SOCIAL WORK INTERVENTIONS IN SUPPORTING WOMEN WITH POSTPARTUM DEPRESSION IN LOW INCOME COMMUNITIES OF MUKONO MUNICIPALITY

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I AWOR MICHELLE declare that this is my own work and has not been submitted to any institutions of higher learning for any academic award

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21st 05 2026

APPROVAL

I approve that this research was written under my supervision as the university supervisor

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ABSTRACT

The research examined social work interventions supporting women with postpartum depression (PPD) in low income communities of Mukono Municipality. Guided by cognitive behavioral theory and ecological systems theory, the study adopted a qualitative descriptive design. Data was collected through interviews with 20 participants including affected women, social workers and health workers. Findings showed that PDD is caused by financial challenges, lack of partner support, domestic violence and negative cultural beliefs. Social work interventions including counselling, home visits, referrals and support groups were found effective in reducing symptoms and improving maternal well being. However, social workers had to deal with issues like stigma, cultural views, heavy workloads, transportation difficulties and a lack of funding. The study comes to the conclusion that although social work treatments are beneficial, they are limited by a lack of resources. Increased government funding, the creation of parish level assistance and giving home visitation programs top priority are among the recommendations.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Postpartum depression is a common mental health problem that affects women after giving birth. It involves feelings such as sadness, worry, tiredness and difficulty in taking care of the baby. According to World Health Organization (2023), about 10-20% of women worldwide experience postpartum depression with higher cases in low income areas because of poverty, stress, and limited health care services.

Globally, postpartum depression is seen as a serious health issue because it affects not only the mother but also the baby and the whole family. Research shows that when mothers do not receive treatment, they may find it hard to bond with their babies which can affect the child's emotional and physical growth (UNICEF, 2022). Counseling and maternal health care are examples of treatments that assist lessen these consequences in affluent nations. However, in low income communities these services are often unavailable or challenging to procure.

Many factors, like as poverty, cultural beliefs, gender based violence and a lack of partner support influence postpartum depression in Africa. Many women are prevented from receiving therapy due to stigma and ignorance about mental health, according to research done in countries like Nigeria, Kenya and Uganda (Nabunya et al., 2021). Due to a shortage of funds, social workers often have challenges in providing women with emotional support, counseling and assistance in accessing programs.

In Uganda, postpartum depression is becoming more common especially in low income communities. The Uganda Demographic and Health Survey (2022) reports

that many women have mental health problems after giving birth but only few of them receive professional help. In areas like Mukono Municipal where poverty and unemployment are high women are more likely to experience postpartum depression. Family conflicts, maternal stress and baby neglect are also documented in these communities (Mukono District Community Report, 2023).

Despite social workers' engagement in helping women and children, there is still a dearth of research on the effectiveness of their support in managing postpartum depression in low income settings. Therefore, the goal of this study was to find out how social work interventions benefit Mukono Municipality's affected women.

1.2 Problem statement

Women who have recently given birth should receive sufficient emotional, social and medical support to help them recover and care for their babies. However, this assistance is insufficient in many of the Mukono District's low-income villages.

Postpartum depression affects a lot of women because of things including financial difficulties, partners' lack of support, domestic abuse, and restricted access to mental health care. As a result, some moms find it difficult to care for their infants, which can result in neglect, poor child development, and family strife. Due to stigma, ignorance, and a lack of resources, many women still do not receive the assistance they require despite the existence of social workers and community organizations.

Policies that promote maternal health and mental health exist in Uganda, but community-level implementation of these policies is lacking. Furthermore, the effectiveness of social work interventions in treating postpartum depression in low income areas like Mukono Municipality has not received much attention.

If this problem is not fixed, family problems will get worse, children's development will be hindered and more women will suffer in silence. Thus, the purpose of this study was to investigate the reasons behind postpartum depression, assess social work interventions and pinpoint the difficulties faced by social workers.

1.3 Purpose of the study

To examine how social work interventions support women with postpartum depression in low income communities of Mukono Municipality.

1.4 Research objectives

To identify the main causes of postpartum depression among women

To evaluate how effective social work interventions are in addressing postpartum depression

To examine the challenges social workers face when supporting women with postpartum depression.

1.4 Research questions

What are the main causes of postpartum depression among women?

How effective are the social work interventions in addressing postpartum depression?

What challenges do social workers face when supporting these women?

1.5 Scope of the study

1.6.1 Content scope

The study concentrated on social workers' assistance in treating postpartum depression. It discussed causes, remedies such as counseling and support services, and difficulties social workers encounter.

1.6.2 Time scope

In order to gather current data on maternal mental health and social work interventions, the study examined literature published between 2015 and 2025. In 2026, data was gathered.

1.6.3 Geographical scope

The search was conducted in the municipality of Mukono. Many low-income communities in this area have poor access to social services and medical treatment. According to Mukono District Local Government (2023), it was selected due to documented instances of stress associated with poverty and mental health issues in mothers.

1.7 Justification of the study

Mothers, children, and families are all impacted by postpartum depression, which makes this study significant. The effectiveness of social workers' interventions is not well understood, despite their presence. The report offers helpful details on how to make these interventions better.

Additionally, it closes a research gap by concentrating on low-income neighborhoods

in Mukono District, where there hasn't been much study on the subject. The results will help Ugandan social work practice that is grounded in evidence.

1.8 Significance of the study

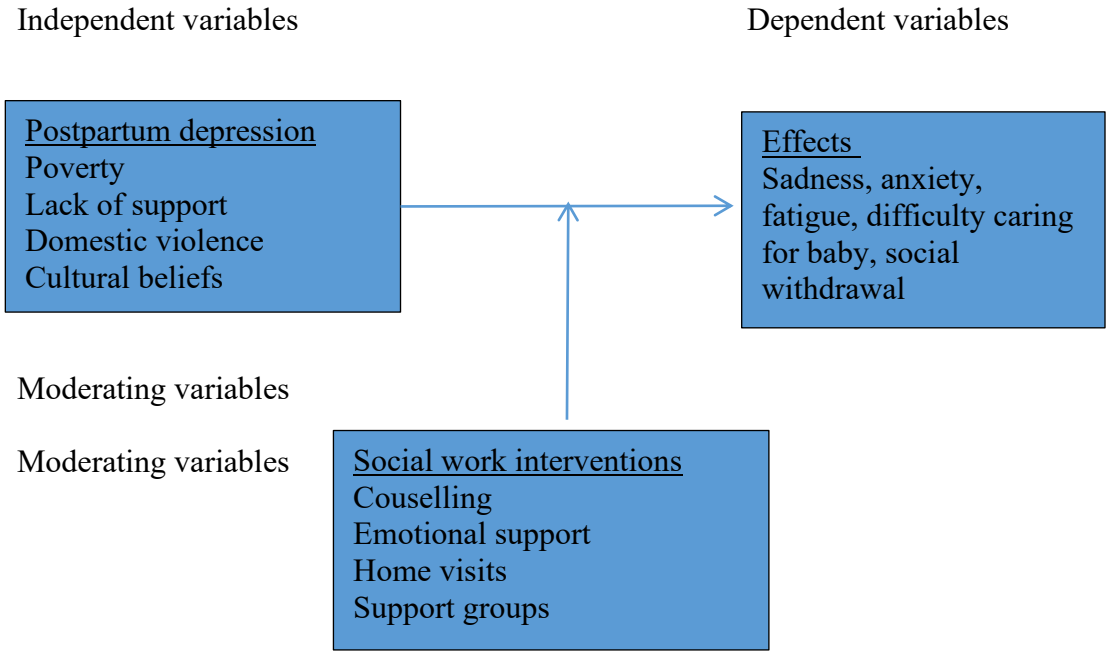
academics and researchers. Future research on maternal mental health and social work can be guided by the findings of this study.

society. It promotes family support for moms and raises awareness of postpartum depression.

Social workers and professionals. It offered useful suggestions for successful interventions, such as home visits, counseling, and support groups.

Policy makers. It strengthens services in communities with low incomes and enhances maternal mental health programs.

1.9 Conceptual framework



1.10 Operational definitions

Postpartum depression

A mental health condition after childbirth involving sadness, anxiety and emotional stress.

Social work interventions

Professional activities like counseling, home visits and referrals used to support people in need.

Low income communities

Areas where people have limited income and poor access to basic services.

Maternal mental health

The emotional and psychological well being of a mother during and after pregnancy.

Social support

Help given by family, friends, partners and the community.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter examines relevant literature. Books, journal articles, reports, and earlier research conducted in Uganda, Africa, and other regions of the world are the sources of the information. It provides an explanation of the study's theories, prior research findings, and debates centered on the study's goals.

2.1 Theoretical framework

Urie Bronfenbrenner's ecological systems theory and cognitive behavioral theory served as the study's guiding principles.

The connection between thoughts, feelings, and behaviors is explained by cognitive behavioral theory. Negative thinking can cause emotional issues including depression, according to Aaron Beck (1995). For instance, mothers may experience depression and anxiety as a result of feeling inadequate. Mothers can learn coping mechanisms and constructive thinking through CBT-based counseling provided by social workers.

According to ecological systems theory, a person's surroundings, including their family, community, and society, have an impact on their behavior. In addition to personal problems, environmental factors including poverty, a lack of support, and cultural attitudes can also contribute to postpartum depression. Social workers help by advocating for better care, putting mothers in touch with resources, and providing support. This concept makes clear how different factors affect moms and the possible advantages of therapy.

2.2 Concept of postpartum depression

Postpartum depression is a hazardous form of depression that can strike a woman after giving birth. It is not the same as the mild and transient baby blues. Postpartum depression is more severe and may last for months or even years if treatment is not received (World Health Organization, 2023). Deep melancholy, disinterest in activities, fatigue, altered eating and sleeping patterns, worry, and trouble bonding with the infant are typical symptoms.

Globally, postpartum depression is considered a major public health concern. The World Health Organization (2023) estimates that 10-20% of women have it, the number is much higher in low and middle income countries. Due to elements including poverty, inadequate nutrition, and a lack of access to healthcare, the prevalence can reach 30% in some impoverished areas.

Postpartum depression is frequently misdiagnosed and untreated in Africa. For instance, postpartum depression was found to affect roughly 22% of women in Nigeria and 19% of women in Kenya. Due to shame and cultural beliefs, many women suffer in silence.

Postpartum depression is thought to affect 15-25% of mothers in Uganda (Nabunya et al., 2021). However, as many cases go unreported, the actual number might be greater. According to the Uganda Demographic and Health Survey (2022), relatively few medical facilities offer mental health care to new moms, and maternal mental health is frequently neglected.

2.3 Causes of postpartum depression among women

Biological, psychological, and social factors all contribute to postpartum depression. A woman's mood and emotions may be impacted by hormonal changes following childbirth (WHO, 2022). Stress, worry, and a history of depression are psychological variables that can also raise the risk.

Social and economic circumstances are significant in many African societies. Stress among new mothers is increased by poverty, unemployment, and a lack of necessities. Additional pressure comes from cultural expectations that women should take care of children alone. Furthermore, partners' lack of support and gender-based violence exacerbate the problem (Mutiso et al., 2020).

After giving birth, mothers in low-income communities in Uganda encounter various obstacles. According to Nabunya et al. (2021), financial issues are the primary causes. Stress and despair result from many families' inability to pay for basic necessities like food and medical treatment.

absence of assistance from a partner. After giving birth, some males may abandon their partners, leaving women to fend for herself.

Unplanned pregnancies. Young mothers are more at risk for unintended pregnancies.

interpersonal violence and marital conflicts. Abuse during and after pregnancy raises the chance of depression.

societal marginalization. When women don't receive enough support from their families and communities, they are more vulnerable. stigma attached to mental health. Because they worry about being branded or criticized, many women are reluctant to ask for help.

2.4 Effectiveness of social work interventions in addressing postpartum depression

When it comes to helping women who are suffering from postpartum depression, social workers are essential. They use a range of strategies, such as home visits, counseling, support groups and connecting women with healthcare providers.

Research from all over the world shows that counseling and emotional support can successfully lessen the symptoms of postpartum depression. According to the World Health Organization (2022), techniques like cognitive behavioral therapy and interpersonal therapy help women improve their coping skills and mental health. Peer support group-based community programs are also beneficial. Research by O'Hara and McCabe (2018) found that psychosocial support greatly reduces the chances of postpartum depression. The most effective methods included home visits, phone support and group counseling sessions.

In Africa, social work interventions are mostly community based due to limited health care resources. For example, a study in South Africa showed that trained community workers providing basic counseling helped reduce depression symptoms by about 40%.

In Kenya, group counseling and mentorship programs have helped reduce stigma and encouraged women to seek support. Women who joined support groups reported feeling less depressed and more connected to others (Mutiso et al., 2020).

In Uganda, social workers offer services such as counseling, home visits and linking mothers to healthcare facilities. Community programs including maternal health education have helped to improve the well being of mothers (MGLSD, 2021). However, these services are often not as effective as expected due to limited resources, few trained workers and low awareness in communities.

2.5 Challenges faced by social workers in supporting women with postpartum depression

Supporting women with postpartum depression presents a number of challenges for social workers, particularly in low-income communities.

Stigma and low awareness

Mental health issues are not well understood in many societies. Because they are viewed as weak or cursed, women may be deterred from seeking help (WHO, 2022).

Insufficient experts and an excessive burden

There are far more people in need of help than there are trained social workers. In some locations, a single social worker may serve up to 30,000 clients which leads to overwork and subpar care.

Gender norms and cultural values

Women are required to handle problems in silence in many societies. Because mental illness is linked to witchcraft and evil spirits women may be reluctant to seek professional help.

Inadequate service coordination

Ineffective service delivery results from a lack of cooperation between social workers, health professionals, and community leaders.

Challenges with transportation and distance

Social workers find it difficult to reach women due to long distances and bad roads, and many moms cannot afford transportation to receive services.

2.6 Literature gap

Both internationally and in Africa, postpartum depression and maternal mental health have been the subject of several research. These studies demonstrate that social,

economic, and psychological variables contribute to postpartum depression and that social support and counseling can lessen its effects.

Research on the effectiveness of social work interventions in helping women with postpartum depression in low-income communities in Uganda, particularly in Mukono District, is still scarce, nevertheless. The role of social workers and the difficulties they encounter are not thoroughly examined in the majority of research, which concentrate on general maternal and mental health.

Furthermore, a lot of earlier research employs quantitative techniques and mostly concentrates on data rather than firsthand accounts. By employing a qualitative methodology to gain a deeper understanding of the actual experiences of women and social workers, this study seeks to close that gap.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter explains the methods used to carry out the study. It describes the research design, study approach, study area, population, sampling methods, data collection techniques and tools, quality control, data analysis, ethical considerations and possible limitations of the study.

3.1 Research design

A descriptive research design was employed in the study. The overall strategy outlining how data will be gathered and examined is known as a research design (Jain, 2023). The researcher selected this design because it made it easier to explain and comprehend the experiences of postpartum depressed women and the ways in which social workers assist them.

It made it possible for the researcher to gather comprehensive data regarding the reasons for postpartum depression, the kinds of assistance offered, and the difficulties social workers encounter in low-income areas.

3.2 Study approach

A qualitative research methodology was employed in the investigation. This method focuses on thoroughly comprehending people's perspectives, emotions, and experiences.

It enabled the researcher to investigate postpartum depression in women, the difficulties associated with it, and how social workers support them. Creswell &

Creswell (2018) assert that qualitative research yields comprehensive and in-depth knowledge that is not achievable with just numerical data. Additionally, it facilitates communication between participants and the researcher, which is crucial when talking about delicate subjects like mental health.

3.3 Study area

The Mukono Municipality served as the study's site. There are low-income urban and periurban communities in the area where many people struggle with issues including unemployment, poverty, and restricted access to healthcare.

Mukono was selected because to growing concerns about postpartum depression and other maternal mental health disorders, particularly among low-income women (Mukono District Local Government, 2023). In terms of time, distance, and resources, the location was also practical for the researcher.

3.4 Sources of data

Participants' main data was used in the study. Information was collected from community leaders, social workers, health professionals, and women who had suffered from postpartum depression.

This gave direct knowledge of the reasons behind postpartum depression, the efficacy of social work therapies, and the difficulties in helping impacted women.

3.5 Population of the study

Women who had suffered from postpartum depression in Mukono Municipality, social workers who provided mother and child welfare services, medical professionals

including midwives and nurses, and community leaders like local council members and community health workers made up the research population.

Records from community services in Mukono show that many women experience emotional and psychological challenges after childbirth. As a result, the study concentrated on participants with relevant expertise in social work assistance and postpartum depression.

3.6 Sample size

The study used a sample size of 20 participants. This number was considered appropriate to provide detailed information.

3.7 sampling techniques and procedures

The study used purposive sampling. This method involves selecting participants based on their knowledge and experience related to the topic.

Women who had experienced postpartum depression were selected with the help of health workers and community leaders. Social workers and other key informants were chosen based on their roles in providing support services. This ensured that the data collected was relevant and useful.

3.8 Data collection methods

The main method used to collect data was interviews.

Interviews helped the researcher gather detailed information about participants' experiences, opinions and challenges. According to Purl (2024), interviews are effective for collecting in depth information.

3.9 Data collection instruments

The main tool used for data collection was an interview guide.

The guide included open ended questions focusing on the causes of postpartum depression, types of support provided by social workers, effectiveness of these interventions and the challenges faced in providing support

3.10 Quality control

The study ensured quality by focusing on validity and reliability. Validity means how well the study reflects the real situation (Drost, 2011). This was ensured by asking clear questions, seeking clarification when needed and allowing participants to confirm their responses.

Reliability refers to consistency in the findings. This was achieved by taking detailed notes and keeping proper records of the research process.

3.11 Ethical considerations

The study followed ethical guidelines to protect participants. Participants were informed about the purpose of the study and agreed to take part voluntarily, personal details were not recorded, codes were used and data was kept secure.

Participants could choose to withdraw from the study at any time without any consequences.

Approval was obtained from the School of Social Sciences at Uganda Christian University and from Mukono District authorities before starting data collection.

3.12 Data analysis

The data collected from interviews was analyzed using thematic analysis.

The researcher transcribed all interviews word for word, read the data several times to understand it well, identified important ideas and grouped similar codes into themes

3.13 Limitations of the study

Only 20 participants were included, so the findings may not represent all women in Uganda.

The study was conducted within a short period which may have affected the amount of data collected.

CHAPTER FOUR

PRESENTATATION OF FINDINGS AND INTERPRETATION

4.1 Causes of postpartum depression among women in Mukono Municipality

Objective one sought to identify the major causes of postpartum depression among women in Mukono Municipality. Findings revealed different causes which were were group into four main themes as explained below

Financial difficulties and poverty

Majority of women who participated identified financial problems as the main cause of their emotional distress after childbirth. They explained that the lack of money to buy food, pay rent and buy medicine for them themselves and their babies caused constant worries and sadness. Respond 6 said “after giving birth, I had no money to buy food, my husband lost his job and I would look at my child and feel bad because I could not afford to buy milk and medicine. I cried every day and felt like a failure a s a mother” respondent 11 said “the biggest problem was money, I could not even buy soap for washing my baby's clothes, I would lie awake at night thinking about where to get money for the next meal. That stress made me so sad and hopeless.” the researcher interpreted that financial challenges leads to a cycle of stress and hopelessness that contributes to postpartum depression. When women can not meet their basic needs and for their children, they experience feelings of inadequacy, guilt and despair which are characteristics of depression.

Lack of partner and family support

Many women reported that the absence of emotional and practical support from their partners contributed to their depression. Some women were abandoned by their partners after giving birth, others receive no help with child care and household chores. Respondent 1 explained that "my husband left me when the baby was two weeks old, he said he was going to look for job but he did not come back. I was left alone with my child and no one to help me, I felt so lonely and scared" respondent 4 said "my husband did nothing to help me, he would come home late, eat and sleep. I felt like a servant doing everything alone while recovering from dilvery and I became very hungry and sad." the researcher interpreted that the lack of partner support leaves women to bear the full burden of childcare alone which leads to exhaustion, loneliness and emotional distress.

Domestic violence and marital conflicts

Women reported that they experience physical and emotional abuse from their partners during pregnancy and after child birth. This violence contributed to feelings of fear, hopelessness and depression. Respondent 7 said "my husband would beat me even when I was pregnant, he continued beating me even after giving birth, I was always afraid afraid because he would also beat me if the baby cried too much."

The research interpreted that domestic violence creates an environment of constant fear and trauma. Women who experience abuse are likely to develop depression because their safety and self worth is destroyed. The postpartum period when women are vulnerable and dependent can be dangerous.

Cultural beliefs and community expectations

Some women and the key informants identified cultural beliefs and community expectations as a factor leading to postpartum depression. Some cultural norms isolate women after child birth and others put expectations on women. Respondent 2 explained “in our culture, after giving birth, you are expected stay in the house for 1 week without going out and seeing people. I was alone with my baby where I felt like I was trapped and I felt very sad.” Respondent 12 said “people in the community expect new mothers to be happy all the time, when I tried to tell someone I was feeling sad, she shes I was ungrateful and I should thank God for my baby and so I stopped talking about my feelings”. the researcher interpreted that cultural beliefs can cause depression through isolation and pressure and prevent women from seeking help. The expectations that mothers should be happy and capable all the time is not good and harmful to their feelings.

4.2 Effectiveness of social work interventions in addressing postpartum depression

Objective two of the study was to assess the effectiveness of social work interventions in addressing postpartum depression. Findings showed different interventions such as counselling, home visits, referrals and support groups were helpful to women.

Counselling

Most women who had received counselling from social workers reported that ti helped them to manage their depression. They explained that having someone who

listen to them without judging made them feel safe. Respondent 7 said “counselling helped me to understand that what I was feeling was not my fault, the social worker taught me to stop saying negative things about myself and say positive words every morning. At first it felt strange but with time I started believing it and started feeling better.” the researcher interpreted that counselling is effective because it creates a safe space for women to express their feelings.

Home visits

Findings showed that home visits by social workers were helpful because they reached women who could not travel to health facilities. Women appreciated the convenience and privacy of receiving support at home. Respondent 2 said “I could not go to the health center because of money for transport and no one to look after my child but when the social worker came to my home, I was so relieved. She came many times to check on me . knowing that someone cared enough to visit me made me feel valued.” the researcher interpreted that home visits remove barriers such as transport cost and allow social workers to understand the full context of a woman's life.

Referrals to health facilities

Social workers also helped women through referring them to health facilities for medical treatment. Respondent 13 said “the social worker refereed me to a clinic where I could get help for free. I was worried about the cost but she found a program that helped poor women and I am grateful to her.” the researcher interpreted that

referrals address the the medical dimension of postpartum depression. Many women do not know that depression is treatable and how to access medical care.

Support groups

Some participants reported that they benefited from support groups where women with the same experience could meet and share their struggles. Respondent 8 said “the support group changed my life, the other woman understood me in a way that people who have never had depression can not, we became friends and helped one another even outside the group and I stop feeling alone.” the researcher interpreted that support groups harness the power of peer support. Women receive encouragement, practical advice and friendship from others who truly understand their experience. This reduces the shame and isolation that often accompany depression.

4.3 Challenges faced by social workers in supporting women with postpartum depression

Objective 3 of the study was to examine the challenges faced by social workers in supporting women with postpartum depression. The findings found four main challenges

Limited resources and inadequate funding

All the social workers interviewed reported that lack of resources limited their ability to provide effective support. They lacked transport, office supplies and funding for programs. Social worker 1 explained that “we have no budget for mental health

programs, everything we do is out of our own pocket and small donations, we can not provide food and materials to desperate women even though that is what they need the most. How can a woman recover from depression when she is hungry." Social worker 2 said " I am supposed to do home visits but I have no transport, no motorcycle and no fuel. I end up visiting only women nearby."

Stigma and lack of awareness about mental health

Social workers explain that stigma surrounding mental health made it difficult to identify and support women with postpartum depression. Many women and families hide their conditions because of shame. Social worker 2 said "many women will not admit they are struggling because they are ashamed. They fear being called crazy, families sometimes keep women locked in the house so neighbors do not find out. This makes our work very hard because we can not help someone who is hidden." the researcher interpreted that stigma prevents women from seeking help, delays treatment and worsens the situations. Social workers struggle to reach women who are hiding their condition. Lack of community awareness means that families do not recognize depression as a treatable illness and may respond with blame, shame and harmful traditional practices.

Heavy workload

Social workers reported that they had too many clients and little time which reduced the quality of care they provide. Social worker 2 said "there are few social workers in Mukono so we are overworked and we have no proper time for follow up. We see a

client once or twice then move to other cases." the researcher interpreted that shortage of social workers means that many women do not receive any support. Those who receive support may only get a brief session which is insufficient for treating depression. The heavy workload also leads to burn out which reduce the effectiveness and retention of social workers.

Cultural barriers and gender norms

Social workers identified cultural beliefs and gender norms as one of the challenges. Some cultural practices isolated women and some gender norms prevented women from speaking openly about their struggles. Social worker 2 said "in some cultures, women are not allowed to speak about personal problems to outsiders. They are expected to keep family matters private. When you try to ask their feelings, they refuse to share that its their culture. It is very hard to help someone who will not open up." the researcher interpreted that cultural barriers and gender norms create obstacles to identify and support women with postpartum depression. Women are socialized to be silent about their suffering.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introductions

This chapter explains the study findings, draws conclusions and gives recommendations.

5.1 Discussion of findings

5.1.1 Causes of postpartum depression

The study showed that postpartum depression among women in Mukono Municipality is caused by different factors such as financial challenges, lack of support from partners and family, domestic violence and cultural beliefs.

The study found that poverty is a major cause of postpartum depression. This supports findings from the World Health Organization (2023) which show that women in low income communities are more likely to experience depression due to stress related to basic needs. Similarly, Nabunya et al. (2021) found that financial stress is a key factor affecting maternal mental health in Uganda.

The study also found that lack of emotional and practical support from partners contributes to postpartum depression. This is similar to findings by Mutiso et al. (2020) in Kenya where lack of partner support was a major cause of depression among new mothers. Many women reported that their partners neglected to help with childcare or abandoned them.

This study supports the ecological systems theory which emphasizes the significance of close interactions, especially those within the family, for mental health.

The study also found that domestic abuse had a significant impact on postpartum depression. This is in line with research done in Nigeria by Adewuya et al. (2019), which discovered that women who experience relationship abuse are more likely to experience depression.

The study also found that cultural norms and beliefs had an impact on postpartum depression. The World Health Organization (2022) states that stigma is a major barrier to getting mental health treatment. In many countries women are expected to endure trials without complaining.

These expectations might make women feel guilty about their struggles which makes their predicament worse. This is in line with ecological systems theory which explains how people's behavior and mental health are influenced by societal cultural norms and beliefs.

5.1.2 Effectiveness of social work interventions

The study found that therapy helped reduce symptoms of postpartum depression. This is consistent with global results from the World Health Organization (2022) which show that techniques like cognitive behavioral therapy can improve mental health.

After receiving counseling, the female participants in the study reported feeling less alone, more hopeful and understood. It also helped them change negative thoughts into positive ones. This supports the cognitive behavioral paradigm which holds that better mental processes lead to better emotional well being.

The study also found that home visits were beneficial to women. The results of O'Hara and McCabe (2018) who found that home visitation programs reduce the risk of postpartum depression are supported by this.

Women appreciated receiving help from the comfort of their homes since it provided

privacy and convenience. Through home visits social workers were also able to understand the woman's living situation and provide more appropriate support.

The study found that transferring women to hospitals helped them recover. This is similar to research done in South Africa by Lund et al. (2019) which shown that mental health outcomes are improved when social services are integrated with medical care. Women in this study reported feeling better after receiving both medical attention and psychotherapy. This illustrates the importance of social workers and medical professionals working together.

Support groups were beneficial for women with postpartum depression, according to the study. Peer support groups improve women's mental health and reduce stigma, according to research done in Kenya by Mutiso et al. (2020). Participants in the study reported feeling less alone and ashamed when they met other women who had experienced similar situations. Support groups provide a stable peer support structure that may benefit women long after official services are withdrawn.

5.1.3 Challenges faced by social workers

The study found that a lack of resources and mobility reduces the effectiveness of social workers. This is consistent with research by the Ministry of Gender, Labour and Social Development (2021) which shows that many social workers in Uganda lack basic resources. Without transportation it is difficult to reach women in rural areas and it is difficult to address issues associated to poverty without tangible assistance. This problem is a reflection of more general systemic problems where decisions about financing and resource distribution affect service delivery.

The report indicates that many women are discouraged from seeking help due to stigma. This is in line with the World Health Organization's (2022) findings that

stigma is a major worldwide barrier to mental health care. Some families hide affected members out of humiliation and many women fear being negatively classified. This issue emerges at the macro system level where cultural values and beliefs influence behavior according to ecological systems theory.

The study also found that there are not enough social workers relative to the number of people in need. This supports the findings of MGLSD (2021) that Uganda has a poor social worker to population ratio. As a result social workers become overworked which reduces service quality and increases stress.

The study found that women find it difficult to ask for help due to cultural views and gender conventions. According to research by Nabunya et al. (2021) women are often forced to keep quiet about their struggles. Male officials often limit women's access to services. These challenges occur at different stages of ecological systems.

5.2 Conclusions

Numerous circumstances, including financial difficulties, a lack of support from partners and family, domestic violence, and unfavorable cultural views, can contribute to postpartum depression. Due to stigma and ignorance, many women do not ask for assistance.

Women with postpartum depression can benefit from social work interventions.

Counseling, home visits, referrals, and support groups are examples of interventions that have been shown to alleviate symptoms, enhance emotional health, and empower women to provide better care for their infants.

Social workers face challenges such as lack of funding, transport and materials, low awareness about mental health in communities, heavy workload and cultural barriers such as gender norms that limit women’s freedom to seek help.

5.3 Recommendations

The government should increase funding for maternal mental health services so that social workers can have enough transport, materials and other resources to reach women in low income communities.

Mukono district local government should set up support groups for women with postpartum depression in every parish led by trained social workers and community health workers.

Social workers should focus more on home visits as an important method of reaching women who cannot easily access health facilities.

Reference

Adewuya, A. O., Ola, B. A., Aloba, O. O., Dada, A. O., & Fasoto, O. O. (2019). Prevalence and correlates of postpartum depression in a Nigerian community. African Journal of Psychiatry, 12(3), 235–240.

Beck, A. T. (1995). Cognitive therapy: Basics and beyond. Guilford Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.

Bronfenbrenner, U. (1994). Ecological models of human development. International Encyclopedia of Education, 3(2), 37–43.

Campbell, C. (2021). Family structure and academic outcomes among university students. International Journal of Educational Studies, 14(3), 112–125.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56(2), 267–283.

Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications.

Drost, E. A. (2011). Validity and reliability in social science research. Education Research and Perspectives, 38(1), 105–123.

Graham, S., & Juvonen, J. (2008). Peer victimization in middle school: The role of social identity. Journal of Youth and Adolescence, 37(1), 63–75.

Jain, S. (2023). Research methodology in social sciences. Oxford University Press.

Kerubo, J. (2017). Social perceptions of single-parent families and their effects on learners. Journal of Social Sciences, 10(2), 88–97.

Kim, H., Jackson, A., & Conrad, S. (2023). Emotional well-being and academic performance among university students. Journal of Educational Psychology, 115(4), 567–582.

Lund, C., Schneider, M., Davies, T., & Honikman, S. (2019). Task sharing of psychological treatment for maternal depression in South Africa. The Lancet Psychiatry, 6(5), 412–421.

Masten, A. S. (2014). Ordinary magic: Resilience in development. Guilford Press.

McLanahan, S. (1986). Family structure and the reproduction of poverty. American Journal of Sociology, 90(4), 873–901.

Ministry of Gender, Labour and Social Development. (2021). Social work workforce report. Government of Uganda.

Mukono District Local Government. (2023). Community development report. Mukono District.

Mutiso, V., Ndetei, D., & Musyimi, C. (2020). Postpartum depression in Kenya: Prevalence, correlates, and treatment gap. African Journal of Mental Health, 8(2), 45–58.

Nabunya, P., Ssewamala, F. M., & Ilic, V. (2021). Maternal mental health in Uganda: Prevalence and correlates of depression among women in low-income communities. Journal of Affective Disorders, 278, 560–567.

O'Hara, M. W., & McCabe, J. E. (2018). Postpartum depression: Current status and future directions. Annual Review of Clinical Psychology, 9, 379–407.

Purl, M. (2024). Qualitative research methods for social work. Routledge.

Uganda Demographic and Health Survey. (2022). Maternal health and mental health in Uganda. Uganda Bureau of Statistics.

UNICEF. (2022). Maternal mental health and child development. United Nations Children's Fund.

World Health Organization. (2022). Mental health of mothers: Guidelines for psychosocial interventions. WHO Press.

World Health Organization. (2023). Postpartum depression: A global public health concern. WHO Press.

INTERVIEW GUIDE

Dear respondent,

My name is AWOR MICHELLE, a student at Uganda Christian University pursuing a Bachelor's Degree in Social Work and Social Administration. I am conducting a research study on *"social work interventions in supporting women with postpartum depression in low income communities of Mukono Municipality."*

This interview is intended to gather information on this topic. The information is for academic purposes only and all responses will be handled with utmost confidentiality. Your participation is voluntary and you may withdraw at any time.

SECTION A

Causes of postpartum depression

1. What challenges did you experience after giving birth that affected your emotional well being?
2. In your opinion, what are the main causes of postpartum depression among women in your community?
3. How do factors such as financial problems, lack of support, or family conflict contribute to postpartum depression?
4. How do cultural beliefs or community expectations influence women's mental health after childbirth?

SECTION B

Effectiveness of social work interventions

5. What kind of support or services have you received from social workers or health workers after childbirth?

6. How helpful were these services in improving your emotional and mental well being?
7. What specific social work interventions (such as counseling, home visits or support groups) do you think are most effective?
8. In what ways have social workers helped women cope with postpartum depression in your community?

SECTION D

Challenges faced by social workers

9. What challenges do social workers face when providing support to women with postpartum depression?
10. How do factors such as lack of resources or heavy workload affect the support given to women?
11. How does stigma or lack of awareness about mental health affect the work of social workers?
12. What suggestions do you have for improving support services for women with postpartum depression?