, walking, and other gentle workouts can help a new mother who is experiencing anxiety and other postpartum symptoms.
6. Getting enough Sunlight – Going outside and receiving enough sunlight can improve our mood. A woman's hormones can be very taxing during and after pregnancy, so even tiny changes to her daily routine can have a big impact.
7. Cognitive Behavioral Therapy (CBT) – Cognitive behavioral therapy (CBT), which tries to create and interpret new ways of thinking that will help and grasp the various solutions to a single problem, may help people deal with postpartum depression.

CONCLUSION

Postpartum depression has serious repercussions for the mother, the child, and the entire family. It manifests in various ways, including loss of enjoyment, persistent sadness, exhaustion, difficulty concentrating, problems with critical thinking, trouble sleeping, appetite loss, a sense of being overwhelmed or out of control, and emotional instability. These symptoms collectively contribute to challenges in day-to-day functioning, making it significantly harder for a mother to provide the necessary care for her baby. Mothers experiencing emotional turmoil often exhibit gaze avoidance, negative facial expressions, reduced playfulness, and higher levels of withdrawal behavior. The negative impact of postpartum depression can extend well into the child's preschool years and beyond, affecting their emotional and cognitive development.

Maternal behavior, cognition, and mood are all impaired by postpartum depression, leading to detrimental long-term effects on the child. It is widely acknowledged that postpartum depression necessitates accessible and effective preventive measures. Several risk factors contribute to the likelihood of developing postpartum depression. A history of postpartum depression is among the most significant factors, as a previous episode can increase the risk of experiencing another by 30 to 50 percent. Additionally, a family history of mood disorders or previous depression unrelated to pregnancy can elevate the risk.

Pregnancy, childbirth, and child-rearing are some of the most stressful periods in a woman's life, marked by rapid physical, hormonal, and emotional changes. These transitions can trigger, exacerbate, or resurface mental health conditions. Studies indicate that approximately 10–15% of women in Japan experience postpartum depression. Societal factors such as unintended or unexpected pregnancies, a lack of emotional and practical support, and unstable family dynamics are among the primary contributors to

postpartum depression in Japan. These external stressors can significantly intensify the emotional strain associated with pregnancy and child-rearing. Given that medical personnel alone cannot fully address these societal factors, support from a range of professionals, including local administration authorities and social workers, is necessary.

Meanwhile, obstetric hospital medical staff must adopt a proactive approach during pregnancy to identify psychological issues early. Early detection and intervention can significantly improve outcomes for both the mother and child. Therefore, collaboration between obstetric staff, psychologists, social workers, and other healthcare professionals is essential in providing comprehensive care.

The literature suggests that the transition to parenthood brings considerable personal and interpersonal distress. This shift has frequently been linked to marital crises, as the responsibilities of parenting require couples to reorganize their obligations and reciprocal routines. While parenting can be a rewarding experience, it can also be disruptive for some couples. Women, in particular, are more vulnerable to emotional sensitivity and depressive symptoms during pregnancy and the postpartum period. This period is marked by biological, psychological, and social upheaval, making it a critical time for mental health support.

The prenatal relationship between the mother and the fetus plays a crucial role in postpartum depression. A mother's attitude toward her unborn child, her protective instincts, and her emotional connection to the fetus can influence her likelihood of developing postpartum depression. Recent studies suggest that this attachment reflects the mother's care giving system and can serve as an early indicator of postpartum mental health outcomes.

Additionally, the quality of a woman's romantic relationship serves as an essential protective factor. The duration of the relationship is less important than its quality, as the birth of a child forces partners to readjust their responsibilities and routines. Relationship strain during pregnancy can negatively impact marital satisfaction, thereby increasing the risk of postpartum depression. A strong and supportive romantic relationship serves as a protective factor, while a strained or unsupportive partnership is a major risk factor for psychological disorders, including depressive symptoms and other forms of psychopathology.

Furthermore, the relationship a woman has with her parents also influences postpartum depression. A woman who has had a close emotional bond with her own mother is more likely to form a strong bond with her child, whereas a strained parental relationship may contribute to emotional distress during pregnancy and after childbirth. This intergenerational influence underscores the importance of nurturing emotional security within the family.

In conclusion, carrying and bringing a child into the world is a challenging and demanding process that requires immense mental and physical strength. A mother needs substantial support, both psychologically and physically, throughout pregnancy and postpartum. The involvement of her spouse and family is vital in ensuring the well-being of both the mother and child. Strong emotional support, open communication, and practical assistance can significantly reduce the risk of postpartum depression, leading to a healthier mother-child relationship and overall family stability.

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