

Socio-economic barriers affecting mother's motivations in seeking medical postpartum depression treatment in Danao City, Philippines

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ABSTRACT

Postpartum depression (PPD) is a debilitating mental condition that mothers from low socio-economic backgrounds are more susceptible to acquiring. The study examined the socio-economic barriers affecting mothers' motivation to seek medical PPD treatment using a descriptive correlational research design. A purposive sampling technique was used to recruit eighteen (18) mothers aged 20 - 39 years old who scored below 20 on the Edinburgh Postnatal Depression Scale (EPDS). The study's findings suggested that educational attainment and health care insurance significantly correlate with mothers' perceived barriers. Regarding their access to maternal postpartum care, age, income, educational attainment, and health care insurance directly correlate to their seeking attitude. Finally, financial and social barriers significantly impact the mothers' access to maternal postpartum care, while geographic factors show no direct correlation. The study recommended coming up with means to alleviate economic constraints and the stigma of PPD to increase mothers' motivations in seeking medical PPD treatment. Furthermore, the output of this study is aimed at developing an educational and livelihood program to alleviate financial and social barriers for mothers seeking PPD treatment.

1. Introduction

The pregnancy period has been identified as the most joyful time of a woman's life. However, it is also critical in terms of developing psychological disorders. Postpartum depression (PPD) is a debilitating mental disorder with a prevalence between 5% and 60.8% worldwide (Klainin & Arthur, 2009). The intensity of feeling inability in suffering mothers is so high that some mothers with PPD comment life as a death swamp (Beck, Records, & Rice, 2006). The disease manifests as sleep disorders, mood swings, changes in appetite, fear of injury, serious concerns about the baby, much sadness and crying, sense of doubt, difficulty in concentrating, lack of interest in daily activities, thoughts of death and suicide (Aswathi et al., 2015; Norhayati, Hazlina, Asrenee, & Emilin, 2015). As a mental disorder, PPD, in the early years, was seen as a weakness of temperament inherited and could not be changed, thus resulting in extreme measures of isolation (Schimelpfening, 2023). Before the 21st century, PPD was a taboo topic that was not understood nor discussed in society. Mothers who do not feel emotionally well are disregarded and often treated as insane. The discussion on the possible correlation between motherhood and emotional instability in the past centuries was not focused on nor discussed.

Over the years, PPD has slowly gained recognition through social media and news coverage of mothers hurting their infants or even committing suicide weeks after giving birth. Moreover, influential celebrities have been open about discussing PPD. In the 21st century, PPD is no longer seen as an inherited mental disorder but rather an effect on mothers after giving birth. PPD is a treatable psychological condition. Anti-depressants and clinical interventions are available for mothers experiencing PPD to avail. Most of the time, PPD goes away two weeks to 6 six months after giving birth. However, if left untreated, PPD can affect the mother, the infant, and the family. PPD is a leading contributor to maternal mortality (Moran, 2021). In children, long-term adverse effects are brought about by PPD, such as delayed language development, higher rates of behavioral problems, and lower grades (Netsi et al., 2018).

Socioeconomic factors have shown a relevant relationship to higher risks of acquiring PPD. Among these includes lower education levels (Matsumura, Hamazaki, Tsuchida, Kasamatsu, & Inadera, 2019), those who come from Low-and-Middle Income Countries (LMIC) (Gelaye, Rondon, Araya, & Williams, 2016), and aged (MGH Center for Women's Mental Health, 2020) to be one of the prominent socioeconomic indicators that posit higher risk for PPD. Mothers who are suffering from PPD were found to have low motivation for medical treatments (Manso-Córdoba, Pickering, Ortega, Asúnsolo, & Romero, 2020). The Centers for Disease Control and Prevention (2022) reported that 50% of mothers with PPD are not treated. Gur (2018) cited limited mental health care access, difficulty admitting the need for help, and unawareness of PPD as the primary reasons for mothers' medical avoidance. Further, Asian/Pacific Islanders were found to be the racial group with the most risk of medical avoidance (Manso-Córdoba et al., 2020). Medical avoidance is caused by certain factors, such as a low perceived need to seek medical care, traditional barriers to medical care, and unfavorable evaluation of seeking medical care (Taber, Leyva, & Persoskie, 2015). In the Philippine 2013 National Demographic and Health Survey Report, two major barriers were identified to have prevented households from visiting healthcare facilities: the lack of financial resources and the geographic remoteness of facilities (El Omari & Karasneh, 2021). These factors lead to low utilization of postpartum treatments that are available in the country.

The Philippines have legislated Republic Act 11223, or the Universal Health Care Law providing Filipinos with accessible, efficient, equitable, and affordable health care for the public. The law provides free health care to every Filipino. However, despite the universal health care system, PPD services utilization remains low. Most Filipino women do not have adequate education and knowledge about postpartum. They are also less aware of available PPD treatments that they can avail of. Only a small fraction knows about and has utilized it (Labrague et al., 2020). The low turnout of mothers seeking medical treatment for postpartum can be attributed to the expensive nature of the psychological treatment. The costs of PPD treatment come off to exhaust the financial means of mothers who come from low-and-middle income families in the country. Despite the Universal Health Care Law and the legislation of Mental Health Law, mental health services are still not included in the Filipino primary care package.

Mothers often have problems adjusting right after birth and coping with the emotional and psychological stress pregnancy, and motherhood has given them. In addition, mothers of low socioeconomic backgrounds do not find it necessary to seek PPD treatment. Instead of seeking professional medical care, mothers often disregard PPD altogether. The problem of

having to maintain a family and the financial means makes it harder for mothers to seek treatment. However, despite the availability of medications that can help treat PPD, most mothers opt not to seek medical intervention due to socioeconomic factors that pose a barrier. The risks of not addressing PPD are severe. Thus, there is a need to study the barriers that affect mothers' seeking attitude and access to PPD treatment (American Psychological Association, 2020). This study examined the socioeconomic barriers affecting mothers from low socioeconomic status who are at high risk of PPD to seek medical treatment using the Crisis Decision Theory.

2. Theoretical basis

This study is anchored on the Crisis Decision Theory authored by Sweeny (2008), which revolves around how mothers with postpartum depression (PPD) react to adversity in their lives. Crisis Decision Theory blends the strengths of coping theories with decision-making studies to anticipate the responses people select in adverse situations especially to those mothers with low socio-economic status. The theory incorporates coping, health behavior, and decision-making, among others, into three phases that define the process of responding to unpleasant events: (a) selecting response choices, (b) assessing response options, and (c) evaluating response options. People are exposed to unfavorable events on a regular basis, and understanding the processes that follow these experiences is essential for both. Mothers with PPD responses can be predicted and improved.

Postpartum depression is a mood disorder that can affect women after childbirth. Mothers with PPD experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others. PPD most commonly occurs within 06 weeks after childbirth. It occurs in about 6.5% to 20% of women. It occurs more commonly in adolescent females, mothers who deliver premature infants, and women living in urban areas. PPD shouldn't be taken lightly. It's a serious disorder, but it can be overcome through treatment. Some serious side effects of postpartum are rare including seizures, hearing loss if ear protection is not adequate, and mania in people with bipolar disorder (Milgrom et al., 2015). Mothers with PPD commonly have thoughts of harming their children or themselves, are less emotionally available to their children and have infants who are less securely attached. Evidence showed that PPD not only has an adverse effect on maternal-infant interaction during the first year of life but also may have long-term effects on children over the age of 01 year, as well as on the mothers themselves (Vliegen et al., 2013). For the mother, this depressive episode can be the precursor for recurrent depression. For her children, a mother's ongoing depression can contribute to emotional, behavioral, cognitive, and interpersonal problems later in life (Anokye, Acheampong, Budu-Ainooson, Obeng, & Akwasi, 2018).

The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) defines PPD as a depressive episode with moderate to severe severity that begins four weeks after delivery (American Psychological Association, 2020). Alternatively, the International Statistical Classification of Disease and Related Health Problems 10th Revision (World Health Organization, 2015) defines it as a mild mental and behavioral disorder that begins six weeks after delivery. It is linked to chemical, social, and psychological changes that take place when having a baby (Bruce, 2020).

PPD also has varied severity, such as baby blues which is the most common among all types of PPD. Baby blues is characterized by frequent and prolonged crying for no apparent

reason, sadness, and anxiety. A more serious type is PPD, which affects about 01 in 07 new mothers, characterized by alternating highs and lows, frequent crying, irritability, and fatigue, as well as feelings of guilt, anxiety, and inability to care for the baby and herself. The most extreme of all types of PPD is postpartum psychosis and often requires emergency medical attention. Although it rarely occurs, its severity lasts for weeks or even several months. It is characterized by severe agitation, confusion, feelings of hopelessness and shame, insomnia, paranoia, delusions or hallucinations, hyperactivity, rapid speed of speech, or mania (Cleveland Clinic, 2022).

A key issue in seeking medical treatment for postpartum among mothers includes stigma, socio-economic status, discrimination, attitudes toward parenting, religion, and cultural sensitivity (Hansotte, Payne, & Babich, 2017). Most mothers do not seek treatment due to the stigma associated with it. Some avoided treatment due to the fear of being labeled as “mad” or having a “genuine” mental condition.

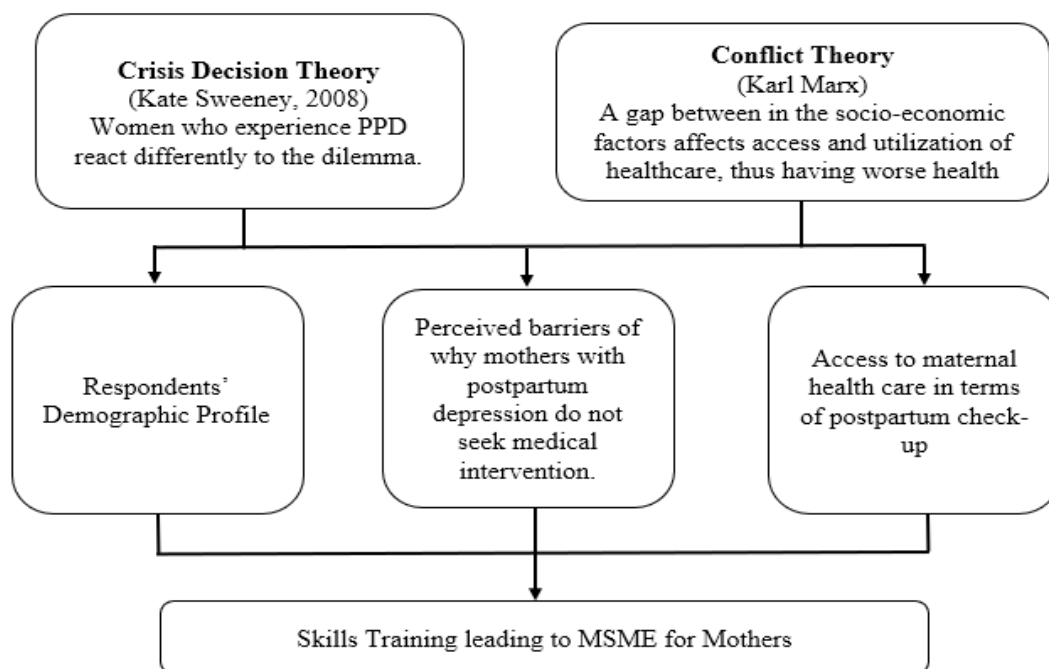


Figure 1. Theoretical framework

Source: Researcher's framework of the study

A key issue in seeking medical treatment for postpartum mothers includes stigma, socio-economic status, discrimination, attitudes of parenting, religion, and cultural sensitivity (Hansotte et al., 2017). Most mothers do not seek treatment due to the stigma associated with it. Some avoided treatment due to the fear of being labeled as “mad” or having a “genuine” mental condition.

Further, the Conflict Theory authored by Karl Marx, posits that conflict in society is caused by competition for finite resources. This competition is due to the capitalistic nature of a society, causing marginalization of the poor, and minimizing their access to services. In the context of healthcare, the conflict approach focuses on inequality in the quality of health and delivery of healthcare (Weitz, 2003). Healthcare, in the conflict perspective, is seen as a commodity. Thus studies have been consistent that men and women of low socioeconomic status have lower health quality and relatively have lower access and utilization of healthcare compared to their higher socioeconomic counterparts (McMaughan, Oloruntoba, & Smith, 2020). Denning

(2017) has stated that the prevalence of PPD in developing countries is significantly higher when compared to its developed counterparts. Globally, around 13% of women experience PPD after giving birth, while in developing countries, 19.8% of women suffer from PPD. The prevalence of PPD also varies from region to region. In Europe, Australia, and the USA, the prevalence of PPD is lower than in Asia and the South.

Lack of childcare, transportation, financial resources, and housing concerns were all physical hurdles to PPD treatment. A shortage of childcare was also recognized as a barrier to PPD therapy. Lack of knowledge and access to maternal health care during pregnancy also has a significant role in PPD. Insurance challenges, access to care, pharmaceutical concerns, the mother's lack of information on PPD or treatment alternatives, past unpleasant experiences with the medical system, and provider error were all addressed as hurdles within the health care framework (Dennis & Chung-Lee, 2006). In addition, DiBari, Yu, Chao, and Lu (2014) reported feeling fine, being too busy with the baby, having other things going on, and a lack of need as the most common barriers to postpartum care utilization.

The removal of insurance restrictions to PPD therapy to those who did not have insurance or had inconsistent insurance found it substantially more difficult, if not impossible, to obtain PPD care. Women did not know where to look for therapy, how to get involved in treatment, or were geographically separated from it. Women who lacked knowledge and access to maternal health care were unaware of PPD in general or the presence of treatment alternatives. Concerns were also raised concerning the safety of antidepressant usage during nursing, which was identified as a barrier to care. Providers were blamed for two barriers: poor past experiences among women with PPD and provider error (Dennis & Chung-Lee, 2006).

Society's inequities along social class, race and ethnicity, and gender lines are reproduced in our health and health care. People from disadvantaged social backgrounds are more likely to become ill, and once they do become ill, inadequate health care makes it more difficult for them to become well (Barkan, 2016). Theorists using the conflict perspective suggest that issues with the healthcare system, as with most other social problems, are rooted in capitalist society. According to conflict theorists, capitalism, and the pursuit of profit lead to the commodification of health: the changing of something not generally thought of as an abstract object into something that can be bought and sold in a marketplace to create profit for someone somewhere. In this view, people with money and power-the dominant group- are the ones who make decisions about how the healthcare system will be run. They, therefore, control the degree to which the individuals and groups without political and economic power will remain subordinate. This creates strife within the larger healthcare system and results in personal health disparities between the dominant and subordinate groups. The inequality that is seen in other spheres and institutions is pervasive in healthcare access, further accumulating disadvantage to already subordinate groups (Barr et al., 2020).

PPD can be associated with many factors. Among the most recurring factor that increases the risks for PPD is the socio-economic status of mothers. A study conducted in Nepal by Chalise and Bahndari (2019) has revealed that 19% of the 195 mothers were experiencing PPD. Among these, women who have low educational levels, are working in agriculture, and daily wage labor were found to be more depressed. Apart from these, intent of pregnancy, family support, and pregnancy-related problems/complications were found to be significantly associated with PPD ($p < 0.05\%$).

Similarly, a study conducted in Bangladesh has revealed that socio-economic factors largely contribute to a higher risk of PPD (Azad et al., 2019). The study found a 39.4%

prevalence of PPD among mothers, which largely consisted of adolescent and illiterate mothers. The study reported that PPD was higher in an uneducated group of women (48.7%). In addition, mothers who were employed were found to have more PPD prevalence ($p = 0.045$) than mothers who were unemployed.

Baldisserotto, Theme, Gomez, and Reis (2020) determined the barriers that affect mother's seeking and accepting treatment attitudes. 26 women participated, and the study has identified ten categories that prevent mothers from seeking postpartum treatment, which include stigma and misconception, self-image as a mother, socio-economic stigma, lack of knowledge, lack of health service approach to mental health, difficulty recognizing depression symptoms, fear of children being removed, negative reaction to patient referral, denial of the problem, and previous experience with the care unit.

While in a study conducted by Labrague et al. (2020) in a rural area in the Philippines found 16.4% of postpartum prevalence among 138 participants. Being employed, being unmarried, and having given birth to multiple children were significantly correlated with a risk factor for PPD ($p < 0.05$). Of the 138 women, 71% of them were aware of the possible mental health problems that may occur to women after giving birth. However, only 12.7% of them requested to receive PPD services. In addition, participants (66.1%) reported that information, education and communication materials were not available during their visit, and health education on PPD was also not offered.

In investigating the barriers to accessing PPD, Alfayumi-Zeadna, Froimovici, Azbarga, Grotto, and Daoud (2019) conducted a study among indigenous Bedouin women with low socio-economic profiles. The study showed that while women have knowledge of PPD and its treatment, only a few of them have a formal grasp of the information about it. Thus, the understanding and perception of PPD are not established well. In addition, women found it difficult to access PPD treatments as they were not available in Bedouin clinics. Another key barrier to their access to PPD is the geographic factors. As there are no available infrastructure, such as safe roads to go through nearby hospitals, women found it more difficult to access PPD treatments. Compounded by their economic distress, women no longer found it necessary to seek postpartum treatment.

Crisis Decision Theory suggests that individuals facing a crisis or high-stakes decision, such as seeking treatment for PPD, consider the potential outcomes and weigh the costs and benefits before acting. Conflict theory posits that societal power structures and economic inequality can create barriers for individuals, such as mothers, in accessing necessary resources and services, such as medical treatment for PPD. Socioeconomic barriers, such as financial constraints or lack of access to healthcare, can impact a mother's motivation to seek treatment for PPD and create a conflict between their need for care and their ability to access it. These theories highlight the complex interplay of personal and societal factors in decision-making and resource access.

The studies mentioned above, and the literature reinforced the present study by providing the researcher's knowledge, information, and insights about factors affecting PPD. Various authors' ideas, concepts, results, and findings support the present study. However, the researcher also wanted to examine the socio-economic barriers affecting mother's motivations in seeking medical postpartum depression treatment.

3. Methodology

3.1. Research design

This study utilized descriptive correlational research to examine the socio-economic barriers that affect mothers' motivations to seek medical postpartum depression treatment. Descriptive correlational design is used in research studies that provide static pictures of situations and establish the relationship between different variables (McBurney & White, 2009).

3.2. Research respondents

The respondents were twenty-six (26) mothers aged 16 - 40 who gave birth on December 2021 to March 2022. They were recruited using a purposive sampling technique. This sampling technique is effective in exploring anthropological situations where the discovery of meaning can benefit from an intuitive approach (Black, 2010; Saunders, Lewis, & Thornhill, 2012). Through a list maintained by the Barangay Health Center, the researchers randomly visited these mothers and assessed whether they met the criteria set for this study. Four mothers were excluded as they are from high-income families, while another four mothers were excluded after scoring below 20 on the Edinburgh Postnatal Depression Scale. By distribution, 6 or 33.33% of mothers who gave birth from December 2021 to March 2022 are aged 20 - 24. Five mothers aged 25 - 29 years old gave birth within the given time frame, while four mothers, comprising 22.22% of the population, were aged 30 - 34. 16.67% of the mothers were aged 35 - 39. Overall, 18 mothers gave given birth from December 2021 to March 2022 and agreed to participate in the study. The study has a small sample size due to hard-to-reach populations, where recruiting a large sample size is not feasible.

3.3. Data collection and ethical considerations

Through the Barangay Health Center, the researchers identified mothers who had given birth from December 2021 to March 2022. Afterward, a house-to-house visit was conducted to identify the mothers who qualified for the study. Mothers who did not meet the criteria, such as coming from a high-income family and scoring below 20 in the EPDS, were excluded from the study. Mothers who met the criteria set for this study were then explained about the research being conducted. Mothers who consented to participate in the study then signed a participation waiver. The researchers then interviewed mothers to identify their demographic profile, barriers to PPD treatment, and access to postpartum health care services.

The study was conducted following the ethical principles of confidentiality, informed consent, and voluntary participation. Participants were informed of the purpose of the study, the voluntary nature of their involvement, and their right to withdraw from the study at any time. All names remained anonymous, while data obtained from the study were kept private and confidential and used only for the study (Bhandari, 2021; Bryman & Bell, 2007).

3.4. Research instrument and data analysis

This study adopted two standardized questionnaires from the Demographic and Health Survey and the Pregnancy Risk Assessment Monitoring System (1987). The first part of the instrument deals with the mothers' demographic profile, such as age, combined family income, health insurance coverage, and highest educational attainment. Adapted from the Demographic and Health Survey (DHS), it is a program designed to collect, analyze, and disseminate demographic data on fertility, family planning, and maternal and child health (Philippine Statistics Authority and ICF, 2018). In this study, the household schedule section of the DHS was adopted.

The second and third part of the questionnaire is adapted from the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance project of the Centers for Disease Control and Prevention (CDC) and health departments. Developed in 1987, PRAMS collects site-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy (Centers for Disease Control and Prevention, 1987). The study adopted a core question from PRAMS, from the Maternal Mental Health section, which tries to identify the barriers that hinder mothers from seeking PPD treatment services and their access to postpartum health care. The questionnaire is crafted in a Likert-scale format with five indicators.

Data gathered is interpreted through the MS Excel database to tabulate the respondents' age, family income, educational attainment, and health insurance coverage. Frequency count was used to determine the number of times that the same variable is evident or is present in every respondent's profile. The percentage was used to show the proportion of a specific variable from the total number of respondents. Weighted mean was used to describe respondents' age, family income, and health insurance coverage. The percentage was also used to represent data. Standard Deviation was used to show the deviation in the respondents' age. Spearman Ranking Correlation was used to determine the correlation between the respondents' demographic profile and their perceived barriers, their demographic profile and their access to postpartum maternal care, and their perceived barriers and access to postpartum maternal care.

4. Results and discussion

4.1. Result

4.1.1. Demographic profile of the participants

A total of eighteen (18) mothers participated in the study. Table 1 shows the descriptive statistics of the demographic characteristics of participants. Demographic information of the mothers consists of age, income class bracket, educational status, and health insurance coverage. Age brackets were highly distributed, ranging from 20 years old to 39 years old. All the respondents came from low-income families and were high school graduates. Most of them have no health insurance coverage.

Table 1

Demographic profile of the participants

Variables	Profile	Responses	
		F	%
Age	20 - 24	6	33.33
	25 - 29	5	27.78
	30 - 34	4	22.22
	35 - 39	3	16.67
Income Class Bracket (monthly)	200 USD below	16	88.89
	200 USD - 400 USD	2	11.11
Educational Status	High School Graduate	18	100.00
Health Insurance Coverage	PhilHealth	4	2.22
	Other Health Insurance	1	5.56
	None	13	72.22

Source: Author's analysis

4.1.2. Perceived financial barriers to seeking PPD treatment

Perceived financial barriers are an important aspect of this study as they affect mothers' seeking attitudes. Its impact on mothers experiencing PPD must be scaled and understood. Table 2 shows that respondents agreed that the perceived financial barriers affect them in seeking PPD treatment. The respondents agreed that they do not have health insurance to cover the costs of the treatment. They strongly agreed that they could not afford to pay for the treatment. Respondents have also agreed that they do not have the time because of a job, childcare, or any other relative reasons as a barrier.

Table 2

Perceived financial barriers to seeking PPD treatment

Perceived financial barriers	MeanSD	Interpretation
I did not have health insurance to cover the cost of the treatment.	4.00 ± 0.00	Agree
I could not afford to pay for the treatment.	4.44 ± 0.60	Strongly Agree
I did not have time because of a job, childcare, etc.	3.78 ± 0.97	Agree
Composite Mean	4.07 ± 0.52	Agree

Legend: 1.00-1.79 (Strongly Disagree); 1.80-2.59 (Disagree); 2.60-3.39 (Neither Agree nor Disagree); 3.40-4.19 (Agree); 4.20-5.00 (Strongly Agree)

4.1.3. Perceived social barriers to seeking PPD treatment

This aspect of the study is also vital as social barriers play a key role in the low access and utilization of postpartum depression treatment. Table 3 presents the perceived social barriers to seeking PPD treatment. In terms of their social barriers, the respondents agreed that they feel fine and do not think they need to have a visit for PPD treatment. They have also agreed that they think people will call them "mad" if they seek PPD treatment. In addition, they have also agreed that they do not have any idea on how to avail of PPD treatment services. Overall, the respondents agreed on the perceived social barriers to seeking PPD treatment.

Table 3

Perceived social barriers to seeking PPD treatment

Perceived social barriers	MeanSD	Interpretation
I felt fine and did not think I needed to have a visit.	4.17 ± 0.50	Agree
I think people will call me "mad" if I seek for postpartum depression treatment.	3.44 ± 1.01	Agree
I do not have any idea on how to avail of postpartum depression treatment services.	3.89 ± 0.87	Agree
Composite Mean	3.83 ± 0.79	Agree

4.1.4. Perceived geographical barriers to seeking PPD treatment

Table 4 presents the perceived geographic barriers to seeking postpartum depression treatment, which impacts mothers' access to postpartum depression treatment. The third factor assessed in this study is the geographic barriers that hinder mothers' motivations to seek medical

postpartum depression treatment. Mothers disagree that the health center or hospital is too far from where they live. They also strongly disagree that they do not have any transportation means to get to the clinic or the hospital. Overall, the respondents disagreed (1.72 ± 0.25) that the perceived geographic barriers are not the factors in seeing postpartum depression treatment.

Table 4

Perceived geographic barriers to seeking PPD treatment

Perceived geographic barriers	MeanSD	Interpretation
The health center/hospital is too far from where I live.	2.44 ± 0.50	Disagree
I did not have transportation to get to the clinic or the hospital.	1.00 ± 0.00	Strongly Disagree
Composite Mean	1.72 ± 0.25	Strongly Disagree

4.1.5. Access to postpartum care

Table 5 shows the respondents' access to postpartum care. The respondents stated that they have never visited any healthcare facilities for a follow-up checkup. They have also stated never visiting any healthcare facilities for PPD checkups or counseling. They have also never availed of PPD treatment in nearby hospitals or healthcare facilities. This indicates that mothers do not have access to postpartum care.

Table 5

Respondent's access to postpartum care

Access to postpartum care	MeanSD	Interpretation
1.How often did you visited any health care facilities for follow-up check-up?	1.00 ± 0.00	Never
2. How often did you visited any health care facilities for postpartum depression check-up or counseling?	1.00 ± 0.00	Never
3. How often did you availed of postpartum depression treatment in nearby hospitals or health care facilities?	1.00 ± 0.00	Never
Composite Mean	1.00 ± 0.00	Never

4.1.6. Significant relationship between the respondents' profile and perceived barriers in seeking PPD treatment

Understanding the relationship between the respondents' demographic profile and perceived barriers in seeking medical PPD treatment is necessary as it helps to understand which among the respondents' profiles have a significant relationship with their perceived barriers. Table 6 presents the relationship between the respondents' demographic profile and perceived barriers to seeking medical PPD treatment.

The correlation was computed using Spearman rho to analyze the relationship between the respondents' profiles and perceived barriers in seeking PPD treatment. Regarding the respondents' age and perceived barriers, the result shows a very weak correlation at a 0.05 level of significance with degrees of freedom of 2. Therefore, the relationship was not significant. In terms of the respondents' combined family income and perceived barriers, the results indicated a very weak correlation. Thus, the relationship was not significant. When looking into the

relationship between the respondents' educational attainment and perceived barriers, the results indicated a moderate correlation. Therefore, the relationship was significant. Furthermore, regarding the relationship between the respondents' health insurance coverage and perceived barriers, the results indicated a moderate correlation. Thus, the relationship was significant.

Table 6

Relationship between the respondents' profile and perceived barriers in seeking PPD treatment

Particulars	Rs	Strength	p-value	Remarks
Age and perceived barriers	-.10	Very weak	>.50	Not significant
Combined family income and perceived barriers	.08	Very weak	>.50	Not significant
Educational attainment and perceived barriers	.51	Moderate	.05	Significant
Health care insurance and perceived barriers	.44	Moderate	.10	Significant

4.1.7. Significant relationship between the respondents' profile and access to maternal health care in terms of postpartum checkup

Identifying the relationship between the respondents' demographic profile and their access to maternal health care, particularly postpartum checkups, is essential to assess which among the respondents' profiles have a significant relationship to their access to maternal health care. Table 7 presents the relationship between the respondents' demographic profile and their access to maternal health care, particularly postpartum checkups.

As to the respondents' age and access to maternal health care, the results showed a moderate correlation at a 0.05 level of significance with degree of freedom of 2. Therefore, the relationship was significant. The results of the respondents' combined family income and access to maternal health care revealed a moderate correlation. Thus, the relationship was significant. While in the respondents' educational attainment and access to maternal health care in terms of postpartum checkup, the results indicated that there was a very strong correlation at a 0.05 level of significance with degrees of freedom of 2. Therefore, the relationship was significant. Furthermore, the relationship between the respondents' health care insurance and access to maternal health care revealed a strong correlation. Thus, the relationship was significant.

Table 7

Significant relationship between the respondents' profile and access to maternal health care in terms of postpartum check up

Particulars	Rs	Strength	p-value	Remarks
Age and access to maternal health care	.50	Moderate	.05	Significant
Combined family income and access to maternal health care	.50	Moderate	.05	Significant
Educational attainment and access to maternal health care	1	Very Strong	.001	Significant
Health care insurance and access to maternal health care	.69	Strong	.002	Significant

Note: *tested at $\alpha=0.05$

4.1.8. Significant relationship between the perceived barriers in seeking PPD treatment and access to maternal health care in terms of postpartum checkup

The relationship between the perceived barriers in seeking medical postpartum depression treatment and their access to maternal health care, particularly postpartum checkups, is essential to assess which among the perceived barriers have a significant relationship to their access to maternal health care. Table 8 presents the relationship between the respondents' demographic profile and their access to maternal health care, particularly postpartum checkups.

As to the perceived financial barriers and access to maternal health care in terms of postpartum checkups, the results revealed a strong correlation at a 0.05 level of significance with degrees of freedom of 2. Therefore, the relationship was significant. When looking into the relationship between the perceived social barriers and access to maternal health care in terms of postpartum checkups, the results indicated a significant positive correlation. Thus, the relationship was significant. In terms of the perceived geographic barriers and access to maternal health care in terms of postpartum checkups, the results indicated a very weak positive correlation at a 0.05 level of significance with degrees of freedom of 2. Therefore, the relationship could have been more significant. Furthermore, in the relationship between the perceived barriers and access to maternal health care in terms of postpartum checkups, the results indicated a significant positive correlation at a 0.05 level of significance with degrees of freedom of 2. Thus, the relationship was significant.

Table 8

Relationship between the perceived barriers in seeking PPD treatment and access to maternal health care in terms of postpartum checkup

Particulars	Rs	Strength	p-value	Remarks
Perceived financial barriers and access to maternal healthcare	.62	Strong	.01	Significant
Perceived social barriers and access to maternal healthcare	.55	Moderate	.05	Significant
Perceived geographic barriers and access to maternal healthcare	.07	Very weak	>.50	Not significant

4.2. Discussion

The study examined the socio-economic barriers affecting mothers' motivation to seek medical postpartum depression treatment for low-income mothers.

The analysis of the demographic profile of the mothers revealed that most of them came from low-income families. Negron, Martin, Almog, Balbierz, and Howell (2013) found that social support is a significant buffer of PPD. However, little is known concerning women's perceptions of social support during the postpartum period. Hutto, Kim-Godwin, Pollard, and Kempainen (2011) found that low-income mothers who experienced mood changes, such as depression and anxiety, before or during pregnancy reported an increased level of PPD. Low-income postpartum women rely on their smartphones to avail online infant care and self-care health information (Guerra-Reye, Christie, Prabhakar, Harris, & Siek, 2016). In addition, most of the mothers who gave birth from the locality scored high on the Edinburgh Postnatal Depression Scale (18 among 22 who qualified for the study). This shows a high prevalence of PPD among

mothers from low-income families. Congruent with previous studies conducted by Chalise and Bhandari (2019) in Nepal and Azad et al. (2019) in Bangladesh, women from low-income families were more prone to PPD. Both studies have yielded similar results as the current study has been conducted in a developing Asian country. Thus, this result supports Denning (2017) and Soltani et al. (2021) that mothers from developing countries are more at risk of PPD. This study's result contradicts prior studies' results (Azad et al., 2019; Chalise & Bhandari, 2019), where PPD was more prevalent among women of low educational background or illiterate. The current study showed that although women were literate and had a higher educational background, they still experienced PPD. Women from low-income families also have lesser access to health care services. The study has found that women from low-income families tend not to have health insurance coverage. This leads to demotivation in seeking postpartum medical treatments and non-utilization of medical services. Consistent with Abraham and Stellenberg (2015), health insurance coverage thus affects mothers' seeking attitudes toward PPD treatment.

In terms of the perceived financial barriers, the respondents have solid financial barriers that hinder them from seeking any PPD treatments. Consistent with previous studies (Baldiasserotto et al., 2020; Hansotte et al., 2017; Labrague et al., 2020), mothers from low-income families are less motivated to seek medical treatment as they have little to no financial means of doing so. The economic disparity hinders mothers from accessing health care services. On the other hand, regarding perceived social barriers, these findings suggest that women have social barriers that hinder or demotivate them from seeking medical PPD treatment. Similar to prior studies (Alfayumi-Zeadna et al., 2019; Baldiasserotto et al., 2020), the sense of urgency in the situation significantly affects mothers' motivations to seek PPD treatment. Mothers who have experienced emotional instability do not feel any sense of urgency or necessity to what they feel, thus resulting in non-diagnoses and treatment of a possible disorder. In addition, women were afraid of being called "mad" and often disregarded any uneasiness or emotional instability they felt. Moreover, women from the study do not know how to or where to avail of PPD services.

The mothers' social factors affect their decision-making process. When related to the Crisis Decision Theory, women's sense of urgency often affects how they decide upon a situation. As they do not feel any urgency over the matter and are bombarded by thoughts of being branded as "mad" by the people around them, they do not take their situation seriously, thus resulting in medical avoidance. Consistent with Abraham and Stellenberg (2015), DiBari et al. (2014), and Baldiasserotto et al. (2020), social motivators in seeking medical PPD treatments have a significant impact on mothers' motivations.

In terms of perceived geographic barriers, findings suggest that mothers face virtually no geographic barrier when seeking medical PPD treatment. This result contrasts with the results from previous studies (Abraham & Stellenberg, 2015; Alfayumi-Zeadna et al., 2019; Labrague et al., 2020), where geographic factors significantly affect their access to PPD treatments. This contrast can be because mothers from the previous studies were situated in rural areas or came from indigenous groups, whereas in this study, mothers are all from urban areas and live close to health facilities. As to access to postpartum care, low socioeconomic status impacts mothers' access to postpartum care (Hansotte et al., 2017). Consistent with prior studies (Alfayumi-Zeadna et al., 2019; Azad et al., 2019; Labrague et al., 2020), mothers of low socioeconomic status have low access to postpartum care. Despite not having any geographic barriers, mothers in this study still did not access any postpartum care.

As to the test of significance between the respondents' profile and perceived barrier in seeking PPD treatment, it was found that age, combined family income, and perceived barriers are not significant. Consistent with Nisingizwe, Tuyisenge, Hategeka, and Karim (2020) and Manzi et al. (2014), age and family income was not a significant predictor of perceived barriers.

However, as to the test of significance between educational attainment and health care insurance, and perceived barriers, there is a significant relationship. Similar to prior studies (Fagbamigbe & Idemudia, 2015; Nisingizwe et al., 2020), educational attainment is a significant predictor of maternal care barriers. Women who are better educated become more informed of maternal care facilities, thus increasing access. Similarly, a study in Rwanda showed that women who have health insurance have fewer barriers to accessing postpartum care (African Health Observatory, 2018).

As to the test of significance between the respondents' profiles in terms of age, combined family income, educational attainment, health care insurance, and access to maternal health care, it was found that the variable is significant. A study by Fagbamigbe and Idemudia (2015) showed that women who have financial problems tend to not utilize postpartum medical care. Nisingizwe et al. (2020) also found women's educational attainment to be a significant predictor of postpartum maternal care utilization as women who are better educated become more aware of the benefits of regular checkups, thus increasing their utilization. However, the same study did not find family income and age to be a significant predictor of postpartum maternal care access (Nisingizwe et al., 2020; Manzi et al., 2014).

As to the test of significance between the perceived barriers in seeking postpartum depression treatment and access to maternal healthcare in terms of postpartum checkup, it was found that perceived financial barriers, perceived social barriers, and access to maternal health care are significant. Fagbamigbe and Idemudia (2015) showed that financial barriers have a direct relationship with mothers' access to maternal health care. Those who come from lower-income families tend to not access maternal health care.

However, no significant relationship between the perceived geographic barriers and access to maternal health care. Wilunda et al. (2017), Ahmed, Hamelin-Brabant, and Gagnon (2018) concluded that women who have lesser access to maternal health care had difficulties in accessing it due to long distances from their homes to health facilities; the current study showed otherwise. This can be due to their geographic differences, where the previous studies involved women who lived in cattle camps and pastoralists whereas the current study was conducted in a semi-urban, coastal area.

4.3. Implication of the study

The study has several implications for both theory and practice. From a theoretical perspective, the study contributes to understanding the complex interaction between socio-economic factors and maternal mental health outcomes. The results can contribute and enhance current theoretical frameworks that explore the relationship between socio-economic determinants of health and mental health outcomes. From a practical perspective, the study's findings can inform clinical practice by highlighting the importance of addressing socio-economic barriers when providing postpartum depression treatment. Healthcare professionals can use the insights gained from the study to develop targeted interventions and provide holistic care that addresses not only the mother's mental health but also socio-economic factors that may

impact treatment outcomes. The study's findings can also be used to improve access to mental health services for mothers experiencing socio-economic barriers.

5. Conclusions & recommendations

Socioeconomic inequality affects many aspects of life. To mothers, this disparity not only hinders them from accessing and utilizing medical treatments but also affects their family and child development. As such, being a mother of low socioeconomic status comes with challenges regarding healthcare access. This study has found that mothers from low-income families are more at risk of experiencing PPD. As mothers do not have the financial means to avail themselves of basic medical care such as a checkup, they often disregard feeling unwell and unstable. In addition, feeling no sense of urgency is a considerable barrier affecting mothers' motivation to seek postpartum medical treatment. Although they do not have any significant geographic barrier to accessing postpartum treatment, they still do not access these services offered by the health centers. Thus, low socioeconomic status, compounded by the barriers low socioeconomic mothers face, affects their treatment-seeking behaviors. Motherhood should be a joyous moment for the family. Hence, it is essential to also focus on mothers and alleviating psychological stress or disorders they may encounter during the transition stage from pregnancy to motherhood. As such, vulnerable sectors, such as those with low socioeconomic status, must be emphasized and focused on. Efforts to aid them and educate them about PPD must be ramped up.

The study recommends that the barangay health workers craft programs to educate soon-to-be mothers about PPD and the services available to help them cope with motherhood. Regularly visit and check on new mothers to identify specific health care needs they could not tend to as they have no time or means to visit health care facilities. Initiate programs that will help new mothers to cope with PPD. The Local Government Units (LGUs) must fund programs that aim to help mothers cope with PPD, integrate mental health services into developmental plans for the community, and provide aid to mothers who are undergoing psychological disorders, such as PPD, for their treatment.

Limitations and future research direction

One limitation of the study is its small sample size. The study may not fully represent the diverse experiences of mothers in seeking postpartum depression treatment, and the findings may not be generalizable to other populations. Furthermore, the study was conducted in a specific geographical location, which may limit the transferability of the results to different cultural contexts. Future studies with larger and more diverse samples should be conducted to address these limitations and provide more robust insights. The study also highlights the need for further research, such as exploring the influence of cultural and social factors on maternal mental health, such as the role of cultural norms, beliefs, and stigma in seeking treatment. They can also examine the effectiveness of telemedicine in addressing the socio-economic barriers to seeking postpartum depression treatment. Lastly, they can also explore the long-term impact of untreated postpartum depression, such as the impact on the mother-child relationship, child development, and the economic burden on families and society.

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