



The Lived Experiences of Single Mothers After Childbirth: Postpartum Depression (PPD) Stories

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ABSTRACT

This qualitative study used Interpretative Phenomenological Analysis to analyze single mothers' postpartum depression experiences. The study highlighted the problems participants faced as students and single mothers. Satellite campus students participated in the study. The researcher used purposive and snowball sampling to identify 15 young single mothers with one to three children. They weren't necessarily diagnosed or treated for PPD. Single mothers experience different postpartum depression symptoms. Insecurity, tearfulness, irritability, physical symptoms, self-blame, self-harm, unreasonableness, giving up, isolation, and suicidal ideations are symptoms experienced during postpartum depression. According to their stories, PPD symptoms could be a result of the abrupt changes in their life as new mothers. Emotion-focused coping, problem-focused coping, and religious coping were most commonly used by single mothers. Future research should investigate these coping methods. This study contributes a theoretical understanding of the postpartum depression experiences and coping mechanisms of single mothers.

RESUMO

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Introdução

Postpartum Depression (PPD) is a major depressive episode that begins within six months after childbirth and meets the DSM-IV criteria for major depression without psychotic features (APA, 1994). It is estimated that 10-15% of deliveries around the world experience postpartum depression (PPD) (Thurgood, 2009). In the Philippines, there were 126,826 cases of postpartum depression reported in the year 2004. (Philippines Daily Inquirer, August 2015). Current findings according to Labrague (2020), the prevalence of PPD was 16.4% in the sixth postpartum week. Occupation and marital status had significant direct influences on PPD. PPD services were not routinely provided by doctors and nurses.

Despite the fact that postpartum depression was found to persist for at least one year after its onset, very little research has been done on the development and prevention of this condition (Santiago & Habana, 2020). Approximately one-half of patients with PPD report having symptoms before or throughout their pregnancies (Defensor-Santiago, 2007). Thomas (2020), on the other hand, mentioned that over one-half of women remain depressed at 5-9 months, and one-third of women are still depressed from 12-18 months after childbirth.

During pregnancy and shortly after a mother gives birth, she might experience postpartum depression that can affect her mental health. Her experiences may involve extreme sadness, anxiety, and exhaustion that can make her unable to take care of herself, especially her child and others; A study by Miller (2002) affirmed that the abovementioned symptoms are strong predictors of postpartum depression, in addition to other factors, such as stressful recent life events, poor social support and a previous history of depression. In addition, based on the studies of Meçe (2012), four factors are consistently related to PPD: lack of social support, in particular that of the husband, previous history of depression or other emotional disorders, problems during the process of birth, and child health problems, and stressful life events. None of those mentioned above factors, however, can be used to predict which women will develop PPD.

However, regardless of a mother's situation, postpartum depression is most likely existent. Because it is psychological, social support and psychotherapy are relevant. Therefore, consistent and solid support is essential for mothers. But single mothers who are studying in college at the same time are particularly susceptible to this. It is challenging for single mothers to raise their children while studying. However, due to unplanned pregnancies and academic demands, they had limited time to consider how to raise their children by themselves prior to childbirth. Specifically, they lacked the means to obtain information on parenting, as the majority lacked the support of their families and partners (Jung-Eun, Lee, & Lee, 2020). Thus, as students and single mothers at the same time, they stated that they lacked sufficient parenting knowledge. However, in the study of Lindsay and Gillum (2018), relevant themes emerged from their college-related experiences: mothers are motivated by their children, mothers are time-pressured, mothers want the university to consider them as individuals, and mothers want the university to consider their children, having no one to take care of their child, but only them alone. Consequently, social support is first lacking. And with postpartum depression, difficulties may be worsened by a lack of outlets and resources. Most of the time, they just confront their problems and anxiety alone; if it continues, it may result in the worst situation, such as suicidal ideations and self-harm.

The study of Doucet and Letourneau (2009) advances our awareness of the significance of coping methods as predictors of suicide ideation among women with postpartum depressive symptoms. As predictors of suicide thoughts, they investigated emotion-focused coping, avoidance-focused coping, problem-focused coping, and religious coping. Emotion-focused approaches, such as seeking empathy and understanding, reduce emotional distress. Problem-focused approaches focus on the problem at hand and seek solutions (e.g., interpersonal efforts

to improve the situation) (Lazarus & Folkman, 1984 as cited in Doucet & Letourneau, 2009). Endler and Parker (1990, as cited in Doucet & Letourneau, 2009) also recommend avoidance-focused coping as a category, which includes person- or task-focused strategies to divert attention away from the immediate stressor. Dervic (2006) also identified religious faith and spiritual views as a coping mechanism. Religion may protect against suicidal ideation by giving people a feeling of purpose in life and by building a sense of hope for the future (Hovey, 1999, as cited in Doucet & Letourneau, 2009)

Surprisingly, little research has been conducted on postpartum depression in this population, despite the fact that there are students who are also single mothers raising their children. Browsing the internet, one may be able to get some data and theories concerning postpartum, but experiences and qualitative research are quite rare. This study, therefore, examined the actual experiences of single mothers; more specifically, it is a narrative about postpartum depression. The study dealt sensitively with the very issue of the single mothers, especially students from PSU na external campus, that triggers such depression. The researcher may not be able to discuss the causes of their depression during this process.

Nonetheless, thorough information about their challenges and coping mechanisms was addressed in depth. Thus, single parents were asked about their experiences as first-time mothers, the challenges they faced as singles mothers, their postpartum depression symptoms based on the related studies, including symptoms, and coping techniques. Preparations and expectations for pregnancy and motherhood, childhood experiences, and family influences, as well as other events and crises that are significantly contributing to their conditions, were also discussed. These gaps and the desire to help single mothers experiencing postpartum depression made the researcher want to study the lived experiences of single mothers after childbirth. Primarily the study focused on the postpartum stories of the participants.

Statement of The Problem

The main purpose of this research is to determine the lived experiences of single mothers after childbirth, primarily postpartum stories. Specifically, the study aimed to:

1. Determine the experiences of the participants as first-time mothers;
2. Identify the challenges encountered by single mothers who are also students;
3. Analyze the postpartum experiences of single mothers;
4. Identify the coping strategies used by single mothers during postpartum depression.

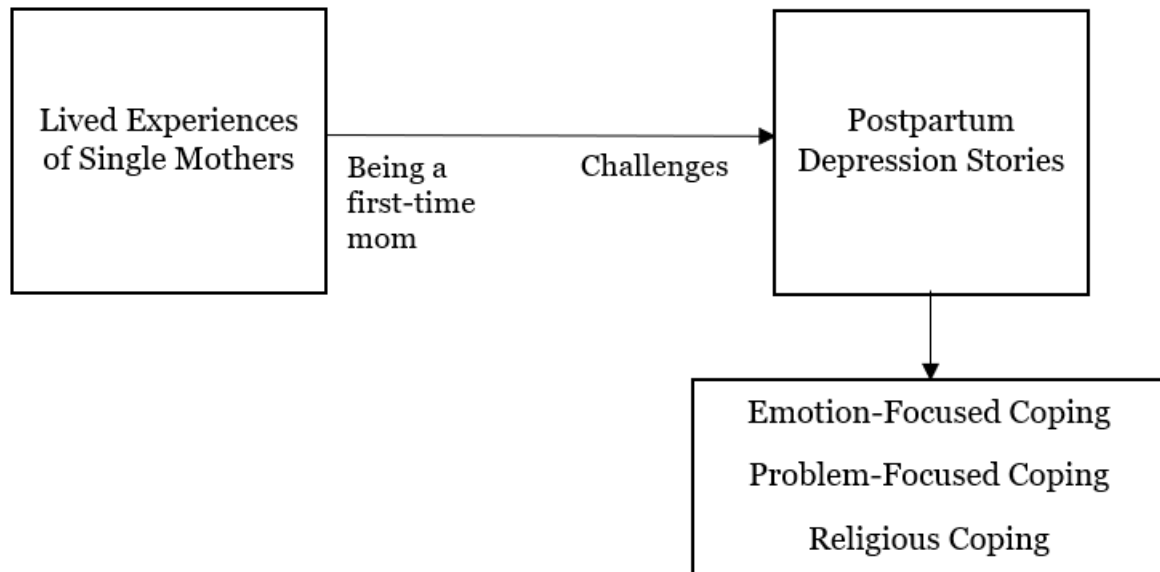
Conceptual Framework

The review of related literature and studies provided a substantial framework for the current research work.

Despite the fact that there are a number of students who are single mothers suffering from postpartum depression, there is still a lack of theoretical references specifically on the experiences of postpartum depression in this population. Postpartum data and theories may be available on the internet, but in-depth and narrative data on this population is rare. This research thus examined the actual experiences of single mothers; more particularly, it is a narrative about postpartum depression. The study addressed the issues of single mothers, especially the students on campus. They were asked about their experiences as first-time mothers, the challenges they face as single mothers, the narrative of their postpartum depression and symptoms, and coping techniques. Based on the readings, narrated coping techniques of the participants were categorized as emotion-focused coping, problem-focused coping, and religious coping. Lastly, preparations and expectations for motherhood and family influences were also discussed.

Research Paradigm

Figure 1.
Conceptual Framework



The figure shows that single mothers have different experiences being first-time mothers and challenges as single mothers, which leads to postpartum depression (PPD), hence the PPD stories. Further, single mothers employed the following coping approaches: emotion-focused, problem-focused, and religious coping mechanisms in dealing with stress.

Research methodology

This chapter covers the research design and methodology, including the locale, sample or participants of the study, instrumentation, data collection, data analysis procedure, and ethical considerations.

Research Design

This study uses a qualitative evaluation. Qualitative is an approach that is primarily descriptive and interpretative. In this study, qualitative is used to specifically explore the postpartum depression experiences of the students who are single mothers. Basically, as a qualitative researcher, he just wants to “simply plunk themselves down where it’s happening and try to figure out how and why” (McEwan & McEwan, 2003, p. 78).

More so, qualitative methods are generally supported by a world glimpse that views reality as “socially constructed, complex, and ever changing” (Glesne, 1999, p. 5). Thus, the uniqueness and distinctiveness of each story were thought to have a great impact on the content and result of the study. Further, the researcher served as a primary investigator in the current study as well as the primary instrument for data collection and analysis (Patton, 2002; Lincoln & Guba, 1986). Considerable time shall spend with participants to create rich descriptions of their experiences (Merriam, 1998) and to gain knowledge and understanding through human interaction (Lincoln & Guba, 2000; Crotty, 1998). Thus, aside from the main questions, there shall be follow-up questions to explore participants’ answers and to obtain further depth and detail, and oftentimes to ask for clarification, examples, and to clarify concepts or themes.

The study was based on a qualitative design involving the use of Interpretative Phenomenological Analysis (IPA). IPA is especially suitable when the researcher seeks a rich and detailed description from a homogenous group of informants on their lived experience of a phenomenon (Smith, Flowers, & Larkin, 2009). This type of approach also explores how

people talk to each other in naturally occurring situations; the researcher recorded and transcribed the conversations, which included the words spoken, indicating time gaps, pauses, incomplete thoughts, and other verbal mannerisms. Further. He did also narrate experiences through stories. The interviews were recorded digitally and transcribed verbatim.

Sample Method

Purposive and snowball sampling techniques were used to determine the 15 participants for the study. Verbal announcements were used during online classes, and referrals were made by other teachers on the campus. The criteria were: The respondents of this study are composed of teenage mothers who are between 20 to 32 years old, single parents, or at least not living with their partner, parented one to three children, and finally, currently enrolled in college. They must at least have experienced symptoms of postpartum depression (PPD), as identified in the literature of the study. They were not necessarily diagnosed with PPD or sought services for such conditions. Further, the researcher determined the saturation point of their engagement, specifically when the data were already rich and deep as to the participants' experiences.

Data Gathering Instrument

The research is qualitative in nature. The techniques to gather the data was an in-depth interview, i.e., using the IPA approach. These approaches validated the data. Interview guide questions were used in the gathering procedures. The researcher tried to make sense of the participants' world by primarily connecting with their wishes, feelings, beliefs, and motivation necessary to understand their behaviors and actions. The research explored how people talk to each other in naturally occurring situations; he also recorded and transcribed conversation, which includes the words spoken, and indicates time gaps, pauses, incomplete thoughts, and other verbal mannerisms. In the process, the participants narrated experiences through stories, but the researcher looked not at the story per se but at the moral values or the very meaning of their stories.

Data Collection

The researcher asked permission from the office of the president of Palawan State University, as endorsed by the Research Office and approved by the director of the PSU Roxas Campus, to conduct this study. Upon approval, the researcher started searching for participants through referral from their classmates and/or teachers. Participants were carefully selected according to the criteria of the study. Then a letter of request of participation was personally distributed to selected students, and in their absence and due to no face-to-face classes, the letter was sent via Messenger app. Indicated in the letter are the objectives, the timeline, and activities throughout the interview and analysis. There are also Research Information Sheet (RIS) and Consent Form attached in the letter. The RIS explained the benefits and risks in participating in the study.

For online interview, the researcher then set the online interview schedule during the availability and convenience of the participants. The researcher sent load allowance to the participants that was used for video call. Upon the approval of the participants, the entire interview was recorded and screen shots were made. The interview started with an introduction and explanation of the research objectives and risks of participation. Sub questions were also made to clarify the narrative. After the interview, the researcher set another schedule for the second session. The schedule again is based on the availability and convenience of the participants. The interview lasted for 30 to 45 minutes per session. There were 2 sessions each participant.

Further, face-to-face interview was conducted for the participants who live in the vicinity of PSU Roxas Campus. for health security purpose, wearing of face mask and social distancing were observed throughout the face-to-face gathering process. Further, with the

approval of the participants, the researcher used an audio recorder and camera for the data to be complete and valid. Another schedule for the second session was agreed by the researcher and participant. The data were transcribed and encoded verbatim. Finally, the data collected were analyzed and interpreted using Thematic Analysis.

Data Analysis Procedure

To analyze the qualitative data, the researchers used coding or thematic analysis to compare and group the same themes or behavior. The interview transcripts were analyzed using thematic analysis following five steps, as described by Smith (2015). The first stage involved reading and re-reading the transcripts to familiarize the transcript and noting any essential aspects, observations, and preliminary interpretations. Then emerging themes were noted and transformed into more specific themes, which were clustered by connecting them, followed by capturing the main categories of meaning conveyed by the participants.

Ethical Considerations

This study respects the decisions and rights of the participants. Thus, an informed consent was utilized during the data collection. An informed consent states that the research subjects have the right to know that they are being researched, the right to be informed about the nature of the research and the right to withdraw at any time; and they were also informed of possible risks and benefits if participated in the study. So basically, this study ensured the quality and integrity of the research. Thus, the researcher presented an informed consent to the participants. The consent was translated to the Filipino language for better understanding. More so, during the actual interview, the researcher was obliged to explain the objectives of the study and their rights as participants. This ensures that they participate in the study voluntarily.

Moreover, the researcher respects the confidentiality and anonymity of the participants (Ethics Guide Book, 2018). Thus, during the gathering of data and its interpretation and analysis, pseudo names (e.g., M1, M2, etc.) were used instead of their real names to hide their identities. Their specific places and education are be protected; faces were not be captured. Finally, the final output was discussed with the participants basically to confirm some unclear data and also to validate the results.

Results and discussion

Interpretation, Presentation, and analysis

This chapter presents the interpretation, presentation, and analysis of the experiences of single mothers with postpartum depression. Each of the 15 participants shared about their experiences after childbirth and onset of depressive symptoms, including their awareness of depressive symptoms and coping strategies whenever confronted with postpartum depression.

Being a first-time mother: Tired but Happy

For single mothers, becoming a first-time mother is a mix experience. Some moms are hopeful and excited about the development of their children; seeing their children grow under their care makes them optimistic and happy. Single mothers spoke openly about their first-time motherhood experiences and described their daily routines from the moment they awake until bedtime. It was difficult for them to care for their child without assistance from others. Others, however, are anxious and unsure about how to care for their child properly.

M 9: As a new mother, I'm excited because when I saw her, I immediately thought of the moments I'll share with her. I'm excited to see her grow up as I take care of her, and I'm excited to see him change every month, like when he learns to sit and stand up.

M10: In my young age, I become a mother. It is fun and difficult at the same time. I have always stayed awake. Further, breastfeeding is hard and painful. However, I am excited every day taking care of my child; as a first-time mother, the happiness I feel is different; all my problems and stresses are replaced by joy when I see him.

M4: ...after I gave birth, I realized that being a mother isn't easy. I can feel almost everything (she paused) about taking care of a child, like how hard it is to stay awake because I will spend most of my time taking care of him, which is totally true. It was really hard, because I spend most of my time taking care of him from morning until night and back to morning again. I have to wash him, breastfeed him, and even watch him sleep. When he cries, I can't just leave him, especially since he's so clingy and doesn't want to leave my side. It's so hard that I can't do other things I need to do. That's when I really notice how hard it is, and I'll just start crying because I'm so tired, even though I knew that would happen. But, of course, I'm also glad to have a baby; watching him grow.

M14: As a new mother, I'm nervous; about if I can do the right thing, especially my responsibility as his mother.

M 7: It's sad, very sad, because, sir, you know how I will feel when I go to school and then wonder who will take care of him at home.

Problems faced by student-single mothers

Student-single mothers described how tough it was to be a first-time mother who, at a young age, did not know how to care for their child; M14 remarked, "The first thing I had to learn was how to care for the baby because it was my first child. When he cried, I was at a loss for what to do, and I rarely had a restful night's sleep afterward. They went on to describe how the birth of a child has altered their priorities, studies, finances, work, parental and spouse support, and even their relationships:

Lack of Self-care

They began to understand that they already have a responsibility as a mother. However, as a single mother and student, their priorities are affected consequently lacking self-care; M1 stated, "I often prioritize his needs." They sometimes ignore their physical appearance and personal needs in order to care for their child:

M3: A lot has changed of course; I will prioritize my son over other things. I sometimes do not care anymore of myself.

M8: There was a time when my son was already bathed and was clean, but I still smelled like poop, had baby dirt on my clothes, was still leaking milk, and couldn't change my clothes on right away. I had also had times when I looked like an old woman. My dad even told me it's like I have ten kids, and I can't take care of myself anymore.

M9: Especially when my mom has to work, and I have to prepare myself and go to school, but I have to take care of my son, then I usually don't go to my classes.

Dual Roles: As Student and Mother

In point of fact, student mothers frequently place their children's needs ahead of their own academic pursuits. Others voiced their agreement that it was a challenging experience and disclosed that they had an emotional breakdown while attending classes. Several of the participants then shared their experiences of the challenges and obstacles they face in their dual roles as students and mothers, including the following:

M1: It was really difficult to take care of my child alone and study at the same time.

M2: When I was at school, I always thought about going home to cook food, I couldn't concentrate sir because I was still thinking about [my children at] home.

M14: After school, I have to go home immediately for my child... So, sometimes, I do not have much time for school group projects.

M9: I was scared at first. Can I take care of him on my own? I don't know how to do it while I'm studying.

M12: I had just given birth and didn't stay in a boarding house. I usually went to school at 7:30 in the morning but didn't get home until late at night. There was a time when It was really hard to ride the bus because it was raining, and I got wet, and then I just started crying.

M14: I remembered how hard it was to study while taking care of my child, I sometimes cried, but I was also surprised at myself because even though I was depressed, I could still take and pass the test. I also turned in my assignments on time, which made me feel better (crying).

Financial incapacity and instability

They acknowledged that the responsibilities and obligations that come with taking care of their child could make it difficult to be a single mother. This has a substantial impact on both their academic achievement and their ability to participate in extracurricular activities at school that includes financial obligations. After coming to the realization that it is really challenging to study while still being a single parent, one of them actually had a breakdown. M6 went so far as to say that she had to go back to school in order to comply with numerous school events and most of them requires spending money, saying, "I only rested for a month after birth because there were so many contributions and school activities." These experiences are made more difficult by the student mothers inability to support themselves financially and their unstable living situations:

M2: I was really worried about raising him without financial capacity and support.

M4: Especially when I need to buy medicine and milk, I need to think about where I will get the money.

M7: Taking care of a child is hard... Before, it was fine for me to spend money on what I wanted, but now, I'd rather buy diapers and milk with them.

M9: It's hard financially because I don't have money, I'm just studying and then I don't have a job, and my mom doesn't have a good income either.

M10: I was happy but sad at the same time because I am afraid that I may not be able to raise him right because of financial problems, specifically buying milk and medicines.

M15: I started having problems when he was about four months old that I had to buy his milk. Then, if the child gets sick, we take him to the hospital right away.

Obligated to Work

Students typically have a difficult time with school projects and other learning materials. As a part of their group projects, they are required to make purchases of materials and often spend a significant amount of money on contributions to the class. However, the financial obligations of being a student and a single mother at the same time are significantly increased. Concerns have been raised among the participants regarding their ability to financially support themselves. This results in her having to work in addition to attending school and taking care of her child. However, despite appearances, their task is not as simple as it may seem because they are single mothers. There were times when they were required to bring their child with them to work:

M4: After I gave birth, I took care of my child alone. I usually carry them while working part-time. I did not depend on him [his father]. I worked hard.

M3: ...That's why (when) I started studying, I had a hard time taking care of him (my son) at the same time as I'm a working student... I must work because my expenses are increasing. Now, I have two jobs, during my vacant time I work in the market, at night in the canteen.

M15: It really hurts me when I do not have money to buy diapers and milk for my child, and it stresses me more when I need to contribute to school projects. These worries made me work for the canteen, at least I have extra money for our needs.

Lack of Support

Due to lack of support. Some single mothers were obligated to work. Others described how their parents and ex-spouses were financially and emotionally unsupportive. They

explained how they cared for their infant by themselves. It was really tough and upsetting to discover that one's own mother was in some manner unsupportive:

M1: My parents told me that I had become a burden to them.

M2: He (Ex-partner) usually visits our child, and he was supporting us (financially), but eventually, we broke up since I found him having an affair with another woman

M4: The father of my child was not giving any support to his child.

M10: They grew up, sir, with no one else taking care of them, just me.

M6: My parents see how hard it is for me to take care of my child, but they haven't helped me and I don't feel their support.

M8: My mom told me she won't help me because I wanted this, so I had to stand for it. So, I gave birth without her. Other grandmothers wanted to see their grandchildren when their children had babies, but she didn't. I usually bathed my baby and then washed his clothes alone, but my mother was so distant (emotionally) with my son, even though their house was nearby.

M9: The father of my son no longer supports us. I have no idea where he is right now, sir. He hasn't come to see us in a year and three months.

Unsupportive Partner

Without parental support, a woman often seeks assistance and support from her boyfriend or spouse. Unluckily, some participants mentioned how they became stressed due to their spouse's lack of support. However, despite the fact that they already had a child, some single mothers expressed anger and disappointment with their ex-partners' behavior and betrayal of their relationships. Their partners' behavior in some way led to their suicide attempts.

M1: I learned that the father of my son had impregnated another woman; I was really angry and disappointed.

M2: I wish I was not pregnant because we're not really okay; when I found out that I had a few months' child, and he denied it, I was very depressed.

M3: For 3 months when I was pregnant, he only appeared again when I gave birth, so that's when I was really triggered, but he left immediately.

M4: When I gave birth, I was very depressed because the father of my son (when we were together) was easy go-lucky, and he didn't seem to care.

M6: I tried to commit suicide... when my partner cheated on me.

M8: There was a time when I just gave birth, and my partner was drunk, well, he was always drunk, that's why we broke up. When drunk, he usually didn't go home, so I would fetch him up, even at night, with the baby since I could not leave my baby alone at the boarding house.

Their Postpartum Depression Stories

Single mothers explained that their depression starts at least three weeks after giving birth. Usually, PPD starts three weeks after giving birth and lasts for at least three months. Over half of women are still depressed between 5 and 9 months after giving birth, and one-third are still depressed between 12 and 18 months. Postpartum depression is different from postpartum blues because it lasts longer and has more severe symptoms. M13 narrates her experiences of postpartum depression:

How I experienced postpartum depression? Once I gave birth, after three weeks, I felt it because I was really tired and always awake. I was super emotional, even for the little things. Suddenly, I even cried without any reason because sometimes I have thoughts that come back to my mind... I have a lot of what if's, like what if I wasn't in this position, being a single mother. Maybe I am having fun with my friends. That I was free, and I would never think about the things happening to me now that made me feel sad. And then suddenly I cried because I started thinking about it again. I pity

myself that I even think that I am the only one who is tired; I am the only one who is suffering, especially like me, who takes care of my child alone without any helper or partner who would take care of me also. No one who can share the responsibility, who can shift to stay awake all day.

You know, I always stay up late at night to breastfeed my child; maybe that seems to be the most common reason why women become emotional. Because of these experiences and mixed emotions, maybe that's why the depression builds up, and I become stressed, and when things go wrong, like when my child got sick, I'm also the one who is to blame. I cannot argue with them, especially when I hear something negative from other people. Even though I accept all of that, I still can't really avoid that I am coming to the point where I need to hide my emotions and worries to myself. Because that's how it is, I need to protect myself also, so I can't do anything actually but hide; that's why postpartum depression happens again and again because I can't release what's inside me, maybe the anger, the sadness, the hardship; I really want someone to ask for help, I wish I could talk to someone, but there is no one, anyone that I can talk to.

I just can't control my emotions. In the morning, every day as I wake up, I even ask myself, "why I'm crying like that? I need to be brave." Then suddenly, my emotions will change again, I'll be happy, but when I get tired again and feel mixed emotions, I become sad again. It was so hard to explain to myself why I had these feelings; sometimes, I stare at my child and think, "what if I don't have a child? Where am I now? I might be happy now and free everywhere I go; I'm not that stressed." But this is the reality; all of these thoughts really affect me every day. That's my postpartum depression story.

The narrative of M13 of postpartum depression also happens to other parents. In the study, after giving birth, other single mothers reported feeling "insecure," "sad," "irritated," "self-blaming," and "like they wanted to kill themselves." These mothers had not been diagnosed with nor treated for postpartum depression. Their experiences were based on how they truly felt and what they observed about themselves following childbirth:

Insecurities

Months after childbirth, single mothers described their experiences as having insecurities. Some compare their current life to their past life without any responsibilities. Further, some even mentioned how their behavior has changed:

M1: After giving birth to my son, I feel sorry for my baby... I don't think I can take care of her well. I have so many insecurities, overthinking many things because he doesn't have a father.

M11: When my son was only a few months old, I felt a little jealous of others, then I gradually became depressed. I sometimes feel like I don't fit in with my family and that I'm alone. I only care about my child. Because it seems like I think differently now that I have a family of my own. Now, I'm too quick to get angry, and if I don't like something, I criticize it right away, especially my parents.

M6: Sometimes I feel sorry for myself because all of my classmates have graduated while I'm still in school. It seems like I always have regrets.

M7: I'm jealous because the others go home to rest. I'm not like I used to be when I would just lie down, even if I had to go to work later. Now that I have a child, I have so many responsibilities, like I have to do laundry.

M15: I'm envious of other women because they have husbands, and I don't. Then I'm like, it's like the comfort of the husband is different from that of the parents.

Tearfulness

American College of Nurse-Midwives (2013) explained that during the first few weeks after giving birth, as many as three out of every four women will have short periods of mood swings, crying, or feeling cranky or restless. When they're tired or stressed out, these feelings can get worse. When a woman has the baby blues, she may say she wants to cry but doesn't know why. Baby blues usually happen in the first or second week after giving birth, and they don't last more than a week; however, if their sadness lasts for 2 weeks or more, this could be a sign of depression:

M4: I'm always frowning; I rarely smile because I'm always thinking about the problems... it has been 4 months already.

M5: Sometimes, for three months now, I cry a lot about what to do; I have a problem that I am already under a lot of stress.

M6: There is still time that I can't sleep, I'm really trying to sleep, but I always feel like I'm thinking about something, just anything that worries me, until morning, and I can't sleep.

M7: I'm really down, sir, to be honest... I cry a lot, sir, and I can't get up sometimes. I've been like this for almost a year, after childbirth.

M9: Emotionally, I was really depressed after my childbirth. Sometimes I wish I had never lived. It seems like almost every day. ... Until now.

M15: I became more depressed after giving birth, even for a silly reason. When I was holding my child, I wanted to feed him his favorite food, but I was unable to. As a mother, this is terribly painful.

M11: I've experienced severe depression; there's much going on in my head, which is why I'm losing my appetite to eat and sleep. Especially when I'm depressed, sir, I can't sleep because all I can think about is why this has happened to me.

M14: I also get mood swings. I do not wish to speak with anyone, including my parents. I always argue with them, and when they need me, I simply ask, "What's wrong?" "You can do that tomorrow, so don't bother me." The following day, I would experience the same feeling of not wanting to see anyone.

Irritability

Single mother reportedly feel irritated and angry. They just feel it, even just for minor reasons. This, according to them, affects their child. Because they are overwhelmed by childcare responsibilities, and fear of being unable to cope, single mother may succumb to outbursts of uncontrollable anger, display less affection for her baby, and be less responsive to his cries. Single mothers described how they get angry when they become restless from taking care of their children, thus showing some obsessive behavior such as recurring thoughts about harming their baby:

M3: I'm always hot-headed, sir, and once, I got really annoyed with my son... I even tried to throw him on the bed, and my father just picked him up. Then after that, I'll regret it.

M6: When I'm sleeping, I often wake up crying with a bad headache. This is why I'm always angry: if I hear just a little cry, I get angry right away, and if my child did just a little, I hurt that child.

M7: Then, sometimes, when the baby cries, I want to cover him with a pillow because, of course, it is quite difficult to be alone, and I am always awake and exhausted, and I have just returned from school.

M8: I'm just irritated, sir, and there was a moment when I became so angry with the baby that I physically hurt him.

M13: I think it's normal for-me as a new mother to be irritable. I can't stop it because I am tired and do not get enough sleep. Sometimes when my baby cries, I don't know how to comfort him, if something hurts him, if he wants to poop, all of that irritates me, and then, of course, I am drained and confused. I feel that even to this day, I have postpartum depression, that I can't control myself,

especially when my child is so naughty, I don't know, it's like my eyes are darkening that I want to hurt him. It's like my brain can't understand what's going on, I am really confused.

Physical Symptoms

Single mothers who have physical symptoms could be a result of their anxiety and panic attacks as signs or symptoms of postpartum depression. Single mothers in the study reportedly became sick again, or in Tagalog, “binat.” At the same time, others described their physical symptoms as hair falls, getting stiff when anxious, difficulty of breathing, and unable to walk:

M4: I was stressed because no parents supported me; I was alone. Sir, it makes me cry.

M7: I don't know why, but I cried a lot right before and even after I gave birth. Then I start to feel sick. I've had times when I couldn't walk, and even when I tried to lift my left foot, it didn't move. I still had to use one hand to lift it.

M8: Just before I gave birth, I cried a lot; I don't know why. Then I have physical symptoms. I experienced before that I could no longer walk and even lift my left foot side... it didn't function, and I still had to use one of my hands to lift it.

M5: When I was depressed, I struggled to cry, I could not breathe properly, and all I could think was that I needed to release this feeling tears, but I was unable to do so.

M12: ... When my anxiety catches up with me, even if it's just simple words that I don't want to hear, it makes me really exhausted... I sometimes get stiff.

M14: Months after I gave birth to my child, I experienced some physical symptoms. I used to have super long hair, but then I had a lot of hair fall. (you can get a handful)

M15: When I was depressed, they took me to the hospital because they said they sensed that I was being sedated; sometimes I fainted; they took me to the hospital with an oxygen tank, but everything was normal.

Self-blaming

Miyaoka (2001) reported that patients with postpartum depression may devalue themselves, saying, “I'm unworthy to be a mother and guilty,” and if their child has the slightest physical symptom, they may become possessed by the belief that the child is seriously ill. The current findings affirm the study; some single mothers often blame themselves unnecessarily when things go wrong and for whatever is happening to their child, and in some instances, even in their family. Thus, others say that they become a burden to their parents, M1: I feel that we (me and my son) have become a burden to my mother.” This results to devaluing, M3: “I felt so useless as a mother.” Some single-mothers also described their self-blaming behavior during depression:

M7: When my child got sick, I felt all the blame. I feel like I'm not good at taking care of him... that's why the child is sick. That made me cry, sir.

M9: I feel like everything that's happening to us now at home is all my fault; maybe if I just didn't do it [gave birth early], we're still okay, as a family.

M13: I blame myself, and I feel disappointed in myself. Until now, I can say that I am worthless. I am worthless as a mother and a child. Instead of helping my family financially after my graduation, I got pregnant. Now, I may be helping a little, but I still tell myself, “I am worthless.”

M15: I know, it's not really my fault but as a mother, I think that everything that happens to my child is my fault

Being unreasonable

Postpartum depression is characterized by symptoms such as the inability to make decisions and the belief that the baby would be better off without them. Single mothers reportedly was shown to be unreasonable when deciding if to take care of the child or get an abortion and adoption:

M2: There were times that I really thought of getting an abortion because I was still young. I thought my parents might reject me or wouldn't accept us.

M3: Several times in my life, I've been selfish and even considered doing things that are unimaginable for a mother; when he was a newborn, I considered having him adopted so he might have a happy life.

M7: I always become unreasonable, especially during my depression... sometimes, I wish I had let someone else raise my child.

Giving Up

The birth of a baby can bring changes in the life of a mother. She must meet the constant demands of feeding, bathing, crying, and putting her baby to sleep, whereby the responsibilities of a new mother are suddenly increased. Single mothers described how stressful it was taking care of their baby alone; and how their depression affected their decisions. This scene of increased stress leads them to think of giving up:

M7: It's hard to take care of my child alone... Together with my requirements and the activities at school, so I thought I didn't want to live anymore... I always feel like giving up... really.

M12: ...Because when you're depressed, you almost have a mental block, it's like "there's nothing, there's nothing, I'm giving up, I'm giving up;" That's exactly what I felt, sir.

M10: When I'm depressed, I sometimes feel like giving up. I really don't want to continue living... That's all I was thinking.

Isolation

Basically, postpartum depression is an issue affecting a woman's functioning and well-being, including her relationship with her infant and other family members. Single mothers during their PPD experience anxiety, and they feel inadequate or unable to cope with stress. They feel worried about things that they normally take for granted. Thus, others do not want to leave the house or meet friends. Some of them explained how they isolate themselves from others, even from their family.:

M6: That time, when I was depressed, I did not want my family to talk to me; I wanted only my son in the room with me. Even now, sir, I can still lock myself here at home.

M5: ...I just really don't want to go out, sir; the house is always closed.

M7: I don't want anyone to make noise in the house, and I don't want to see anyone. I always cry, and I just don't want to leave our house; I just stay in the room with my son.

M10: ...I was really depressed that I don't want to talk to anyone, and when I eat, I want to be alone.

Suicidal Ideations

Suicidal ideations of single mothers can explain the possibility of suicide attempts. Suicidal ideations occur among single mother participants because of anger and the constant feelings of being alone and hopeless. Single mothers recall experiences where they wanted to commit suicide due to their hopelessness:

M6: During my postpartum depression, I was really hopeless and angry. Thus, I made a suicide attempt. I wanted to end my life, as though my problem is that I can no longer endure it. Then I am angry all the time.

M7: I have reached the point where I want to hang myself because I can no longer continue living my life alone with such a big responsibility.

M10: I always contact the father of my son, "what the hell? I want to die!"

M12: I feel like I really want to die, sir; I really want to die. I always tell that myself.

M13: I always overthink, especially now that I still hear a lot of bad words about me, so that I get to the point where I just want to disappear from the world and end my life because I am thinking about everything all the bad things they are saying about me are coming together.

The suicidal thoughts of the single mothers are alarming. Several researchers have reported that suicidal ideations and suicide attempts are strong risk factors for completed suicides (Beautrais, 2001).

Inflicting self-harm

Single mothers describe their experiences of PPD as “having self-harming behavior” since there were instances where the participants inflicted harm on themselves. Punching, slashing, and drinking poisonous liquid was recorded in the study. The self-harm was somewhat needed to calm themselves and as a response to anger and loneliness:

M2: At first, I was hurting myself, punching my stomach.

M4: When we fought and couldn't agree, I slashed. My child was still young then.

M7: About 1 month after I gave birth, sometimes, sir I cried for no reason; why did I cry? I said I wanted to die. I'm very sad. Then one time I drank the zonrox. And I even tried to hurt myself with the broken bottle, but it didn't leave a scar (she laughs), I was really crazy.

M12: Yes, I have really experienced depression; my son was only 3 months old. I felt very tired and guilty and sad. It happened just recently when I was in the hospital. Actually, I have been referred to a psychiatrist. Well, sir, I'm already crying (crying)... I have committed suicide. I was cutting my arm. At that time, I felt like I was thinking blankly, and I was really hugging the knife, and sometimes I just put it by my side.

M14: When I hurt myself, I feel pain as if I am calming down

In order to cope with the postpartum depression-related stress they experience on a regular basis, single mothers decide to harm themselves. This doesn't mean that one should commit suicide. An attempt to end one's life may have been made in a specific instance of self-harm. However, not all self-harming behaviors are motivated by suicide thoughts.

Coping Behaviors

Coping is the process through which people adjust their thoughts and actions to the demands of stressful circumstances. Coping methods are adapted to the environment and challenging life events in which they are used. Mothers may turn to coping strategies in the postpartum period to deal with stressors related to daily difficulties and new childcare responsibilities. Single mothers gave examples of their coping mechanisms and activities for postpartum depression:

Emotion-focused coping

Emotion-focused coping seems to develop in adolescence (Compass et al. 1991,1996). Emotion-focused approaches regulate emotional distress (e.g., seeking sympathy and understanding). This type of coping involves attempts to regulate the emotions evoked by a stressful event and can be considered active or avoidant (Holahan & Moos, 1987). In other words, the study's single mothers typically use emotion-focused coping mechanisms when they experience postpartum depression. Any depressed person is capable of engaging in emotion-focused coping, even if they are unaware of it. A person naturally seeks someone to talk to when they are feeling lonely, and they frequently avoid their emotions when they are scared or nervous. In the study, single mothers discussed their coping mechanisms, and the researcher categorized them as active-focused coping and avoidance focused coping:

Active-Focused Coping

Active-focused coping may involve the use of behavioral and/or cognitive strategies such as receiving emotional support from friends and family and positive reframing

(Ogden,2004, p270). Single mothers explained how they maintain their mental health by sharing their worries with their families and friends:

M3: I talk to my parents, then I feel good because I feel like I have an ally; I receive sympathy.

M13: I only confided in my family because not all of my friends were concerned about me. I am certain that my family can understand me, and they are the only ones I can approach.

M8: When I don't know what to do, I sometimes talk to my neighbors. Especially my neighbor-friend, who is also a mother. She gives me good advice. I always tell her about my worries, which helps me a lot.

M12: When I am alone and upset, I just go to the comfort room and cry. I only tell my friends about my problems. Every time I talk to my friends, I end up crying. I sometimes let go of my anger toward them; after a while, sir, I'll be fine.

M6: When my child kisses me, or I see him, I feel that despite my situation, especially when I think I am giving up... all my pains and discomforts go.

M15: When I have suicidal thoughts, I sometimes do self-talk. I reassure myself that everything will be okay and that I must remain calm and focus on my child. It's as if I must consider which relevant tasks I should complete first.

M8: When I don't have enough money to buy diapers for my son, I experience stress. Therefore, I used clothing as diapers. I am optimistic because I have never told myself I to give up, even when I have nothing. I show up to be fighting everything.

Single mothers typically feel better after sharing their difficulties and feelings with their family and friends. This shows support and sympathy from their family and friends. Others also mentioned that they find comfort in confiding in their friends about their worries. While some find strength in embracing or cuddling with their son. Talking to themselves in a supportive manner also aided them in overcoming their daily depression.

Avoidance Focused Coping

Carver et al. (1989, as cited in Wu et al., 2020) described avoidant coping tactics that include venting emotions (ventilating distress and negative feelings), behavioral disengagement (reducing efforts and even giving up goals), mental disengagement (distracting oneself from thinking about goals and efforts), and restraint coping (holding back and waiting without acting). Some single mothers express their negative feelings by crying, while others prefer to suppress them by taking a walk or listening to their favorite music. All of these actions were taken in an effort to temporarily block out the unhappy feelings and thoughts they are currently experiencing:

M11: When I am irritated, I simply go to the sea, which makes me feel better. The ocean seemed to calm and refresh me.

M13: I choose to walk away since I no longer feel good within myself, especially when my son is being really disobedient and naughty or acting in a similar manner.

M1: When I feel sad, I take my son for a walk, and it makes me feel better and less down.

M7: When I am really down, I always go for a walk alone, sometimes I ask my friends to join me for snacks, that's all, then I'll go home.

M2: When I feel irritated, I usually listen to my favorite music. It calms me down.

M8: I watch movies, read books, and occasionally listen to really loud music in order to keep my mind always occupied, since if I am not doing anything, I become unreasonable and begin to think negatively about hateful things.

M3: ah, I'm really just crying because after I cry, I feel lighter again, but it's only for a moment, sir.

M14: If I don't cry when I'm depressed, it's really difficult for me to maintain my mental health; as long as I can cry, I'll be fine. Occasionally, I sleep with tears in my eyes. When I awaken, I have a great feeling. I am constantly this way until I become used to it.

Problem Focused Coping

Problem-focused coping is generally viewed as an adaptive mode of coping that involves actively planning or engaging in a specific behavior to overcome the problem causing distress (Folkman & Lazarus, 1985). Problem-focused approaches direct attention toward the problem and look for ways to resolve it (e.g., interpersonal efforts to alter the situation). Other examples of problem-focused coping include planning, active coping, and using instrumental support such as supervisors and mentors. Single mothers took action to alleviate their burden after realizing what was causing their depression; they had to make a choice and take action to deal with the problems. Otherwise, they won't be able to overcome the negative emotions they're feeling. According to reports, some single mothers had to alter their routines to reduce the stress of jobs and school, while others had to go in person to counselors, and still, others had to end the relationships that were stressing them out. These coping mechanisms are explained by the single mothers:

M6: The thing that really stresses me out is how much work I have to do. It's hard to do things by myself. So, I'm going to wake up early because I'm trying to get to my baby's wake-up time. I have to finish my work. My task as a mother seems to be getting used to me. Even though I'm taking online classes, that's what I'm doing. I used to get up early, so I could finish my work, feed my kids, and then take a bath before going to my online class.

M4: We decided to go to DSWD for counseling when I didn't know what to do and had a lot of suicidal thoughts. I've been there quite a few times already. It really did help me out a lot.

M8: My financial constraint is what really upsets me every day. So I decided to get a job and landed here in Food Mix. That time, I had to bring my child to school early before going to work. There were times also when I needed to bring him to work because I had no one to take care of him at home.

M11: I ended my connection with him, anything related to him that makes me depressed. My family even decided to bring me to quack doctors because there were times that I just fainted. But I think I was really depressed.

M14: I get depressed because of the father of my son. So, I decided to break up with him; then I went home to my mother. Eventually, I decided to study again in college.

Religious Coping

In Terreri and Glenwick's (2011) study among adolescents, positive religious coping (a type of active coping) was positively correlated with positive affect and life satisfaction and was negatively correlated with depressive symptoms at times of stress. Single mothers positively used religious coping mechanisms. Their faith in God and acceptance of their child and current circumstances has given them an optimistic attitude on life. The results also demonstrate that people are even willing to set aside some time to read the Bible and watch inspirational videos. The participants describe each of these in turn:

M3: I was just reading a bible verse, and that's when I drew my strength. That's all I really think is that it's very important to me that I shouldn't waste the Lord's gift of life to me.

M10: Initially, sir, I intended to have an abortion, but I did not go through with it. Now, I already have a responsibility, and I consider it as God's blessing. I must simply accept God's gift and this fate.

M13: I said to myself that I need to accept these situations and that maybe it really won't happen to me if the Lord doesn't have a plan for me

M6: When I am lonely and feel like crying at home, I simply watch YouTube to see my favorite Pastor. I am always able to relate to his sermons. His examples accurately reflected my feelings and situations.

M12: When I started inflicting harm upon myself, I was alone, so I comforted myself. Sometimes, I pray to God and tell Him, "You are the only one who can guide me in the right direction." I eventually recognized that I had to learn to stand on my own two feet because I had created this problem for myself.

Discussions

The fifteen (15) single mothers had neither been diagnosed with postpartum depression nor received treatment for it. Following childbirth, their experiences were based on how they genuinely felt and what they observed about themselves. For single mothers, becoming a first-time mother is a bittersweet experience. Some are optimistic and happy. Others, however, are nervous and uncertain about how to care for their child properly. They described how difficult it was to be a young, first-time mother who did not know how to care for her child. They elaborated on how they struggle with their priorities, studies, finances, work, parental and spousal support, and even their relationships. These factors cause them so much stress that they develop postpartum depression.

Thomas (2020) states that postpartum depression (PPD) is the second most prevalent mental health issue after childbirth. It affects 13 percent of women. According to Pearlstein et al. (2008), postpartum depression in women may begin during pregnancy or after the first postpartum month. PPD often begins three weeks after delivery and lasts at least three months. Over half of the study's single moms are still depressed between 5 and 9 months after giving birth, and others report being depressed between 12 and 18 months. Postpartum depression differs from postpartum blues because its duration is longer and its symptoms are more severe. Single mothers characterized their first postpartum month as being marked by mood swings, depression, and frequent nighttime crying. Others' justifications include self-blame and insecurity. According to a 2013 research by the American College of Nurse-Midwives, as many as three out of every four women will experience brief mood swings, crying, or feeling irritable or restless in the weeks following childbirth.

Single mothers reported feeling "insecure," "sad," "irritated," "self-blaming," and "like they wanted to kill themselves" after giving birth, as evidenced by their stories. Thomas (2020) said that as signs of postpartum depression, a mother may feel irritable and angry, sometimes for no apparent reason... and may exhibit less care for her baby. Approximately one-fourth of single mothers reported physically abusing their children during their PPD, such as throwing them on the bed or spanking them.

More than half of single mothers exhibit self-devaluing. According to Miyaoka (2001), people with postpartum depression may say, "I am unworthy of being a mother and guilty." In addition, they frequently blame themselves for whatever is occurring with their child and in some cases, the family. A part of self-devaluing is the perception that one becomes a burden to one's parents, similar to the finding of Jessly-Daniel et al. (2021) that 61% of the population has unnecessarily blamed themselves when things go wrong.

Some single moms reported experiencing physical symptoms, which Thomas (2020) attributed to anxiety and panic attacks as postpartum depression indications or symptoms. Anxiety caused single mothers to feel inadequate or unable of coping with stresses. Consequently, they were unreasonable or unwilling to care for their child, preferring adoption. *Journal of midwifery & women's health* 58.6 (2013) noted that postpartum depression is characterized by symptoms such as indecisiveness and the conviction that the infant would be better off without them. This demonstrates their abandonment of their motherly duty. Others exhibit self-destructive attitudes. Thus, the suicidal ideas of the study's single mothers are alarming. Multiple researches have indicated that suicidal ideation and suicide attempts are

significant risk factors for actual suicide (Beautrais, 2001). Journal of Midwifery & Women's Health (2013) noted that a woman with postpartum depression may occasionally have suicidal thoughts. Self-poisoning was the most prevalent way of self-harm in Healey's (2013) study.

As a response to the relatively regular stress they experience due to postpartum depression, single mothers decide to self-harm. This does not imply committing suicide. A specific act of self-harm could reflect an attempt to take one's life. However, some self-harming behaviors are unconnected to suicide ideation (NICE 2004). As self-harm is a broad term, the World Health Organization defines it as "an act with a non-fatal outcome in which a person initiates a non-habitual behavior that, without the intervention of others, will cause self-harm and is intended to achieve the subject's desired changes through actual or expected physical consequences" (NICE 2004). Self-harming by single mothers may potentially result in suicide attempts. According to the study, single mothers have suicide thoughts. In moderate or severe [postpartum] depression, suicidal ideation or a suicide attempt may occur (Miyaoka, 2001). According to Fitzpatrick et al. (2005), suicidal behaviors occur along a continuum, ranging from suicidal ideation to suicide attempts to completed suicides.

Thus, the study implies that women who have had postpartum depression may have stress-coping strategies. Coping consists of the mental and behavioral strategies individuals employ to deal with stressful events (Lazarus et Folkman, 1984, as cited in Doucet et Letourneau, 2009). In the postpartum period, moms may rely on coping strategies to manage the stressors associated with day-to-day hassles and new childcare responsibilities (Honey et al., 2003). In the study, single mothers maintained their mental health through active-focused coping by sharing their concerns with family and friends. Others, in contrast, spend their time cuddling their child or encouraging themselves. While the majority of single mothers express their negative emotions by crying when they are upset, going for a walk, and listening to their favorite music. The researcher classifies these as avoidant coping strategies

Some single mothers, on the other hand, had to alter their routines to decrease the stress of jobs and school, while others had to visit counselors in person, and yet others had to leave stressful relationships. This is referred to as Problem-focused coping. To cope with their stress, more than half of single mothers pray, study the Bible, and watch motivational videos. These actions provided them with a good outlook on life and made it easy for them to accept their situation. According to Walker and Bishop (2005), religious faith and spiritual beliefs are coping mechanisms.

Summary

This discussion revolves around the experiences of fifteen single mothers who had not been diagnosed with postpartum depression (PPD) or received treatment for it. The mothers describe the challenges they face as first-time mothers, including difficulties in caring for their children, managing priorities, finances, work, and relationships. These factors contribute to significant stress and the development of postpartum depression.

Postpartum depression is highlighted as a prevalent mental health issue, affecting 13 percent of women. It can begin during pregnancy or after the first postpartum month and typically lasts at least three months. The duration and severity of symptoms differentiate postpartum depression from postpartum blues, with single mothers experiencing mood swings, depression, and crying during the first postpartum month. The study also mentions physical symptoms, anxiety, and panic attacks as indicators of postpartum depression.

The discussion emphasizes the negative emotional experiences reported by single mothers, such as feeling insecure, sad, irritated, and self-blaming. Self-devaluing and self-destructive attitudes are prevalent, with some mothers physically abusing their children. Suicidal thoughts and self-harm behaviors are also mentioned, although not necessarily linked to actual suicide attempts.

The coping strategies employed by single mothers are explored, with two main types identified: active-focused coping and avoidant coping. Active-focused coping involves seeking support from family and friends, altering routines, seeking counseling, or leaving stressful relationships. Avoidant coping includes activities like crying, going for walks, listening to music, and engaging in religious or spiritual practices.

Overall, the discussion sheds light on the challenges faced by single mothers in the postpartum period, their experiences with postpartum depression, and the coping strategies they employ to manage stress.

Conclusions

In conclusion, this qualitative study aimed to explore the experiences of single mothers who identified as having postpartum depression (PPD). The participants were students from a state university's satellite campus, and the study used purposive and snowball sampling to select 15 participants who were young mothers, single parents, and had one to three children. The study found that these single mothers experienced various symptoms of postpartum depression, including insecurity, tearfulness, irritability, physical symptoms, self-blame, self-harm, unreasonableness, giving up, isolation, and suicide ideation.

The findings highlight the challenges faced by single mothers who are also students, navigating the demands of motherhood and education simultaneously. The abrupt changes in their lives as new mothers while being students may contribute to the manifestation of postpartum depression symptoms. The study also identified three common coping mechanisms employed by single mothers: emotion-focused coping, problem-focused coping, and religious coping. These coping approaches should be further explored in future research studies.

Overall, this study provides insights into the postpartum depression experiences and coping mechanisms of single mothers. It contributes to the theoretical understanding of this specific population and calls for further investigation in this area.

Recommendations

This research study recommended the following:

1. The study should contribute to the theoretical understanding of the postpartum depression stories of the students on campus. Thus, students who have the same condition may validate their feelings and experiences of postpartum depression.
2. The findings could inform the parents of the dangers and loneliness caused by postpartum depression and even its possible risks if not given attention. This means that this study shall help them understand the current state of their child having a baby – thus fostering emotional and social support from her immediate family. Further, understanding postpartum depression better, of course, on the part of the family could help them make an environment safe and open to postpartum experiences.
3. The satellite campus where the study was conducted can create programs to primarily help single mothers with proper and systematic interventions in their postpartum depression.
4. The findings can also aid mental health care providers, psychologists, and guidance counselors in deeply understanding their clients with the same mental health conditions and/or experiences.
5. The findings can be the basis of the campus on its extension activities, such as intervention and awareness programs to help the community, specifically single mothers who are currently experiencing postpartum depression symptoms.

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