

**A GLIMPSE ON THE PSYCHOLOGICAL PHENOMENON:
CASE OF AN UNDIAGNOSED POSTPARTUM
DEPRESSED MOTHER**

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requirements in the subject
Practical Research I

By

RAYMUND B. ALCARTADO
VENICE S. CASTRO
JEMBER CZYLLE B. FRANADA
ALEX XANDRE O. SOLPOT

ANTONIETTE G. PADUA, MAEd-Math
Research Adviser/ Co-author

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INDORSEMENT

This qualitative research entitled, **A Glimpse on the Psychological Phenomenon: Case of an Undiagnosed Postpartum Depressed Mother**, prepared and submitted by **Raymund B. Alcartado, Venice S. Castro, Jember Czylle B. Franada and Alex Xandre O. Solpot** in partial fulfillment of the requirements for the subject, **Practical Research I**, has been examined and is recommended for Oral Examination.

ANTONIETTE G. PADUA, MAED-Math
Research Adviser

This is to certify that the research entitled, **A Glimpse on the Psychological Phenomenon: Case of an Undiagnosed Postpartum Depressed Mother**, prepared and submitted by **Raymund B. Alcartado, Venice S. Castro, Jember Czylle B. Franada and Alex Xandre O. Solpot**, in partial fulfillment of the requirements for the subject, **Practical Research I**, has been examined and is recommended for Oral Examination.

ANTONIETTE G. PADUA, MAED-Math
Chairman

MAGDALENA PAZ H. LAZO, MSE
Member

JEROME MARQUEZ
Member

NANCY G. HOGGANG
Secondary School Principal II
Regional Science High School for Region I
Over-all Chairman

APPROVAL SHEET

Approved by the Committee on Oral Examination on June, 2023.

NORA OREDINA, Ed. D.
Chairman

YMOR BALALA, Ph. D.
Member

ERNEST PADIWAN, Ph. D.
Member

Accepted and approved in partial fulfillment of the requirements for the subject,
Practical Research I.

NANCY G. HOGGANG
Secondary School Principal II
Regional Science High School for Region I
Over-all Chairman

This is to certify further that **Raymund B. Alcartado, Venice S. Castro, Jember Czylle B. Franada and Alex Xandre O. Solpot** has completed all academic requirements for the subject **Practical Research I.**

NANCY G. HOGGANG
Secondary School Principal II
Regional Science High School for Region I

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And above all, to the **Almighty God**, her source of wisdom, strength and inspiration.

-The Researchers

DEDICATION

This work of art is wholeheartedly dedicated to the **Almighty God**, for He became the source of strength and power of the researchers to strive better and motivated them to continue and move forward. For His never-ending love for the researchers and for the gift of light that guided the researchers to navigate and discover the study. For His protection and for giving the researchers a healthy life to be able to carry out this research. Lord God, this is all for you, they offer to you the fruit of their hard work.

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This fruit of hard work is dedicated to the **beneficiaries**, particularly to people who are going through postpartum depression and for the general public who will disseminate the information and will help the researchers to pass the message about this mental health issue. They served as the motivations to the researchers to venture the study.

The researchers would like to give thanks to the epitome of excellence **Regional Science High School for Region I** for implementing Research — not as just a mere subject but a bridge to a wide and successful future of new discoveries, raised awareness regarding mental health, and great minds.

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this work of art. You made it! Congratulations, researchers, for reaching this far and for being able to make a difference.

-The Researchers

RESEARCH ABSTRACT

TITLE: **A GLIMPSE ON THE PSYCHOLOGICAL PHENOMENON:
CASE OF AN UNDIAGNOSED POSTPARTUM
DEPRESSED MOTHER**

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Author: **RAYMUND B. ALCARTADO
VENICE S. CASTRO
JEMBER CZYLLE B. FRANADA
ALEX XANDRE O. SOLPOT**

Adviser: **ANTONIETTE G. PADUA, MAEd-Math**

Institution: Regional Science High School for Region I
Location: Ma. Cristina East, Bangar, La Union

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ABSTRACT: Postpartum Depression (PPD) is a kind of perinatal depression. A depression that happens during pregnancy or in the first year after giving birth. PPD is the most common complication for women who have just had a baby. This study aims to explore and have a deeper understanding about the experience of a woman with postpartum depression. Purposive sampling technique was used, and a 36-year-old undiagnosed postpartum depressed woman is the participant of this case study. This study utilized a qualitative research, case study design. Data was gathered through face-to-face interview using validated semi-structured interview questions. It was found out that postpartum depression has a big impact on a person's mental, physical, and social health. In addition, results show socializing, bibliotherapy, and finding similar experiences on the internet are great ways to cope up with postpartum depression. As an intervention, the researchers created an interactive website where PPD victims can share their experiences and help

other victims to be inspired. The researchers also helped in increasing awareness and education about PPD through educational campaign and materials targeting healthcare professionals and the general public through social media and the like. It is also suggested that implementing routine screening protocols during prenatal and postnatal care is crucial for early detection and intervention.

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CHAPTER I

INTRODUCTION

Bringing a new life into the world is often considered one of life's greatest joys. The anticipation, excitement, and love that come with welcoming a baby into the world are palpable. However, it's not always sunshine and rainbows for every new parent. While some are able to bask in the glow of parenthood, others may find themselves struggling to navigate the rollercoaster of emotions that come with this new chapter of their lives. The wave of emotions that comes with parents settling into their new duties can frequently be too much to handle. The process of being a new parent is anything but predictable, ranging from the elation of holding their kid for the first time to the bone-weary exhaustion of sleepless nights. While some may feel like they have found their true calling, others may be left feeling lost and uncertain in their new role.

Postpartum depression (PPD) is a common mental health disorder that affects many women after giving birth. According to the World Health Organization (WHO), up to 20% of women experience some form of depression during the postpartum period (WHO, 2019). The symptoms of PPD can range from mild to severe and can include feelings of sadness, anxiety, irritability, and difficulty sleeping or concentrating. PPD can have a significant impact on a woman's ability to care for herself and her child, as well as her overall quality of life.

Postpartum Depression can have a significant impact on how individuals with this kind of condition relate to other people, particularly within their family, and on their overall

well-being (Harvard Health,2019). Postpartum depression can strain relationships within the family, including the partner, children, and family members. Individuals with PPD may experience difficulty bonding with their newborn, leading to feelings of guilt and inadequacy as a parent. They may also feel emotionally detached, irritable, or angry, which can affect their interactions with their partner and other family members. This strain on relationships can contribute to increased conflict, decreased communication, and a sense of isolation for both the person with PPD and their family members. Postpartum depression can severely impact the overall well-being of the individual. The constant fatigue, sleep disturbances, and intense emotional distress associated with PPD can make it challenging to perform daily tasks, care for the baby, and take care of oneself. PPD has been shown to have a negative impact on mother-infant bonding, which can lead to poor developmental outcomes for the child. McMahon et al. (2019) discovered that PPD was associated with poorer mother-infant bonding and an increased risk of insecure attachment in a meta-analysis. PPD can also have a significant impact on the quality of life of affected mothers. Lee et al. (2018) discovered that PPD was linked to lower physical and mental health-related quality of life. Women with PPD are more likely to commit suicide. A study conducted by Grigoriadis et al. (2019) discovered that women with PPD had a higher risk of suicidal ideation, suicide attempts, and suicide completion than women without PPD.

The "baby blues" can be a frequent experience for many new parents. Parents may experience some sadness and crying after giving birth because of the hormonal and emotional changes that occur. However, for some people, these emotions could persist, which could result in more severe problems including postpartum depression or anxiety.

PPD can have a negative impact on parenting practices, including decreased sensitivity and responsiveness to the needs of the child. PPD was linked to less sensitive parenting and less positive affect during mother-child interactions, according to Cents et al. (2018). PPD can have long-term consequences for maternal mental health, including an increased risk of future depression and anxiety. Priel et al. (2019) discovered that women with PPD had a higher risk of depression and anxiety at 6 and 12 months postpartum. PPD can have significant negative effects on maternal mental health, parenting practices, mother-infant bonding, and long-term outcomes. It is important to identify and treat PPD to improve maternal and child health outcomes.

Despite its prevalence, PPD is often underdiagnosed and undertreated, and many women suffer in silence. This is particularly true for women from marginalized communities who may face additional barriers to accessing mental health care. Various logistical and practical barriers can make it difficult for women with PPD to seek help. These may include financial constraints, lack of transportation, childcare responsibilities, or difficulties in scheduling and attending appointments (Gavin et al., 2015). Also, as noted by the World Health Organization (2023), because of privacy issues and reluctance to reveal to close family members, almost 50% of PPD cases in new mothers go undetected. According to Mughal et al. (2022), many women do not receive the support and treatment they need to navigate this challenging experience. There are many factors that contribute to this, including a lack of awareness and understanding of PPD among healthcare providers and the general public, stigma surrounding mental health issues, and limited access to affordable and effective treatment options. Raising awareness about this issue can help fight the stigma surrounding this mental health issue. By gaining a deeper

understanding of the lived experience of PPD, this study can inform the development of more effective interventions and supports for women who are struggling with this condition. Additionally, it can help to reduce stigma and increase awareness and understanding of PPD among healthcare providers and the general public.

According to the World Health Organization (WHO), postpartum depression affects approximately 10% of women worldwide, with higher rates reported in developing countries. In the Philippines, the prevalence of postpartum depression is estimated to be around 19.7%, according to a study published in the *Journal of Affective Disorders* in 2019. Other studies have also reported varying prevalence rates of postpartum depression in the Philippines. For example, a study published in the *Philippine Journal of Psychiatry* in 2016 found that 26.2% of postpartum women in a sample of 143 women had symptoms of depression. Another study published in the *Journal of Obstetrics and Gynaecology Research* in 2018 reported a prevalence rate of 35.7% in a sample of 224 women.

The lack of information about PPD is a big issue to the caregivers specially women who are vulnerable to this mental health issue. Conducting a case study about PPD can be beneficial to the general public. Several steps must be taken in order to conduct a case study on postpartum depression. First, a relevant case that accurately represents the phenomenon of interest is chosen. Second, data is gathered from a variety of sources, such as interviews, observations, and medical records. Third, to analyze the data, thematic analysis is used in this study. Fourth, the researchers will create a coherent narrative that includes quotes and descriptions that illustrate key themes and findings. Multiple sources of data should be used to ensure validity and reliability, and member checking with the participant should be done to confirm accuracy. Finally, the findings of the case study

should be used to draw conclusions about the phenomenon of postpartum depression, such as identifying contributing factors or exploring effective interventions. By following these steps, researchers can gain valuable insights into the complex phenomenon of postpartum depression.

The purpose of this qualitative case study is to explore one woman's experience of navigating PPD. Through an in-depth analysis of her personal journey, this study aims to shed light on the complexities of PPD and the challenges that women face when seeking help. This study aims to explore and have a deep understanding about the experience of a woman with postpartum depression.

Specifically, it sought to answer the following questions;

1. What are the participant's struggles concerning to her undiagnosed postpartum depression;
2. What is the impact of postpartum depression to the overall well-being of the participant;
3. What coping strategies did the participant utilize during their postpartum period; and
4. What intervention can be proposed from the findings of the study?

This case study aims to explore the experiences of one woman who had experienced postpartum depression. This study focused the emotional, social, and practical challenges she faced, as well as the coping strategies and support systems that were most helpful to

her. It delimits that the study may not focus on the disease rather it focused only on the participant's experiences having PPD during her motherhood.

The findings of this study will contribute to the existing literature on PPD, providing valuable insights into the experiences of women who have navigated this challenging condition. The study also has implications for mental health practitioners and policymakers, as it highlights the need for more accessible and culturally responsive mental health services for women with PPD.

This research is made with the aim to provide vital information and knowledge regarding postpartum depression among mothers who experienced it. Therefore, this study was aimed to show the prevalence and factors associated with postpartum depression. It will also give concrete information regarding postpartum depression. Thus, the results of this study will benefit all women specially the new moms. In order for them to be fully aware regarding the effects and changes may occur during those times. With the results of the study, they will also be aware of the signs and symptoms of depression for them to seek medical attention immediately. This study is significant because it will provide the indispensable facts about the existing behaviors of a woman who experienced PPD.

The following terms are defined to assist the reader to better understand the terms written on this study:

Postpartum depression– the period that begins immediately after a woman gives birth and lasts approximately 6 weeks. This is the period where PPD occurs, and is the main topic of the study,

Well-being— is the experience of good health, joy, and wealth. It entails having a positive outlook on life, feeling content with it, finding meaning or purpose in it, and being able to handle stress.

Prevalence— is the proportion of a population who have a specific characteristic in a given time period.

Stigma— a group or society's collection of unfavorable and often held opinions about something

Support system- a network of people that can provide you with practical or emotional support. These support systems will help you improve your overall health and have been shown to reduce stress and anxiety.

CHAPTER II

METHODOLOGY

This chapter revolves around research approach, research design, sample size (respondent), sampling technique, location, research instrument, data gathering procedure, data analysis procedure, and ethical consideration.

Research Approach

The researchers have undertaken qualitative research because this study focuses more on exploring and understanding of one woman's experience of navigating postpartum depression (PPD), and also discovering the participant's coping strategies during her PPD period.

According to Creswell (2014), "Qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting." Another definition provided by Patton (2015) states that "Qualitative research is a method for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participants' setting, data analysis inductively building from

particulars to general themes, and the researcher making interpretations of the meaning of the data." Qualitative research has been used in various fields, such as sociology, psychology, anthropology, and education, to name a few.

Research Design

Case consider strategy is the foremost broadly utilized strategy in academia for analysts inquisitive about subjective investigate (Baskarada, 2014). Also, it determines the struggles and challenges or experiences of the participant in battling with PPD.

A case study is an in-depth study of one person, group, or event. In a case study, nearly every aspect of the subject's life and history is analyzed to seek patterns and causes of behavior (Cherry,2022). The purpose of a case study is to learn as much as possible about an individual or group so that the information can be generalized to many others. It can be characterized as an intensive consideration about an individual, a bunch of individuals or a unit, which is pointed to generalize over a few units (Gustafsson J, 2017). The population of the study consisted of one(1) woman with an age of 36 years old who experienced and overcomes postpartum depression.

Sample Size and Sampling Technique

This study made use of purposive sampling technique. Purposive sampling is a collection of non-probability sampling techniques. It involves choosing units for your sample based on their possession of specific qualities. In other words, in purposive sampling, units are chosen "on purpose". This sampling technique, also known as judgmental sampling, focuses on the researcher's judgment when determining and

choosing the people, cases, or events that can supply the most information to meet the study's goals (Nikolopoulou, 2022).

The researchers searched for women with postpartum depression (PPD) who were willing to be participants in the study. The researchers found their participant at Baguio City and approached the participant through a face-to-face meeting to ask her permission if she want to be the subject of this case study. The use of semi-structured interview questions allowed the researchers to efficiently acquire important data on the subject. To effectively gather the data required by the researchers, relevant questions were created.

In-depth, semi-structured interviews are conversational exchanges in which one person, the interviewer, uses questions to try to elicit information from another. Semi-structured interviews are a research method that involves asking open-ended questions in a flexible, conversational manner while still having a pre-determined set of questions and topics to be covered (Unknown, 2022). A semi-structured interview is a data collection method that involves asking participants a set of open-ended questions and following them up with probe questions to explore further their response and the topic of interest. Semi-structured interviews in qualitative research are a blend of structured and unstructured interviews in that some questions are predetermined while others are not (Dejonckheere, M. and Vaughn, L., 2019). A common practice in semi-structured interviews is to lead with open-ended question, which are questions that can't be answered with a simple "yes" or "no." The interviewer will ask follow-up questions based on the answers to draw out more specific evidence about the candidate's assets. The semi-structured interview format encourages two-way communication. Both the interviewer and

the candidate can ask questions, which allows for a comprehensive discussion of pertinent topics.

The semi-structured interview format encourages two-way communication. Both the interviewer and the candidate can ask questions, which allows for a comprehensive discussion of pertinent topics. They create questions and topic-starters to elicit details about the interviewee's credentials. The interviewer may ask follow-up questions better understanding of the candidate's response based how they respond (A. Doyle, 2022).

The interview was conducted through face-to-face interview during the most comfortable time of the participant. The interview was conducted by the researchers themselves due to their agreement with the participant. Since this is a very sensitive topic, the researchers decided to interview the participant with one of the members only to make her comfortable. Although it was a formal set-up and both parties acted professionally, the participant gave in-depth explanations of what were asked as they trust and are comfortable with the researcher. The said interview was recorded after getting the consent of the participants to have access to the complete interview. Additionally, the researchers were also obligated to take down notes regarding the answers of the participants.

Research Instrument

The researchers were tasked to let professionals, who are experts in fields related to research, validate the interview questions to be asked to the respondents before conducting the interview with them. The validators of the questions were the following: Two research teachers, and a language teacher.

The validity of the interview questions as the research tool for the study was interpreted using the five-point Likert Scale. The scale is as follows:

Table 1. Level of Validity of Interview Questions

Point Value	Statistical Range	Descriptive Equivalent Rating
5	4.51-5.00	Very High Validity (VHV)
4	3.51-4.50	High Validity (HV)

Table 1. Level of Validity of Interview Questions (continued)

3	2.51-3.50	Moderate Validity (MV)
2	1.51-2.50	Poor Validity (PV)
1	1.00-1.50	Very Poor Validity(VPV)

The interview questions shall yield a rate within the range of 3 to 5 to be considered suitable to use in gathering precise data and information. The researchers obtained an average validity rating of 4.7, which signifies Very High Validity (VHV) and implies that the interview questions were relevant to the aim of the study. Furthermore, the remarks and recommendations of the validators were attended to, considered, and used appropriately by the researchers to improve the interview questions.

Data Gathering Procedure

For the data gathering process, the researchers looked for a woman who experienced and overcomes PPD. The researchers guaranteed that the respondent demonstrated signs and symptoms of postpartum depression. A letter of consent was given to the participant to formally acquire the permission to participate as a respondent of the study.

A one-on-one interview was conducted between the respondent and the researchers. The respondent of the study was given seventeen (17) open-ended questions and an ample

amount of time to freely express themselves in their own words. The interview was conducted through face-to-face interview, and it was recorded with the consent of the participant.

The last step was interpreting and analyzing the data collected. By this, the researchers have arrived at the conclusions that answers the research questions of the study.

Data Analysis Procedure

In analyzing the results of the data, the researchers used the Thematic analysis approach to interpret the gathered information. Thematic analysis is the method most widely adopted within the qualitative literature (Braun and Clarke, 2017). It is for analyzing qualitative data that involves digging across a data set to identify, examine, and report repeated patterns or themes. Additionally, in conducting this analysis, a six-phase guide was given: familiarize the data, develop code, look, review, and define themes and the writing up.

Ethical Consideration

To establish and protect ethics in conducting this research, along with honesty, integrity, and objectiveness, the researchers strictly observed the following: The researchers informed the participant about the purpose of the study, how the data collected will be used, and who will have access to the findings.

The researchers made sure that voluntary participation of the research subject is important. Participant of the study have the right not to participate in the study if they wish to do so.

The researchers were encouraged to avoid the use of offensive, discriminatory, or other unacceptable language in the formulation of the Semi-Structured Questionnaire.

The researchers had the respondent participate on the basis of the informed consent. This is to protect both researchers and the research subject and to ensure that no rights of the respondent are being violated. Researchers should be able to obtain the full consent from the participant prior to the study.

Protection of the privacy and adequate level of confidentiality for the respondent and the data that was gathered was ensured. Adherence to the Data Protection Act was strictly practiced. Privacy and confidentiality are of paramount importance.

Acknowledgement of works of other authors with the use of APA referencing systems was strictly observed.

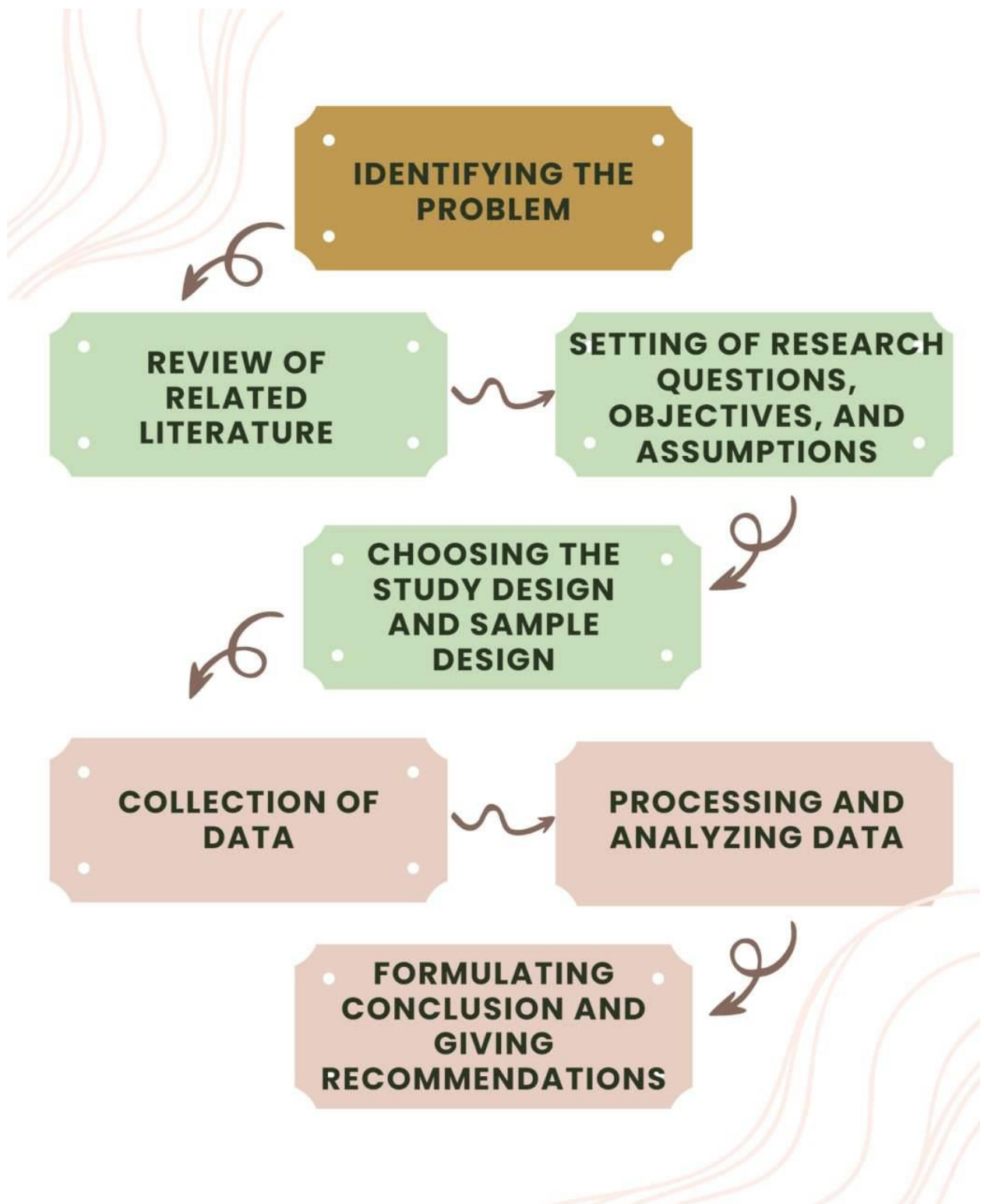


Figure 1. Stages of The Research Process

CHAPTER III

FINDINGS AND DISCUSSION

According to Mayo Clinic (2023) that excitement, delight, dread, and other strong emotions can all be sparked by the birth of a child. But it can also lead to depression, which you might not expect. After giving birth, most new mothers endure postpartum "baby blues," which frequently include mood changes, crying bouts, anxiety, and trouble sleeping. The baby blues often start two to three days after delivery and can linger for up to two weeks, but postpartum depression is a more severe, protracted form of depression that affects certain new mothers. Because it can begin during pregnancy and persist after childbirth, it is sometimes referred to as peripartum depression. Postpartum depression is neither a weakness or a deficiency in a person's character. Rarely, an acute mood condition known as postpartum psychosis may also appear after childbirth. This chapter deals with the presentation, interpretation, and analysis of data gathered from the one-on-one interview with a woman who experienced postpartum depression.

Eighth themes were created based on the results gathered from the respondents. These are "Into the darkness," which talks about the effects of PPD to the overall well-being of the one experiencing it. Next is "Nurturing the inner light: healthy and unhealthy escapes to PPD," it talks about the coping strategies of postpartum depression victims. "Shadows unveiled," talks about the most striking experiences of a PPD victim. In this segment, it also describes what are the feelings or emotions a PPD victims had experienced during this times. While "Support for the weary warriors" discusses how important support

systems is to women experiencing PPD. Then “Unpredictable waves in the journey of motherhood” talks about the unpredictability of PPD and how can it manifest after pregnancy. “Hidden Shadow” talks about how the pandemic affected the development of PPD to postpartum mothers. “Unveiling the veil of ignorance: break the stigma” discusses the stigma surrounding PPD and how it affects it’s victims. In this segment, it also expounds how can the society fight against the misconception about PPD. And lastly, “Stepping into the light,” this section explains how can sharing your experience helps in coping with the effects of PPD. It also discusses how important consulting to a physician is.

Into the Darkness

The postpartum period is often envisioned as a time of joy and fulfillment for new mothers. However, for a significant number of women, this period is marked by an insidious and debilitating mental health condition known as postpartum depression (PPD). Postpartum depression not only affects the individual experiencing it but also has profound consequences for the overall well-being of mothers (Field, 2017). As Smith et al. (2021) aptly noted, "Understanding the specific ways in which postpartum depression impacts the well-being of mothers is crucial for developing targeted interventions and promoting overall maternal mental health". There are various effects of PPD to overall well-being of the mother.

In general, postpartum depression affects the emotional well-being of the victim which causes behavioral changes to the mother. This can be seen in the participant’s

response about the emotional effect of PPD to her. *“Biglang umiinit ulo ko. Naging short-tempered ako tapos yung mood swings, di ko mapigilan bigla bigla na lang akong iiyak tas mamaya tatahan tas maya ulit matatakot sa mga mangyayari sa anak ko.”* (Suddenly I get angry. I became short-tempered, then the mood swings, I can't stop it, I will suddenly cry, but later I will stop, but later I will be afraid of what will happen to my baby.) In reality, the majority of new mothers experience the “baby blues”. Within the first two weeks after giving birth, these hormonal changes that might induce worry, weeping, and restlessness subside. The baby blues, also known as postpartum blues, are a moderate and transient kind of sadness that disappears after hormone levels stabilize. According to Hopkins Medicine(2020), nearly all new mothers up to 85% of them will experience postpartum depression. One moment you can be joyful, the next overwhelmed and in tears. Osborne asserts that "no mother is happy all the time." It's okay to get angry and occasionally even need to put the baby down. This explains the state of the participant being short tempered and easily irritated.

While postpartum depression targets mostly the psychological and emotional well-being of the victim, study shows that these emotional effect can cause behavioral changes to the mother. *“Inooverthink ko lahat talaga para sa baby ko, sinabi ko nga kanina ni hindi ko sya mahawakan sa sobrang takot ko na baka masaktan ko sya”.* (I'm really overthinking everything for my baby, I said earlier that I couldn't even touch her because I was so afraid that I might hurt her). She also stated that *“Wala na akong gana mag-ayos sa katawan ko. Nainsecure ako on how I look.”* (I don't feel like taking care of my body anymore. I'm insecure about how I look). Numerous studies have shown how postpartum depression

affects a mother's behavior. Mother-infant bonding and attachment are frequently hampered in PPD-affected women because of their decreased reactivity and sensitivity to their children (Field, 2017; Murray et al., 2015). These mothers might interact less fruitfully and stimulatingly, acting less emotionally openly, and vocalizing and touching less frequently. PPD can also interfere with a mother's ability to take care of herself because she may find it difficult to meet her own requirements, such as eating a balanced diet and getting enough sleep (Meltzer-Brody et al., 2018). According to Preston et al. (2016), the effects of PPD on maternal behavior go beyond the mother-infant bond since depressed moms may find it challenging to carry out their responsibilities within the family and participate in social activities.

Postpartum depression (PPD) not only affects the emotional and psychological well-being of mothers but also has significant implications for their physical well-being. As the participant said *“Experience ko is loss of hair and loss of appetite, kaya yung katawan ko as in biglang bumagsak(referring to loss of weight) tapos yung pagtulog ko hindi maganda.”* (My experience is loss of hair and loss of appetite, so my body loss a lot of weight and my sleep is not good). One of the effects of PPD to the overall well-being of the participant is the physical changes that happened to her body. Postpartum depression also manifests itself physically and creates symptoms that affects the body. Physical symptoms of postpartum depression include; changes in appetite such as eating too much or too little, trouble sleeping, oversleeping, fatigue and loss of energy.(Langdon,2023). This explains the statement of the participant about her body falling(weight loss) due to loss of appetite. The participant further stated that she was unable to sleep, this is due to

sudden changes in hormone levels, accumulated exhaustion from pregnancy, and the constant demands of caring for a newborn. It is common for mothers to experience a decline in energy and mood in the weeks immediately following giving birth. (*Sleep Deprivation and Postpartum Depression* / *Sleep Foundation*, 2020). Lack of sleep might make postpartum depression symptoms worse. According to Vyas(2020), both moms and fathers of newborn babies are more prone to have depression symptoms if the mother has poor sleep quality. This is true for both parents. In women with postpartum depression, sleep deprivation is also associated with suicidal ideation. “*Ang hirap nung wala kang alam sa mga nangyayari sa’yo and I even tried to end my life on that point.*” (It's hard when you don't know what's happening to you and I even tried to end my life on that point). Up to 20% of postpartum deaths, according to PubMed Central (2022), are suicide-related, and attempts at suicide during pregnancy and the postpartum period sometimes involve more deadly means than suicide attempts in the general female population. In addition, numerous instances of maternal filicide within a year of delivery have been documented as being caused by severe maternal depression. Thus, clinical gynecologists and psychiatrists must be particularly concerned with the prognosis of and early management for severe PPD with significant suicidality.

Postpartum depression has also a potential on maternal spirituality, recognizing that the postpartum period is a time of significant transformation and spiritual growth for many women. “*Mas umigting pa ang faith ko despite of the challenge na binibigay Nya sakin.*” (My faith grew even stronger despite the challenge He gave me). According to the statement of the participant, her spiritual well-being became much stronger. The intense

emotional turmoil and disrupted sense of self that accompany PPD may challenge a mother's previously held spiritual beliefs and cause her to question the meaning and purpose of life (Thurtle et al., 2019). Mothers may struggle to find solace, hope, and a sense of connection to a higher power or a transcendent realm, which are integral components of many spiritual belief systems. PPD can also disrupt a mother's ability to engage in spiritual practices, such as prayer, meditation, or attending religious services, as she may feel overwhelmed, fatigued, or detached from her usual sources of spiritual nourishment (Kuo et al., 2018). But on the participants case, postpartum depression strengthens her spirituality and faith. Noormohammadi et al. (2020) suggest that supplementing drug use with improving spiritual health as a complementary therapy as a means of preventing and treating postpartum depression. As a result, it is recommended that spiritual health be acknowledged as a crucial component of overall human health.

Postpartum depression (PPD) can have a significant impact on the intellectual well-being of the affected individuals. The cognitive and intellectual functions of mothers experiencing PPD may be adversely affected, leading to difficulties in concentration, memory, and decision-making. “*Minsan kasi mga desisyon ko is hindi tama and naging impulsive ang mga desisyon ko.*” (Sometimes my decisions are not right, and my decisions have been impulsive). The persistent feelings of sadness, fatigue, and anxiety associated with PPD can contribute to a cognitive fog, making it challenging for mothers to engage in complex mental tasks and maintain mental clarity (Figueiredo et al., 2017). Moreover, PPD can lead to negative self-perceptions, including feelings of inadequacy or incompetence, which can further undermine confidence in one's intellectual abilities. The intellectual

functioning of mothers is crucial in various aspects of their lives, such as parenting, work, and daily tasks.

“Naging distant ako sa mga tao sa paligid ko, it really affected me socially.” (I became distant from the people around me; it really affected me socially). Postpartum depression can significantly impact a woman's social life and relationships. There are various effect of PPD to the social well-being of the victim. First, PPD can strain relationships with partners, family members, and friends. The woman may have difficulty engaging in social interactions, expressing emotions, or maintaining connections due to feelings of sadness, irritability, or withdrawal. It can also cause to social isolation. PPD may lead to feelings of isolation and a desire to withdraw from social activities. Women with PPD may avoid socializing, participating in social events, or seeking support, which can further exacerbate their feelings of loneliness and contribute to a cycle of isolation. PPD can also affect a woman's ability to engage in caregiving activities and form a bond with her baby. Difficulties in emotional connection, lack of interest or pleasure in parenting, and feelings of inadequacy can all impact the mother-infant relationship and overall social functioning. PPD may disrupt the availability and quality of social support. Women may hesitate to reach out for help, fearing judgment or stigma, or may perceive a lack of understanding from their social networks. This can result in reduced access to emotional support, practical assistance, and guidance.

Postpartum depression has wide-ranging effects on the overall well-being of mothers. Emotionally, PPD can lead to mood swings, irritability, and a sense of detachment, impacting a mother's behavior and her ability to bond with her baby.

Physically, PPD may manifest as changes in appetite, sleep disturbances, and fatigue, affecting the mother's physical health and energy levels. Spiritually, PPD can challenge a mother's beliefs and connection to her spirituality, although in some cases it may strengthen faith and resilience. Intellectually, PPD can impair concentration, memory, and decision-making abilities, impacting a mother's cognitive functioning. Socially, the effects of PPD on social functioning can vary from person to person. Some women may experience more severe impairments, while others may have milder disruptions. Recognizing these multifaceted effects of PPD is crucial in developing targeted interventions and support systems to promote the overall well-being of mothers during the postpartum period. By addressing the emotional, physical, spiritual, and intellectual dimensions of PPD, we can provide comprehensive care and facilitate the journey toward healing and recovery for affected mothers.

Nurturing the Inner Light: Healthy and Unhealthy Escapes to PPD

The challenges posed by PPD can be overwhelming, encompassing emotional, physical, and psychological aspects of a woman's life. However, amidst the difficulties, many women find resilience and embark on a journey of healing. This discussion explores the coping strategies employed by PPD victims to navigate the complexities of their condition and regain a sense of well-being. Understanding these coping mechanisms is vital in providing targeted support and interventions that empower mothers to overcome PPD's grip and foster their recovery. By shedding light on the diverse strategies employed by PPD victims, we can enhance our knowledge and contribute to the development of

comprehensive care approaches that address the unique needs of these courageous women on their path to healing.

“Pwede kang makipag usap sa iba maki pag communicate ka, sabihin mo yung problema mo”. (You can talk to others, communicate with them, tell your problems). One of the coping strategies that the participant thought might during the interview was talking and sharing your feelings to someone during her PPD period. According to PubMed Central (2020), Being honest about your PPD is one of the strategies to manage it. Instead of allowing your emotions to fester, let them know how you feel. It's crucial to discuss your problems with others so they can see things from your perspective. Self-care is important, so make sure you're getting enough sleep. Avoid being scared to ask for help if you need it. But on the participant's case, she never told anyone about it. This can be reflected from her statement; *“Sya (referring to her sister) yung naging kakwentuhan ko during my postpartum period but I never told her about my case kasi natatakot rin ako baka majudge.”* (She [referring to her sister] was the one I talked to during my postpartum period, but I never told her about my case because I was also afraid that I might be judged). Not being honest about your postpartum depression (PPD) can have significant negative consequences for both your mental and physical well-being, as well as for your relationships and overall quality of life. These consequences include lack of proper treatment, prolonged suffering, strained relationship, and increased risk to the baby. (MayoClinic,2021). Perhaps your workload, domestic duties, or those of your older kids have you feeling overburdened. Don't try to handle these pressures on your own; ask for assistance. A. Marcin(2020) stated that, the days could pass quickly, leaving you feeling

occasionally alone. A Canadian Journal of Psychiatry study demonstrates that sharing your feelings with others can improve your mood. After routinely conversing with seasoned mothers who had previously suffered PPD, researchers found that new mothers had reduced levels of depression. These effects persisted for four and then eight weeks following birth.

“Nagbasa rin ako sa internet ng mga kagaya (PPD victims) ko to make myself feel better.” (I also read people like me [PPD victims] on the internet to make myself feel better). According to M. Collado(2020), there are many options at your service that will allow you to video chat with loved ones. While video chats can be conducted on a phone, tablet, or computer from the comfort of your home, phone conversations are still an excellent option for establishing connections with individuals. Particularly during this period of social isolation, online communities help you connect with other women experiencing the same problems. Obtain recommendations from friends or your doctor by asking around. You could feel confined to nursing on the couch.

“Hindi (about consulting to a professional), ang ginawa ko lang is sinarili ko lang.” (No [about consulting to a professional], I just did it myself). The participant said that she never consulted to a professional. Despite not having a professional treatment, she survived PPD. Self-treatment of postpartum depression (PPD) is not recommended as the primary approach. PPD is a serious mental health condition that often requires professional intervention and support. While self-care strategies can be helpful as part of a comprehensive treatment plan, it is important to seek guidance from healthcare providers who can provide appropriate diagnosis, support, and treatment options. Here are a few

reasons why self-treatment alone may not be sufficient for PPD. Self-diagnosis can be challenging, as symptoms of PPD can overlap with other conditions or normal adjustments after childbirth. Consulting a healthcare professional allows for an accurate diagnosis, ensuring that the appropriate treatment is provided. Mental health professionals specializing in PPD can provide valuable guidance and support tailored to individual needs. They have the expertise to develop personalized treatment plans that address specific symptoms and challenges associated with PPD. Therapeutic interventions such as cognitive-behavioral therapy (CBT) or interpersonal therapy (IPT) have shown to be effective in treating PPD. These therapies can help individuals understand and manage their emotions, thoughts, and behaviors in a supportive and structured environment. In some cases, medication may be recommended as part of the treatment plan for PPD. Healthcare providers can assess the need for medication, prescribe appropriate antidepressant medications if necessary, and monitor their effectiveness and potential side effects. Healthcare providers can connect individuals with support groups, community resources, and other new mothers experiencing PPD. These networks provide valuable emotional support, validation, and a sense of community during the recovery process. PPD can sometimes be associated with thoughts of self-harm or harm to the baby. Seeking professional help ensures that these concerns are addressed promptly and appropriately, ensuring the safety of both the individual and the baby. While self-care practices such as maintaining a healthy lifestyle, getting enough rest, seeking social support, and engaging in stress-reducing activities can be beneficial, they should be seen as complementary to professional treatment rather than a substitute. It is important to consult with a healthcare professional, such as a doctor or mental health provider, if you suspect you may be

experiencing PPD or if you have concerns about your mental health after childbirth. They can provide an accurate diagnosis and develop a comprehensive treatment plan that may include therapy, medication, and additional support resources. (Kang et al., 2020).

“Isa sa mga nakatulong saakin ay ang pagbabasa, nakarelate ako dun sa binabasa ko and triny kong i-adapt din yung mga coping strategies niya (referring to the character of the book).” (One of the things that helped me was reading, I related to what I was reading, and I tried to adapt her coping strategies [referring to the character in the book]). This intervention has been proven to be effective in fighting depression, anxiety, and other forms of mental illnesses. According to Monroy-Fraustro et al. (2021), it should be highlighted that bibliotherapy practices promote values as an additional source of gain. Bibliotherapy is an integrative and multidisciplinary treatment that links psychology, medicine, the humanities, and literature. Its low cost makes it a viable alternative for individuals who were unable to receive treatment during the COVID-19 pandemic. Just like for the case for the participant wherein she couldn’t consult to professionals due to pandemic. As a result, bibliotherapy may be used by a greater public and by healthcare professionals, and when properly administered, may contribute to improving mental health in the context of the COVID-19 pandemic.

Despite the wide array of healthy coping strategies that can be applied to fight postpartum depression(PPD), there are those that are unhealthy to some but works for them. *"So yung boss ko approached me and ask if pwede na ba akong magstart sa work, and inaccept ko.”* (So my boss approached me and asked if I could start work and I accepted it). The transition to motherhood is stressful as it requires several important changes in

family dynamics, finances, and working life, along with physical and psychological adjustments. There are several coping strategies that are ventured by PPD patients but some are not a good coping strategies. Coping is described as the cognitive and behavioral processes that a person uses to deal with stressful circumstances that are judged to be demanding, challenging, threatening and/or have a potential for harm or loss. People with depression are more likely to use avoidance coping strategies. They used work as their coping mechanism to avoid their mind from thinking negative thoughts. Some people believes that the more they engage their self outside their comfort zone the easier they get out from the darkness brought by postpartum depression. On the other hand, according to Frontiersin(2021), relying heavily on work to cope with PPD may lead to neglecting self-care activities that are crucial for mental and emotional well-being. It's important for individuals experiencing PPD to prioritize self-care, seek support, and engage in activities that promote their overall health. Work can be demanding and stressful, which may exacerbate the symptoms of PPD. Juggling the responsibilities of work and coping with PPD can lead to overwhelming stress and burnout, potentially worsening the mental health condition. PPD can interfere with the mother-infant bond, and using work as a coping mechanism may further distance the mother from spending quality time with her baby. Building a strong connection with the baby and engaging in activities that promote bonding are crucial aspects of recovery from PPD. It's essential for individuals experiencing PPD to seek professional help from healthcare providers, such as therapists, counselors, or doctors specializing in mental health, who can provide appropriate guidance and support tailored to their specific needs. So it's not advisable to use work as coping mechanism in dealing with postpartum depression. (Mayo Clinic, 2022).

Managing postpartum depression (PPD) necessitates a multimodal strategy that takes into account the particular requirements of each person. While there are many coping mechanisms that can be helpful, like talking to people, looking for social support, and engaging in self-care practices, it is essential to speak with healthcare professionals for an accurate diagnosis, direction, and individualized treatment options. As a major method of treatment for PPD, self-treatment alone is not advised because it is frequently necessary to seek professional help and intervention. Reading has also been demonstrated to have beneficial impacts on PPD symptoms, specifically through bibliotherapy, making it a useful tool for people looking for comfort and relevant experiences. The use of coping mechanisms that significantly rely on labor, for example, may not be advised because they can potentially exacerbate symptoms and hinder the recovery process. Overall, understanding and utilizing effective coping strategies, in combination with professional support, can empower individuals with PPD to navigate their journey towards healing and well-being.

Shadows Unveiled

The journey into motherhood is often portrayed as a joyous and fulfilling chapter in a woman's life. However, beneath the surface of this anticipated bliss lies a haunting reality that affects countless new mothers worldwide. Postpartum depression (PPD), a silent intruder, stealthily infiltrates the lives of women, casting a shadow over what should be a time of celebration and love. The experiences of PPD victims are often shrouded in secrecy and misconceptions, perpetuating a cycle of silence and isolation.

“Gusto ko makipaghiwalay sa partner ko and my partner also wants to.” (I want to break up with my partner and my partner also wants to). One of the most striking experiences of the participant is that her partner almost ended their relationship during her PPD period. According to Langdon (2019), the arrival of a new baby brings with it a host of fresh feelings and obligations. Couples frequently stop talking to one another when PPD is present. Couples may find it challenging to express their emotions or worry about offending the other person. They might also think the ailment will just go away on its own. Regardless of the reason for the breakdown in communication, postpartum depression marriage issues are frequently exacerbated by it.

“Nasaakin talaga yung problema, andaming thoughts na nasa isip ko, ni hindi ko mahawakan anak ko kasi iniisip ko na-harm ko sya.” (The problem is really within me, I have so many thoughts in my mind, I can't even touch my daughter because I think I might harm her.) The loss of interest in one's baby is not indicative of a lack of love or care, but rather a manifestation of the overwhelming emotional distress and psychological turmoil experienced during PPD. *“Nag-ooverthink ako if am I a good mother? Kasi it's the first time sa mga anak ko na I've never been excited to see her. Nafefeel ko rin na parang anlayo ng loob nya saakin kasi pag sa father nya, tumatawa sya or nagshoshow ng other emotions pero saakin wala lang like di ko sya mapatawa. As a mother kasi you want to feel that, the sense of fulfillment kapag napapasaya mo yung baby mo, nakakawala ng pagod.”* (I overthink if am I a good mother? Because it's the first time with my children that I've never been excited to see her. I also felt like she was away from me because when she is with his father, she laughs and show other emotions, I couldn't make her laugh. As a mother, you

want to feel that, the sense of fulfillment when you make your baby happy, it relieves fatigue). This reflects the statement of the participant about having “baby blues” which later developed as postpartum depression. According to Matos (2016) the immense pressure to fulfill societal expectations of being a "perfect" mother can intensify these feelings of disconnection and exacerbate the sense of failure. It is essential to understand that PPD is not a reflection of a woman's love for her child, but rather a result of the biochemical and hormonal imbalances, coupled with the psychological and social stressors that accompany the postpartum period. The loss of interest in the baby can manifest in various ways. Some women may find themselves emotionally numb or detached, experiencing a sense of emptiness or indifference towards their infant. They may struggle to engage in caregiving tasks, feeling overwhelmed by the demands of motherhood. Others may experience intrusive thoughts, questioning their ability to care for their child or harboring fears of unintentional harm. These experiences can evoke intense feelings of guilt and self-blame, further compounding the emotional strain already present in PPD. It is crucial to recognize that the loss of interest in the baby is a symptom of PPD and not a reflection of a woman's character or her capabilities as a mother. PPD is a treatable condition, and seeking professional help is essential for both the well-being of the mother and the development of a healthy bond between mother and child. Mental health professionals can provide the necessary support and interventions to address the underlying causes of PPD and guide women towards recovery. (Quevedo et al., 2021).

“I even tried to end my life on that point but what I did was to hold on.” This is the statement of the participant regarding to her experiences of PPD. Suicide is one of the

leading causes of death in postpartum women. Depressed postpartum women were at significantly increased risk for frequent thoughts of self-harm. (Sit et al., 2015). According to Lee et al. (2022), PPD contributed to a noticeably greater suicide rate and a shorter postpartum suicide survival time. Negative predictors of suicide in PPD patients included younger age, the winter season, subclinical depression, and anxiety. At the end of the follow-up, PPD was linked to a higher risk of physical comorbidities such as DM, HTN, hyperlipidemia, and stroke. Clinicians should keep an eye out for signs of subclinical depression and anxiety in their patients to prevent suicide in the PPD group. For the early identification of suicidality and to facilitate early collaboration with mental health care, routine PPD screening and close monitoring of people with this condition may be necessary.

Postpartum depression (PPD) can overshadow the joy of motherhood, leading to intense emotional distress and a loss of interest in the baby. The experiences of PPD victims are often characterized by isolation, communication breakdowns in relationships, and feelings of failure. It is crucial to understand that PPD is not a reflection of a woman's love or capabilities as a mother, but rather a result of hormonal imbalances, psychological stressors, and societal pressures. Seeking professional help is essential, as PPD is a treatable condition that requires support and interventions. Additionally, the risk of suicide in postpartum women with depression is a serious concern, and healthcare providers should be vigilant in identifying signs of distress and providing appropriate care. By understanding and destigmatizing PPD, society can create an environment that encourages women to seek

help and receive the support they need to navigate through this challenging period and find fulfillment in their roles as mothers.

Support for the Weary Warriors

According to PubMed Central, Postpartum health care is frequently disregarded in the globe, despite the fact that prenatal health care is completely covered by health insurance and is nationally monitored (Amnesty International, 2019).

“Wala akong nareceive (support), meron man pero I cannot consider it as a support kasi nga sinarili ko eh.” (I didn't receive anything, there is something, but I cannot consider it as a support because I did it myself). The participant said that she didn't receive any support from her relatives specially from her husband. The postpartum emotional well-being of women. Health care professionals can teach couples appropriate ways to communicate expectations, especially those relating to infant care strategies. Partners should be encouraged to actively participate in household tasks and in infant care activities to protect the mother from becoming overwhelmed and depressed. Women could be helped to identify potential risk areas for PND and to focus on the effective components of social support during the different stages of the perinatal period

According to WHO recommendations, if a woman and child are released from the hospital before 48 hours have passed since the birth of the child, they should be evaluated within 24-48 hours of the release (WHO, 2008). According to Podulka et al (2018), mothers and their babies are typically discharged from hospitals in the United States within 2.1 days of a natural birth. However, according to the American Academy of Pediatrics and the

American College of Obstetricians and Gynecologists (2019), this leaves the mother with little professional support during a critical time of adjustment. National Institute of Mental Health stated that, it's critical to realize that depression affects the mother, the kid, and the family as a whole. Those closest to the new mother, such as spouses, partners, family members, and friends, may be the first to notice signs of prenatal depression. The key to rehabilitation is treatment. Family members can provide emotional support, encourage the mother to speak with a healthcare professional, and help with daily responsibilities like infant or home care. According to C. Coll, et.al(2018) three months after giving birth, mistreatment during childbirth increases the risk of postpartum depression. For women who did not exhibit depression throughout pregnancy, the independent impact of experiencing abuse during labor on postpartum depression is stronger. To avoid negative consequences for the mother and child, it is crucial to implement strategies that support excellent and respectful maternal healthcare. The priority group for interventions is women who arrive with prenatal depression.

Despite the comprehensive coverage of prenatal care, postpartum health care is frequently disregarded worldwide. This negligence has implications for women experiencing postpartum depression (PPD) who often lack support from their relatives, including their partners. Consequently, timely evaluation and support within 24-48 hours of discharge become critical for the well-being of both the mother and the infant. In this context, family and friends play a vital role as they can provide the necessary support, identify PPD symptoms, and encourage the mother to seek professional help. Furthermore,

addressing mistreatment during childbirth and prioritizing women with prenatal depression in interventions are essential components of effective maternal healthcare.

Unpredictable Waves in the Journey of Motherhood

Having a baby is one of the happiest times in life, but it can also be one of the saddest. For most new mothers, the first several days after having a baby is an emotional roller coaster ride. *"Siguro mga two months pagkatapos maipanganak yung last kong anak."* (Maybe two months after my last child was born). The respondent stated that she experienced postpartum depression after two months of giving birth to her child. According to (Leila Jahangard, 2019) within three to six months after delivery, 13%–19% of women suffer from post-partum depression (PPD), understood as a dysfunctional adaptation to the postpartum condition and motherhood. Some women experience it during the first 4 postpartum weeks but can also develop later during the first postnatal year. Hence, PPD can happen any time after childbirth. It often starts within 1 to 3 weeks of having a baby. Postpartum depression (PPD) is a serious mental health concern of new mothers worldwide. According to (Harvard Health, 2017) you don't fully understand what causes postpartum depression. We're not exactly sure what causes PPD. It can happen to any woman after having a baby. It is thought that the abrupt decrease in hormone levels after having a baby can lead to the development of postpartum depression in susceptible women. One of the reasons PPD can be unpredictable is that it can vary widely in its onset, severity, and duration. Some women may experience symptoms within the first few weeks after childbirth, while others may not develop PPD until several months later. Additionally, the severity of PPD symptoms can range from mild to severe, and the duration can vary from

a few weeks to several months or even longer. Mayo Clinic (2022), conveyed that if you're a partner of a new mother and are having symptoms of depression or anxiety during your partner's pregnancy or after your child's birth, talk to your health care provider. Similar treatments and supports provided to mothers with postpartum depression can help treat postpartum depression in the other parent. The formation of PPD is influenced by various factors, including biological, psychological, and social aspects.

Postpartum depression (PPD) is a complex condition that can affect new mothers at any time during the first postnatal year. It is characterized by a range of symptoms that can vary in onset, severity, and duration. While the exact causes of PPD are not fully understood, hormonal changes after childbirth are believed to play a role. PPD can have a significant impact on a woman's mental health and well-being, as well as on her relationships and overall quality of life. Understanding the various factors that contribute to the formation of PPD, such as biological, psychological, and social factors, can guide healthcare professionals in providing comprehensive care and interventions tailored to each individual's needs.

The Hidden Shadow

The COVID-19 pandemic has had a significant impact on various aspects of mental health, and mothers who have experienced Postpartum Depression (PPD) have been particularly affected. The pandemic and the resulting lockdowns and social distancing measures have increased feelings of isolation for many individuals, specially new mothers.

“Yun ang talagang mahirap kase nandoon ka sa loob ng bahay. Yung pinakamahirap sa

akin ay yung hindi ka pwedeng lumabas kase nga ako pag may problema ako lalabas lang ako pupuntang town pag balik ko, okay na ako.” (That's what's really hard because you're inside the house and the hardest thing for me is that you can't go out. For me if I have a problem, I'll just go out and go to town and then when I come back,I'll be fine). The respondent mentioned that to manage her feelings of sadness, she plans to visit town and give her mind a break and allowing it to find solace by exploring new environments. Engaging in outings serves as her coping mechanism to seek improvements and restoring her emotional state. Given that the pandemic has enforced the topmost protocols of staying indoors which make it challenging for her to manage her emotions. Mothers with Postpartum Depression (PPD) often rely on social support.

According to (Mariño-Narvaez C, 2021) patients who delivered an infant during the coronavirus (COVID-19) pandemic have reported higher levels of stress during childbirth. Additionally, 29.6% of pregnant patients assessed during the pandemic experience depressive symptoms. Subsequently, COVID-19 has had a significant effect on peripartum mental health outcomes.(Michigan Medicine, 2022), stated that Postpartum depression and anxiety have increased in the time of COVID. Living in the times of COVID has taken a toll on new moms' mental health.

Over the past year, the unexpected stressful event of a global pandemic has tested families across the world. At the time of writing (April 2020), the coronavirus disease 2019 (COVID-19) has spread from China to other countries, resulting in more than 30 million recorded cases, globally. Since then, the pandemic has upset lives in many ways, with differential effects on various age groups. Most likely, new mothers have particularly

suffered from the pandemic's long-term psychological, social, physical changes, and economic impacts.

Postpartum depression can often make it difficult for mothers to prioritize self-care, including personal hygiene, proper nutrition, and exercise. The added stress and responsibilities brought on by the pandemic may exacerbate these challenges, potentially resulting in the neglect of physical self-care.

Unveiling the Veil of Ignorance: Breaking the Stigma

Postpartum depression is not a character flaw or a weakness. Sometimes it's simply a complication of giving birth. (Mayo Foundation, 2023). It can cause lots of emotions that you may not feel prepared for. (Tommy, 2022). It takes time to recover emotionally from giving birth, even if it goes smoothly. It causes lot of new mothers question their ability to be a good mother. Feelings of hopelessness or even resentment towards the infant are experienced. Society often romanticizes the idea of motherhood, portraying it as a joyous and fulfilling experience. As a result, women who experience postpartum depression may feel guilty or ashamed for not living up to these idealized expectations. Women with postpartum depression may fear being judged or labeled as "bad mothers." They might worry that seeking help or discussing their struggles will make them appear weak or incapable of caring for their child. They may feel isolated and struggle to find help, reinforcing the notion that their experiences are abnormal or something to be hidden.

Although, the respondent said that *“Ako kasi mahilig ako magbasa, may nakita akong pocketbook, nakalimutan ko na title at eksaktong may ganun sya so doon ko lang*

nalaman na yung nararamdaman ko pala is ganun din.” (I saw a pocketbook, I forgot the title and it had exactly what I feel, so that's when I knew that what I was feeling was the same) Many moms who experienced postpartum depression are not aware of the prevalence and the stigmas of it.

The stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage. (Mayo Clinic, 2022). The stigma surrounding postpartum depression can have significant negative effects on the victims of postpartum depression condition. Mothers tend to be silent and isolate their selves, stigma often leads to a culture of silence where women may hesitate to speak openly about their struggles with postpartum depression due to fear of judgment or negative reactions. This silence can intensify feelings of isolation, making it difficult for affected individuals to seek help or reach out for support. Stigma can also influence the way family members, friends, and communities respond to women experiencing postpartum depression. Lack of understanding and empathy due to stigmatizing beliefs may lead to strained relationships and inadequate support networks, exacerbating the feelings of isolation and distress.

Postpartum depression is a serious matter that deserves to receive just as much attention as any other physical or mental health issue, to assure moms all around the world that they are not alone. (Mooditude, 2022). *“More on like this sana, parang ginagawa ninyo na ito, to promote awareness sa mundo especially dito sa Pilipinas kasi pansin ko kunte pa lang may alam about PPD and mas magiging aware pa ang mga tao so they know it's normal.”* (More on like this I hope, likethis, to promote awareness in the world

especially here in the Philippines because I noticed that there are still people who don't know about PPD and people will be more aware so they know it's normal). The respondent stated that one of the strategies that she can see to break the stigma surrounding PPD is raising awareness. Raising awareness about postpartum depression is crucial to help combat the stigma surrounding this condition and ensure that affected individuals receive the support and care they need. We can raise awareness, first, by launching educational campaigns that provide accurate information about postpartum depression, its symptoms, risk factors, and available treatment options. These campaigns can be conducted through various channels such as social media, websites, public service announcements, and community events. Second, collaborating with healthcare providers, providing them with resources and training to help them identify and address the condition effectively. Encourage healthcare providers to discuss postpartum depression during prenatal and postnatal visits to increase awareness among expectant and new mothers. Third, by supporting groups and community events, organizing support groups and community events that bring together women who have experienced or are currently experiencing postpartum depression. These gatherings provide a safe and supportive environment for sharing experiences, offering advice, and fostering a sense of community.

By implementing a multi-faceted approach that involves various stakeholders, we can work towards reducing the stigma, promoting understanding, and ensuring that individuals experiencing postpartum depression receive the support and care they deserve.

Stepping into The Light

Postpartum depression (PPD) is a common mental health problem among new parents (Cameron et al., 2016; Shorey et al., 2018). For many, becoming a parent is a lifechanging and positive experience, but for other parents it can be an overwhelming and vulnerable experience with great impact on one's psychological wellbeing (McLanahan & Adams, 1987; Umberson et al., 2010). Postpartum depression (PPD) is a serious condition that moms must deal with. Mothers experience postpartum depression goes through a lot. The impacts of PPD has make them become stronger. Experiencing postpartum depression (PPD) without a support system can make the situation more challenging for mothers. Without a support system, mothers may feel emotionally isolated, as they have limited opportunities to express their feelings, concerns, and struggles. It's crucial for mothers to seek help, even if it means reaching out beyond their immediate circle to establish a support network that can aid in their recovery from PPD.

“No, wala akong nareceive, meron man pero I cannot consider it as a support kasi nga sinarili ko eh. First, kasi I didn't tell anyone kung ano yung nararamdaman ko. Second, kunte lang knowledge ko about sa postpartum depression at same rin sa asawa ko kaya siguro wala akong natanggap na any support sa asawa ko. Pero sa mga anak ko talaga nafeel na kahit hindi direct support yung binigay nila at least it's been helpful pa rin para masurvive ko ito. Isa siguro sa mga makakahelp is yung support talaga from my partner.”

the respondent explained, pointing out their struggles and experienced during postpartum depression. (“No, I didn't receive anything, if there was, but I cannot consider it as a support because I did it by myself. First, I didn't tell anyone what I was feeling. Second, I only know a little about postpartum depression and the same with my husband, so maybe

that's why I didn't receive any support from my husband. But with my children, I really felt that even if they didn't give direct support, at least it's still been helpful for me to survive this. Maybe one of the things that can help me is the real support from my partner”)

On the other hand, in order to survive, one of the things that really help this kind of mental health problem is to seek help from the professionals. Postpartum depression is not something you just “snap out of” or deal with. It is a real problem with serious consequences if you don't get the help you need. Experiencing postpartum depression can really change the lives of mothers, it will change everything. It will take a turn for the worse. Some may be terrified to give birth again while some may think that experience a lesson and that lesson will make them stronger.

As the researcher finish their interview, it was found out that the respondent doesn't have a support system. Due to the lack of knowledge the respondent experienced severe postpartum depression and they find it hard to get through of it, but they still manage to survive their situation. Dealing with postpartum can really change one's life. However, it does not stop there, some may think that dealing with it is easy but in reality, it is really life changing.

Information Dissemination Campaign

With the result of the study, the researchers have formulated an information dissemination campaign that will empower the public with knowledge about postpartum depression and will serve as an eye-opener for the public about the importance of Mental Health. The researchers also made a website where women can share their experiences

about this mental health issue and can serve as a coping strategy to make them feel that they're not alone. It also aims to spread awareness about postpartum depression and break the stigma around it

The researchers created infographics that can be utilized for information campaigns. The infographics was distributed to the public for a greater number of audiences to be enlightened about postpartum depression and also it was sent to the respondent through messenger.

The contents of the infographics are the following:

1. What is postpartum depression,
2. Symptoms of postpartum depression,
3. Common misconception about it,
4. Coping strategies,
5. How to fight the stigma surrounding it.

Let's talk about

POSTPARTUM DEPRESSION

What is Postpartum Depression?



Postpartum Depression is moderate to severe depression in a woman after she has given birth. It can occur in both mothers and fathers, although it is more commonly associated with mothers. It typically begins within the first few weeks after childbirth, but it can develop anytime within the first year. Most of the time, it occurs within the first three months after delivery.

Within a mother's embrace, worlds are created, dreams are nurtured, and love knows no bounds.



Motherhood is the art of heartstrings, woven with love's vibrant colors.



What are the symptoms of a woman who has a postpartum depression?



Some are the most common symptoms a woman may experience:

- Feeling sad, hopeless, empty or overwhelmed.
- Worrying or feeling overly anxious.
- Crying more often than usual or for no reason.
- Changes in appetite, such as significant weight loss or gain.
- Having trouble bonding or forming an emotional attachment with her baby.
- Thoughts of self-harm or thoughts of harming the baby.

Misconception: Postpartum depression only occurs immediately after giving birth.

Reality: While postpartum depression commonly occurs within the first few weeks after childbirth, it can actually develop anytime within the first year after delivery. Some women may even experience symptoms later than that.

Misconception: Postpartum depression affects only mothers.

Reality: Postpartum depression can affect not only mothers but also fathers and partners. It's called paternal postpartum depression when it occurs in fathers. Partners can experience similar symptoms and challenges in adjusting to the new role and responsibilities of parenthood.

What are the common misconception about postpartum depression?



Supporting mothers through postpartum depression: Let's break the silence and nurture their well-being.

Let's talk about

POSTPARTUM DEPRESSION

What are the ways to help a woman with postpartum depression?



Here are some ways you can help:

- Suggest that she reach out to her healthcare provider.
- Encourage her to express her feelings.
- Offer practical support.
- Create opportunities for her to socialize.
- Learn about postpartum depression to better understand what she is going through.
- Provide emotional support.
- If necessary, support her in exploring medication options.

- Know the facts. Educate yourself about postpartum depression including substance use disorders.
- Be aware of your attitudes and behavior. Examine your own judgemental thinking, reinforced by upbringing and society.
- Show compassion and support for individuals and communities more closely impacted.
- Choose empowerment over shame.
- Speak up if you hear, see, or read stigmatizing or harassing comments or misinformation.

What do you think are the ways that society can help fight the stigma about seeking help on physician?



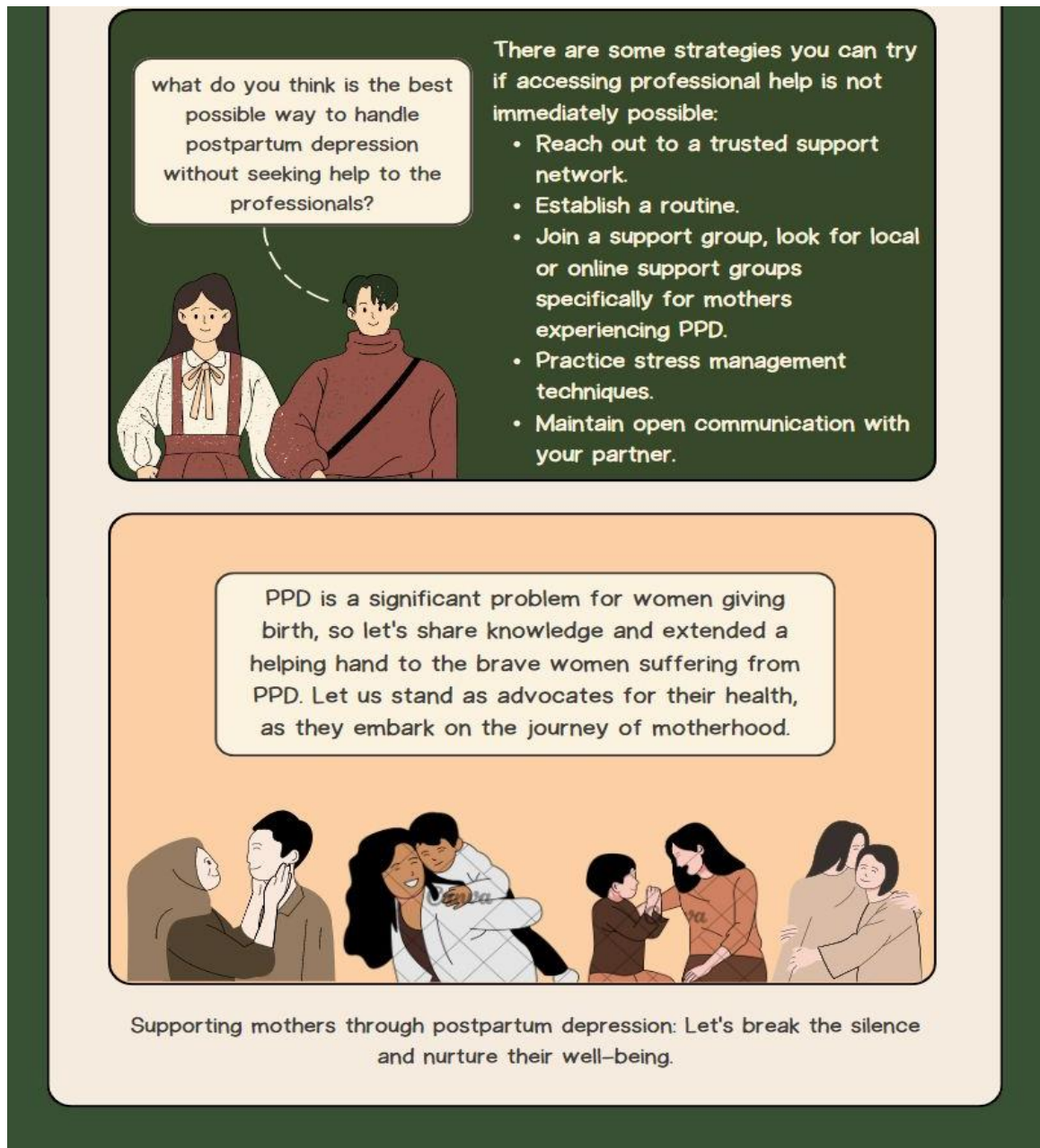
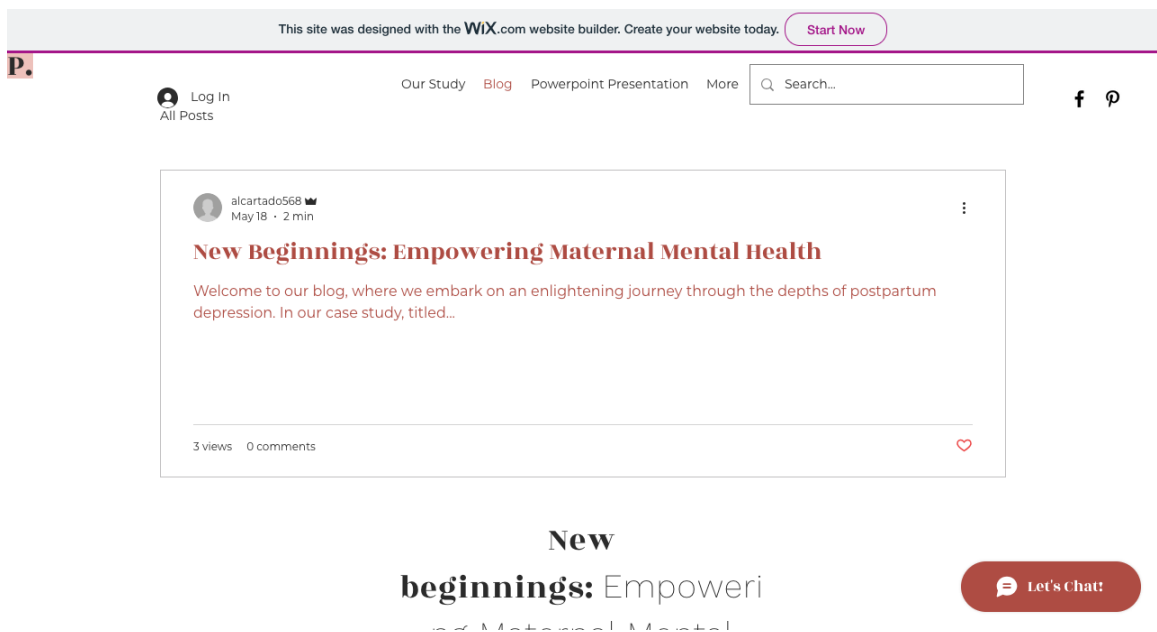
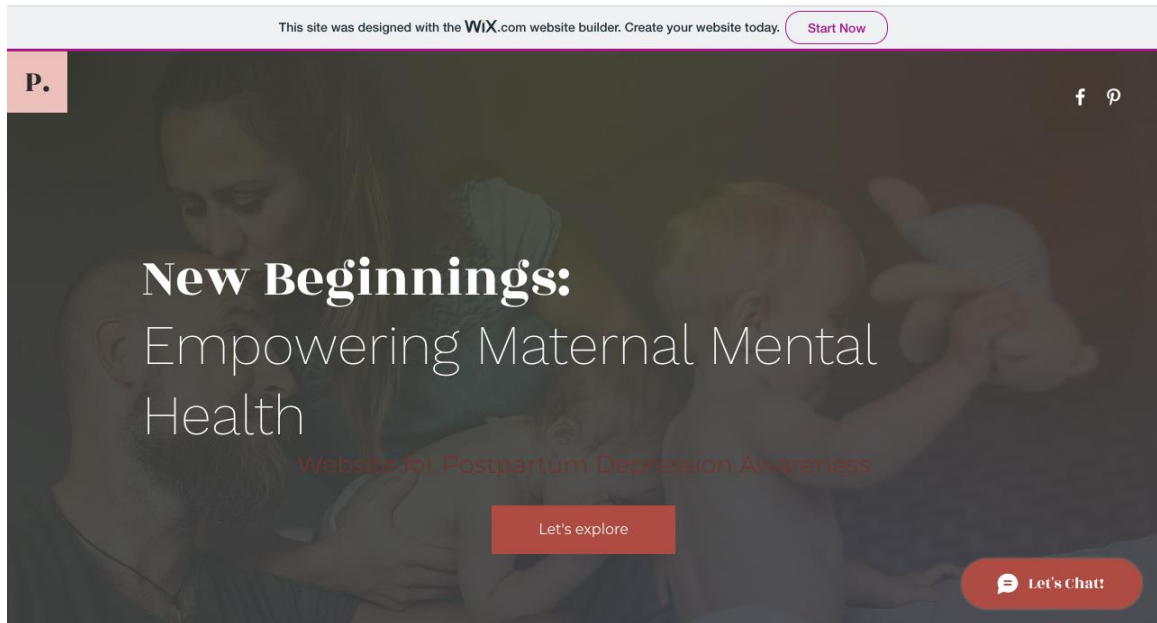


Figure 2. Information Dissemination Campaign (Infographics)



Link to Website: <https://alcartado568.wixsite.com/postpartum-depressio>

Figure 3. Interactive Website about postpartum depression**CHAPTER IV****SUMMARY, CONCLUSION AND RECOMMENDATIONS**

This study explores the journey of women experiencing postpartum depression (PPD) and highlights the challenges they face. PPD has a profound impact on mothers' well-being, affecting them emotionally, physically, spiritually, cognitively, and socially. Emotional symptoms include mood swings, irritability, and difficulties in bonding with the baby. Physical symptoms include changes in appetite, sleep disturbances, and fatigue. PPD can also challenge a mother's spiritual beliefs but may foster resilience and faith. Cognitive functions such as concentration, memory, and decision-making may be impaired. Socially, the impact of PPD varies, with some experiencing severe disruptions. It is essential to understand these multifaceted effects to develop targeted interventions and support systems for affected mothers. Managing PPD requires a personalized approach that considers individual needs. Seeking social support, engaging in self-care, and talking to others can be beneficial, but it is crucial to consult healthcare professionals for accurate diagnosis and tailored treatment options. Reading, particularly through bibliotherapy, has shown positive effects on PPD symptoms and can provide comfort and relatable experiences. Coping mechanisms relying heavily on labor should be avoided as they may worsen symptoms. Professional support and effective coping strategies are crucial for navigating the journey of healing and recovery. It is important to recognize that PPD is not a reflection of a mother's love or capabilities but stems from hormonal imbalances, psychological stress,

and societal pressures. Seeking professional help is crucial as PPD is a treatable condition requiring support and interventions. Suicidal risk in women with PPD is a serious concern, necessitating vigilant identification and appropriate care. By destigmatizing PPD, society can create an environment that encourages women to seek help and receive support.

Overall, the findings of this study provide important insights about the complexities of postpartum depression (PPD). There are three main impactful experience that the respondent experienced, these are suicidal idealization, baby blues and relationship problems. These impactful experiences are one of the most common experiences that a PPD victim might encounter. Postpartum depression can lead to several effects to the well-being of a postpartum depressed mother. These are mood swings, sense of detachment towards the baby loss of appetite, sleep disturbances, isolation, and fatigue. It can also impair concentration, memory, and decision-making abilities. The participant reported various coping strategies employed during her PPD, showcasing the complex nature of this condition. These are bibliotherapy, relying to work, and self-therapy. Based on the findings of this study, bibliotherapy is one of the most powerful coping mechanisms at the same time a powerful tool to disseminate information about this topic. Meanwhile, despite the prevalence of PPD, there are a lot of case undiagnosed due to the stigma surrounding this mental health issue and the lack of knowledge about it. The researchers found out that reading similar experiences from others can be a helpful and effective way of coping up with this mental health issue. This made the researchers to create a wix-powered website where PPD victims can share their experiences and help create a healthy environment for PPD victims and have healthy discussion about this issue.

Giving proper support, increasing awareness, enhancing screening protocols, and establishing supportive networks are critical steps towards providing comprehensive care and support for individuals affected by PPD. Families and relatives should be the one to support PPD victims. By participating to open discussions about PPD and showing them support and proper care during the postnatal period can be a big help in reducing the risk for women to develop this illness. Increasing awareness through localized symposium about postpartum depression should be organized by the local government units. Also, information about postpartum depression should be integrated to prenatal briefing for both of the parents so that they could be aware about this mental health issue. Enhancing screening protocols is a major step in reducing the cases of undiagnosed postpartum depression. Healthcare professionals should integrate a longer period of monitoring time after woman gave birth for an earlier detection. Lastly, by creating support groups that can help in destigmatizing PPD. The researchers recommend that a case study with more participants may be conducted in order to have a wider perspective on the experiences of women with postpartum depression. Also, a study with clinically diagnosed victims can be an option so that treatments from physicians can be incorporated to the study.

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APPENDICES

APPENDIX A



Region I
La Union Schools Division Office
REGIONAL SCIENCE HIGH SCHOOL FOR REGION I

RESEARCH INSTRUMENT
VALIDITY TESTING TOOL

Research Title:	A Glimpse on the Psychological Phenomenon: Case of an Undiagnosed Postpartum Depressed Mother
Proponents:	Raymund B. Alcartado Venice S. Castro Jember Czylle B. Franada Alex Xandre O. Solpot
Research Problem with Specifics:	<p>The purpose of this qualitative case study is to explore one woman's experience of navigating PPD. Through an in-depth analysis of her personal journey, this study aims to shed light on the complexities of PPD and the challenges that women face when seeking help. This study aims to explore and have a deep understanding about the experience of a woman with postpartum depression. Specifically it sought to answer the following questions;</p> <ol style="list-style-type: none"> 1. What are the participant's lived experiences concerning to PPD? 2. What is the impact of PPD to the social, spiritual, emotional, intellectual and physical health of the participant? 3. What coping strategies did the participants utilize during their postpartum period? 4. What is the effect of the pandemic to the participant? 5. What intervention can be proposed from the results of the study?
Interview Questions	<ol style="list-style-type: none"> 1. When did you first notice the symptoms of postpartum depression 2. How did they manifest? 3. What were your experiences when you had the post-partum depression? 4. What were some of the biggest challenges you faced while navigating postpartum depression? 5. How were these experiences affected you? In terms of; <ol style="list-style-type: none"> a. Social b. Spiritual c. Emotional

	d. Intellectual e. Physical 6. How did postpartum depression affect your relationship with your partner and/or family members? 7. Did you feel like there was adequate support available to you during your postpartum period? If not, what support do you think would have been helpful? 8. Did you seek help from professionals? If you do, what type of treatment did you receive? 9. What strategies did you use to cope with your postpartum depression, and which ones were most effective? 10. How long did it take for you to recover from postpartum depression, and what were some key factors that contributed to your recovery? 11. What advice would you give to other women who may be experiencing postpartum depression? 12. In your opinion, what changes can be made to better support women who are navigating postpartum depression?
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Rate the Research Interview Questions according to its Content Validity. Put a check (✓) mark as your rating for the instrument.

Criteria		5	4	3	2	1
		Very highly valid	Highly Valid	Valid	Somewhat Valid	Not Valid
Content Validity	The test fully represents what it aims to gather.	✓				

Comments & Suggestions:

Very good. The questions are aligned w/ the research objectives

Validator:

ANNIE M. V. V. V.
 Signature over printed name

04-13-2023
 Date Validated



Region I
La Union Schools Division Office
REGIONAL SCIENCE HIGH SCHOOL FOR REGION I

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Interview Questions	<ol style="list-style-type: none"> 1. When did you first notice the symptoms of postpartum depression 2. How did they manifest? 3. What were your experiences when you had the postpartum depression? 4. What were some of the biggest challenges you faced while navigating postpartum depression? 5. How were these experiences affected you? In terms of; <ol style="list-style-type: none"> a. Social b. Spiritual c. Emotional

	<p>d. Intellectual</p> <p>6. How did postpartum depression affect your relationship with your partner and/or family members?</p> <p>7. Did you feel like there was adequate support available to you during your postpartum period? If not, what support do you think would have been helpful?</p> <p>8. Did you seek help from professionals? If you do, what type of treatment did you receive?</p> <p>9. What strategies did you use to cope with your postpartum depression, and which ones were most effective?</p> <p>10. How long did it take for you to recover from postpartum depression, and what were some key factors that contributed to your recovery?</p> <p>11. What advice would you give to other women who may be experiencing postpartum depression?</p> <p>12. In your opinion, what changes can be made to better support women who are navigating postpartum depression?</p>
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Rate the Research Interview Questions according to its Content Validity. Put a check (✓) mark as your rating for the instrument.

Criteria		5	4	3	2	1
		Very highly valid	Highly Valid	Valid	Somewhat Valid	Not Valid
Content Validity	The test fully represents what it aims to gather.		✓			

Comments & Suggestions:

None for this.

Validator:

[Signature]
Signature over printed name

4/17/2022
Date Validated



Region I
La Union Schools Division Office
REGIONAL SCIENCE HIGH SCHOOL FOR REGION I

RESEARCH INSTRUMENT
VALIDITY TESTING TOOL

Research Title:	"A Glimpse on the Psychological Phenomenon: Case of an Undiagnosed Postpartum Depressed Mother"
Proponents:	Raymund B. Alcartado Venice S. Castro Jember Czylle B. Franada Alex Xandre O. Solpot
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	6. How did postpartum depression affect your relationship with your partner and/or family members? 7. Did you feel like there was adequate support available to you during your postpartum period? If not, what support do you think would have been helpful? 8. Did you seek help from professionals? If you do, what type of treatment did you receive? 9. What strategies did you use to cope with your postpartum depression, and which ones were most effective? 10. How long did it take for you to recover from postpartum depression, and what were some key factors that contributed to your recovery? 11. What advice would you give to other women who may be experiencing postpartum depression? 12. In your opinion, what changes can be made to better support women who are navigating postpartum depression?
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Content Validity	The test fully represents what it aims to gather.					

Comments & Suggestions:

Validator:

Signature over printed name

Date Validated

APPENDIX B



Region I
La Union Schools Division Office
REGIONAL SCIENCE HIGH SCHOOL FOR REGION I

Interview Questions

1. When did you first notice the symptoms of postpartum depression
2. How did they manifest?
3. What were your experiences when you had the post-partum depression?
4. What were some of the biggest challenges you faced while navigating postpartum depression?
5. How were these experiences affected you? In terms of;
 - e. Social
 - f. Spiritual
 - g. Emotional
 - h. Intellectual
6. How did postpartum depression affect your relationship with your partner and/or family members?
7. Did you feel like there was adequate support available to you during your postpartum period? If not, what support do you think would have been helpful?
8. Did you seek help from professionals? If you do, what type of treatment did you receive?

9. What strategies did you use to cope with your postpartum depression, and which ones were most effective?
10. How long did it take for you to recover from postpartum depression, and what were some key factors that contributed to your recovery?
11. What advice would you give to other women who may be experiencing postpartum depression?
12. In your opinion, what changes can be made to better support women who are navigating postpartum depression?

APPENDIX C

Table 1. Level of Validity of Interview Questions

Point Value	Statistical Range	Descriptive Equivalent Rating
5	4.51-5.00	Very High Validity (VHV)
4	3.51-4.50	High Validity (HV)
3	2.51-3.50	Moderate Validity (MV)
2	1.51-2.50	Poor Validity (PV)
1	1.00-1.50	Very Poor Validity (VPV)

Scores of Validators: 4, 5, and 5

Average Score: 4.7

APPENDIX D



Region 1

La Union Schools Division Office
REGIONAL SCIENCE HIGH SCHOOL FOR REGION I
 Ma. Christina East, Bangar, La Union

Informed Letter of Consent

This informed consent form is from the Grade 11 students of the Regional Science High School for Region 1 who are inciting to participate for this research project entitled, **“A Glimpse on the Psychological Phenomenon: Case of an Undiagnosed Postpartum Depressed Mother”**.

The primary aim of this study is to explore the life a woman who experienced postpartum depression. This research further pursues a deeper understanding behind the experiences of the participant and how she cope up with the effects. If you verify taking part in this endeavor, you agree to answer questions incorporated in a one-on-one interview formulated by the researchers accompanied by potential follow-up inquiries that are connected with the topic of interest. You are encouraged to share your insights freely with the researchers, as long as you are comfortable, and can interrupt the process anytime that it places you in a negative space. It is assured that your answers will not be utilized to ill intent or defamation.

Moreover, the researchers will be sure to keep your identity or background information (if available) confidential perpetually. As you share your lived experiences in accordance to our study, the researchers will only incorporate it for you, education, and the society's benefit- a better world cohabitating efficiently and ethically with Limited Memory Artificial Intelligence (LMAI).

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it. I consent voluntarily to be a participant in this study.

JESICA BALDERAS

Signature of the Participant Over Printed Name

APPENDIX E



Region I

La Union Schools Division Office

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REPERTORY GRID

QUESTION 1	When did you first notice the symptoms of postpartum depression?	CODES
RESPONDENT	Siguro mga two months pagkatapos maipanganak yung last kong anak.	PPD on the last child
QUESTION 2	How did they manifest?	CODES
RESPONDENT	Nu pumanaw ni lakay ko, kasla jay adijay isip ko ket adda kadwa na nga sabali, mapan agbababae. Kasjay meron akong anxiety na baka iwan niya ako. Tapos meron yung point na natatakot din akong lapitan yung baby ko dahil sa feeling ngay na baka masaktan ko yung anak ko kasi sa thought ko nag-ooverthink ako if "I'm a good mother ba?" kasi it's the first time sa mga anak ko na I've never been excited to see. Nafefeel ko rin na parang ang layo ng loob nya sa akin kasi pag sa father nya, tumatawa sya or nagshoshow ng other emotions pero saakin wala lang like 'di ko siya mapatawa. As a mother kasi you want to feel that, the sense of fulfillment kapag napapasaya mo yung baby mo, nakakawala ng pagod.	Anxiety of being alone Joy of being a mother Overthinking
QUESTION 3	What were your experiences when you had the post-partum depression?	CODES
RESPONDENT	Experience ko is loss of hair and loss of appetite, kaya diay katawan ko as in nga bigla nga bimmagsak tapos yung pagtulog ko, haan nga napintas pinagturog ko. Diay panagturog ko ket more on idiy reason about myself haan nga about diay anak ko kasi di ba diay dadduma nga mothers ket more on mapuypuyat because sa kanilang mga anak pero saakin kasi madali lang patulugin si Alicia. Nasaakin talaga yung problema, andaming thoughts na nasa isip ko, ni hindi ko	Physical changes Mother to baby connection Lack of sleep

	mahawakan anak ko kasi panpanunotek nga baka maharm ko suna.	
QUESTION 4	What were some of the biggest challenges you faced while navigating postpartum depression?	CODES
RESPONDENT	Gusto ko makipaghiwalay sa partner ko and my partner also wants to. Kasi during that time wala eh, awan talaga matangtanggap ko nga support from him both financial ken emotional. Awan pulos, never niya akong kinamusta.	Need for support
QUESTION 5	How were these experiences affected you socially?	CODES
RESPONDENT	Yun nga eh, haan ak makisasao, haan ak rumrumwar, kasi nga that time is pandemic ket hindi ako lumalabas. Lumalabas lang ako kapag maliligo, kasi nasa labas banyo namin. Hanggang doon lang ako. Hindi ako nakikisalamuha, as in wala. Naging distant ako sa mga tao sa paligid ko, it really affected me socially. Pati nga sa gana ko mag facebook eh nawala.	Social anxiety
QUESTION 6	How were these experiences affected you spiritually?	CODES
RESPONDENT	Ako naman, sabi ko sayo iiyak ako. I never asked God kung bakit ganyan nangyayari sakin. Hindi ako nagtanong kung bakit ganito, bakit ganiyan. Palagi kong sinasabi na nilagay mo ako dito, kung bakit binigyan ako ng ganito and you know that I can do it kaya alam kong kaya ko 'to kasi binigay Mo sakin 'to, ganun. Never, hindi ko sinisi ang Panginoon, never. Mas umigting pa yung faith ko despite of the challenge na binibigay Nya sakin. Alam mo anak mahirap, ang hirap nung wala kang alam sa mga nangyayari sa'yo and I even tried to end my life on that point pero what I did is kapit lang, naniwala ako Sakanya kasi nga di naman nya ibibigay sakin 'to kung di ko kakayanin.	Relationship with God Motivation Suicide Attempt
QUESTION 7	How were these experiences affected you emotionally?	CODES
RESPONDENT	Oh, yun kasi kawawa yung mga anak ko, kasi minsan biglang umiinit ulo ko. Naging short-tempered ako tas' yung mood swings talaga, di	Overthinking

	ko mapigilan bigla bigla na lang akong iiyak tas mamaya tatahan tas ma'ya ulit matatakot sa mga mangyayari sa anak ko. Inooverthink ko lahat talaga para kay Alicia, sinabi ko nga kanina ni hindi ko siya mahawakan sa sobrang takot ko na baka masaktan ko sya.	Mood swings
QUESTION 8	How were these experiences affected you intellectually?	CODES
RESPONDENT	That time gusto ko maghiwalay na noon pero talagang iniisip ko ang anak ko. Pero minsan kasi mga desisyon ko is hindi tama, katulad nga no'n gusto ko na makipaghiwalay sa asawa ko kaya pinalayas ko siya sa bahay kaya mas nahirapan pa kami ng mga anak ko kasi sya lang naman noon pwedeng lumabas sa bahay para bumili ganun. Naging impulsive ako and it really affected not just me, pati yung mga taong nasa paligid ko. You know naman na I am an adult na and may family na rin so yung mga decision ko hindi lang sya para sakin, marami ang na-affect talaga.	Relationship Challenges Bad decision making
QUESTION 9	How were these experiences affected you physically?	CODES
RESPONDENT	Hindi lang yung katawan ko bumagsak. Di ba alam mo naman ako mahilig akong magpaganda. You know me, nakita mo ako during the kasal, lahat yun nawala. Yung ano parang wala na akong gana mag-ayos sa katawan ko ganun. Nainsecure ako on how I look. Yun ang talagang mahirap kase nandoon ka sa loob ng bahay at yung pinaka mahirap sa akin yung hindi ka pwedeng lumabas kase nga ako pag may problema ako lalabas lang ako pupuntang town pag balik ko okay na ako. Pero kasi that time is pandemic, so hindi ka makalabas labas kaya ang hirap talaga. Tas' yun din sa hair ko nga naglalagas sya due to stress na rin siguro atsaka sa depression.	Physical changes Developed insecurities Loss of self-care
QUESTION 10	How did postpartum depression affect your relationship with your partner and/or family members?	CODES
RESPONDENT	I became distant, nawawala rin ako ng gana to interact sa mga anak ko. Sa asawa ko naman, since pinalayas ko siya, malaki yung galit niya saakin but despite that I'm grateful di nya ako	Loss of social interactions

	talagang hiniwalayan pero I can feel that he is mad at me.	
QUESTION 11	Did you feel like there was adequate support available to you during your postpartum period? If not, what support do you think would have been helpful?	CODES
RESPONDENT	No, wala akong nareceive, meron man pero I cannot consider it as a support kasi nga sinarili ko eh. First kasi I didn't tell anyone kung ano yung nararamdaman ko. Second, kunte lang knowledge ko about sa postpartum depression at same rin sa asawa ko kaya siguro wala akong natanggap na any support sa asawa ko. Pero sa mga anak ko talaga nafeel na kahit hindi direct support yung binigay nila atleast it's been helpful pa rin para masurvive ko ito. Isa siguro sa mga makakahelp is yung support talaga from my partner.	Lack of support
QUESTION 12	Did you seek help from professionals? If you do, what type of treatment did you receive?	CODES
RESPONDENT	Hindi, ang ginawa ko lang is sarili ko lang. Tapos ako kasi mahilig ako magbasa, may nakita akong pocketbook, nakalimutan ko na title at eksaktong may ganun sya so dun ko lang nalaman na yung nararamdaman ko pala is ganun din. Pero after a year I have this friend kasi na nakaexperience din ng ganun and sabay kami nakaexperience actually. Kasi pandemic din sya nakaexperience nun, ang difference lang namin is sya kasi nagconsult sa OB nya and they've talked about it. Naconfirm ko na lang din na naexperience ko yun dahil tugma yung symptomns namin. Kasla kuma jay panag mood swings ko, pagiging distant ko sa mga tao, pagiging irritable ko, overthinking and anxiety.	Self-diagnosing Lack of knowledge about PPD
QUESTION 13	What strategies did you use to cope with your postpartum depression, and which ones were most effective?	CODES
RESPONDENT 1	Yun nga yung pagbabasa, nakarelata ako dun sa binabasa ko and triny kong i-adapt din yung mga coping strategies nya. Katulad nung pakikisalamuha ulit sa iba, so para naman saakin, tumawag ako sa ate ko and I open up	Doing hobbies Having inspiration

	to her. Siya yung naging kakwentuhan ko during my postpartum period but I never told her about my case kasi natatakot rin ako baka majudge o di kaya mag-isip pa sya ng kung ano ano. Alam mo kasi dito satin ganun yun eh, sasabihin agad na nababaliw ka na. Then isa pang ginawa ko is yung pag try kong makicommunicate sa mga anak ko pang iba. Kinakausap ko sila, nakikipaglaro and that really helped me a lot. Sila yung nagpatatag sakin, naalala ko pa nga Mother's Day that time they surprised me. Linutuan nila ako ng spaghetti, gumawa rin sila ng cake na gawa sa mga tinapay at cream sticks na binili ng tatay nila. Tapos isa rin is yung pagwowork, kasi in the middle of pandemic nun pwede na yung mga limited na paglabas, tinawagan ako nung boss ko sabi "okay ka na ba ate?" tas yun nga nagstart na ulit ako and it helps me din ng kunte kasi alam mo yun nakakalabas na rin ako unte tas I love my work din kasi, yung paggawa ng gowns. Maganda rin dun pwede kong dalhin yung baby ko sa work area namin kasi in house kami and safe sya.	Sharing Feelings
QUESTION 14	How long did it take for you to recover from postpartum depression, and what were some key factors that contributed to your recovery?	CODES
RESPONDENT	One and a half years na as in I know na wala na akong nararamdaman na anything. Some of those key factors is that yun nga I hold on, inisip ko mga anak ko. Sila ang naging strength ko. Yun ding pagprapray ko kay God, gumagaan din pakiramdam ko whenever I talk to Him. Tsaka yung pag intindi ko sa sarili ko nung naging aware ako na meron palang ganun talaga, nagbasa rin ako sa internet ng mga kagaya ko to make myself feel better. Yun ding pag reconnect ko with the outside world, di lang ako nakahinga physically pero pati mentally.	Having inspiration Motivation
QUESTION 15	What advice would you give to other women who may be experiencing postpartum depression?	CODES

RESPONDENT	Siguro ano, pwede kang makipag usap sa iba maki pag communicate ka, sabihin mo yung problema mo. Family tsaka yung sarili mo din yung pinakamalakas mong kasama.	Healthy Communication
QUESTION 16	In your opinion, what changes can be made to better support women who are navigating postpartum depression?	CODES
RESPONDENT	Dapat magkaroon pa ng maraming free health care facility dito satin na nagcacare sa mga nakakaranas ng ganitong type of depression kasi pag sa mga psychiatrist kasi at mga psychologist, natatakot silang iaaapproach sila kasi nga first sa financial, automatic kasi iisipin nila gastos. Tas yun rin takot sila kasi ngay baka gamin majudge da nga kastoy, kasjay, nga mabagbagtiten. Saka more on like this sana, parang ginagawa nyo na to promote awareness sa mundo especially ittoy Pilipinas kasi napansin ko talaga nga bassit pay lang ti makin ammo atoy nga sakit...ket maymayat kuma nga mas aware pay ti tattao lalo mga babae so they know it's normal...pati na rin sa ibang tao para alam nila itreat ng tama ang mga kagaya kong nakaexperience ng postpartum depression.	Breaking the stigma Fear of Judgement Lack of awareness
QUESTION 17	Did you and your husband broke up?	CODES
RESPONDENT	Sa awa ng Dyos hindi naman. Kahit pinalayas ko siya at pinaghihinalaan nasa tamang pag-iisip pa rin sya kahit tinakot nya ako noon na makikipaghiwalay siya sakin, hindi nya rin nagawa.	Assurance
QUESTION 18	Where and what is your work? How does it help you to cope up with depression?	CODES
RESPONDENT	Yung trabaho ko is yung assistant sa paggawa ng gown sa Jems Gown Collection. Kapag may mga orders ganun, kami nung asawa ko nagtratransport. Naeenjoy ko talaga yung trabaho ko.	Love to work

DOCUMENTATION



CURRICULUM VITAE



Alcartado, Raymund B.

Age:	17
Gender:	Male
Birth date:	January 24, 2006
Birthplace:	Sta. Cruz, Ilocos Sur
Religion:	Roman Catholic
Address:	Ipet, Sudipen, La Union
Parents:	Mother: Joana B. Alcartado Father: Armando B. Alcartado

Educational Background

Primary:	Sudipen Central School
Secondary:	Junior High School: RSHS for Region 1 Senior High School: RSHS for Region 1

**Castro, Venice S.**

Age:	17
Gender:	Female
Birth date:	November 20, 2005
Birthplace:	Tarlac, Tarlac City
Religion:	Roman Catholic
Address:	Bangaoilan East, Bangar, La Union
Parents:	Mother: Melody C. Sabada
	Father: Victor M. Castro

Educational Background

Primary:	Bangaoilan East, Bangar, La Union
Secondary:	Junior High School: Saint Christopher Academy
	Senior High School: RSHS for Region 1



Franada, Jember Czylle B.

Age:	17
Gender:	Female
Birth date:	November 18, 2005
Birthplace:	Tagudin, Ilocos Sur
Religion:	Born Again Christian
Address:	Poblacion, Santol, La Union
Parents:	Mother: Maritess B. Franada
	Father: Charlemagne B. Franada

Educational Background

Primary:	Santol Central School
Secondary:	Junior High School: San Nicolas Academy
	Senior High School: RSHS for Region 1



Solpot, Alex Xandre O.

Age:	16
Gender:	Male
Birth date:	August 13, 2006
Birthplace:	Ilocos Traiding and Medical Center
Religion:	Roman Catholic
Address:	Sinapangan, Balaoan, La Union
Parents:	Mother: Sheryl O. Solpot
	Father: N/A

Educational Background

Primary:	Cantoria Central School
Secondary:	Junior High School: RSHS for Region 1
	Senior High School: RSHS for Region 1
