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Postpartum depression (PPD) is related with imminent and continuous consequences, disturbing relations amongst mother and newborn, ensuing in problems with maternal attachment (Fallon et al., 2022), lactating and maternal role (Wassif et al., 2019). Postpartum depression negatively impacts the maternal biopsychological health and occupational functioning (Slomian et al., 2019). Literature documented the increasing prevalence of PPD in Pakistan from 28.8% in 2003 to 36% in 2006 and 94% in 2007 (Hussain et al., 2006; Rahman & Creed 2007; Rahman et al., 2003). Longitudinal study revealed the 62% prevalence of postpartum depression in Pakistan during one year postpartum (Rahman & Creed, 2007). Furthermore, the prevalence of postpartum depression in Asian countries varies from 3.5% to 63.3%, specifically 63% in Pakistan (Wang et al., 2021). The adverse effects of PPD are not only limited to the early developmental stages of infants but influence their development in adolescent and adulthood stages (Lonstein, 2007). It negatively impacts the infant's motor, language, physical, social and emotional development.

Beside infants, the exacerbating effects of postpartum depression in mothers put their partners at high risk of developing paternal postpartum depression (Abbasi et al., 2024). Literature suggests that maternal depression

during postpartum accounted for 24% to 50% postpartum depression in their male partners (Letourneau et al., 2011). The moderate to severe experiences of depression in mothers increases 40% chances of postpartum depression in their husbands (Veskerna et al., 2010). Male partners of females suffering from postpartum depression are more confused and uncertain, experiences more anger, frustration, and lack of support (Schumacher et al., 2008). Beside depression during postpartum in female partners, factors such as previous history of psychological illnesses, younger age, cultural stigmatization towards mental health determines the development of postpartum depression in males (Fisher, 2017). Postpartum depression results in disrupted partner-child relationship, lack of communication, difficulties in marital relationships and impaired psychosocial health (Maliszewska et al., 2016).

Postpartum depression is linked to poor sleep quality, lack of social support and poor physical and mental health. Research study speculated that females who lack perceived social support are more likely to suffer from postpartum depression which in turns negatively impact their quality of sleep and biopsychological health (Jamshaid et al., 2023). Another reason of postpartum depression in females in Pakistani context may be the birth of a female child due to prevalent gender discrimination against baby girl which might affect the availability of perceived social support and ultimately leads to poor mental health of mothers (Jamshaid et al., 2023). Another reason of postpartum depression is the lack of education especially in females belonging to rural areas, where females exhibit shyness and lack of reporting

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their depressive symptoms contributes to decreased utilization of mental health services (Jamshaid et al., 2023). Finally, females during labor phase reports more perceived social support in the presence of their blood relatives as compared to their in-laws which indicates that presence of in-laws during baby birth may contribute to maternal postpartum depression (Jamshaid et al., 2023).

Chilla is a type of cultural intervention used in Pakistani settings to support females after childbirth (Qureshi & Pacquiao, 2013). This type of intervention includes confinement of a female for 40-days after the birth of child in which mothers are exempted to complete household tasks, nourishing her with healthy foods, staying indoors and seeking extra social support. According to Stern and Kruckman (1983), there are six primary elements such as social seclusion, social status of primiparous women, midwives and friends, structure of social support during postpartum, vulnerable traits, and a resting period that determines the presence or absence of postpartum depression. These aforementioned six elements of chilla suggests the consideration of chilla's multiple dimensions and require full term experience of chilla (Stern & Kruckman, 1983). Research study investigating the negative effects of chilla participation in overcoming the symptoms of postpartum depression revealed that chilla participation negatively effects major depressive episodes and severity of symptoms at 6 months postpartum (LeMasters et al., 2020). However, not all females after giving birth to a baby return to their maternal home during postpartum, majority of females resume carrying out of household tasks within the first week of postpartum and are deprived of desired social support (Khadduri et al., 2008). Similarly, mothers who do not participate in Chilla have low self-esteem and increased role-conflict (Stern & Kruckman, 1983), suggesting the protective role of chilla against postpartum depression. The association between cultural practices such as participation in

chilla suggests the development of culturally align interventions to protect maternal mental health (LeMasters et al., 2020).

This guest editorial looks into the favorable outcomes of informal practices for mothers during postpartum especially in Pakistani context (Grigoriadis et al., 2008). There is a need of comprehensive understanding regarding the prevalence of such informal practices and their contributions in protecting maternal mental health to incorporate these culturally aligned practices to psychosocial interventions (Noble et al., 2009). Furthermore, supporting the participation of mothers in chilla is aligned with a global interest of providing social support to females who are experiencing pre and postpartum depression (Chibanda et al., 2011). Besides participation in chilla as a cultural intervention, other protective factors such as presence of blood relatives during labor, improving the quality of female education in rural areas, eliminating and educating the people regarding stigmatization of birth of a baby girl and availability of perceived social support must be ensured in order to prevent mothers from postpartum depression in Pakistan.

Ethics Statement

This guest editorial did not require ethics approval and informed consent.

Contribution of Author

Tehreem Sajid: Conceptualization, Investigation, Writing – Original Draft, Writing - Reviewing & Editing

Conflict of Interest

There is no conflict of interest declared by the author.

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Data Availability Statement

The data sharing is not applicable to this guest editorial as no dataset was used in the current study.

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