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Bridging Support and Care: Examining the Relationships Among Depressive Symptoms, Perceived Partner Support and Attitudes Toward Seeking Professional Help in Filipino Postpartum Women

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Abstract

Postpartum women experience significant emotional and psychological challenges that may lead to depressive symptoms. Adequate emotional support and access to professional care are essential for their well-being. Acknowledging that partner support and help-seeking attitudes play a role in how women cope with postpartum distress, this study employed a correlational, cross-sectional design to examine the relationships among depressive symptoms, perceived partner support, and attitudes toward seeking professional help. Participants were Filipino women aged 20-45 years old, within six months postpartum, cohabiting with their partner for at least one year, regardless of marital and employment status. 52.5% participated through onsite data collection in various health centers and hospitals, while 47.5% participated online. Standardized tools were utilized, including the Edinburgh Postnatal Depression Scale (EDPS), Postpartum Partner Support Scale (PPSS), and Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPHS-SF). Findings revealed high levels of depressive symptoms, moderate perceived partner support and moderately positive attitudes toward seeking professional help. A positive correlation was found between depressive symptoms and perceived partner support. These findings highlight public health concerns due to the severity of depressive symptoms and the presence of self-harm ideation. Corresponding recommendations are presented within the study.

Keywords: postpartum women, depressive symptoms, partner support, help-seeking attitudes, public health concern

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INTRODUCTION

The transition into motherhood, while profound, carries significant health risks and enduring challenges such as sleep deprivation and breastfeeding difficulties (National Library of Medicine, 2022; Valencia, 2025). Central to these challenges is Postpartum Depression (PPD), a condition affecting approximately one in five women (World Health Organization, 2022), with nearly 25% facing PPD specifically (Place et al., 2024). Despite its impact on maternal bonding and child development (Slomian et al., 2019), nearly 50% of symptomatic women remain undiagnosed due to systemic gaps in routine screening (Manso-Córdoba et al., 2020; Carberg, 2024). In the Philippines, cultural tendencies to rely on informal networks often lead to the neglect of a mother's mental well-being (WHO, 2020; Martinez, 2020). While social support is vital (Zheng et al., 2023), it cannot replace the professional intervention necessary to prevent long-term developmental consequences (Suryawanshi et al., 2022).

Grounded in House's Social Support Model (1981), this study posits that the functional and perceived aspects of a partner's role—emotional, instrumental, informational, and appraisal—serve as critical buffers against postpartum stress (Lakey & Cohen, 2000). Partner support facilitates help-seeking by validating the mother's struggles, reducing stigma, and providing the practical time needed to access care (Antoniou et al., 2022; Bhardwaj et al., 2024). While local Filipino men are often protective, traditional "machismo" or economic absence may limit their emotional availability

(Fast, 2022). By integrating Attachment Theory and the Systemic-Transactional Model (Bretherton, 1992; Bodenmann et al., 2016), the research suggests that a woman's perception of her partner's responsiveness significantly influences her self-efficacy and willingness to engage with professional services (Abbaspoor et al., 2023).

Ultimately, help-seeking is an adaptive coping strategy influenced by both internal psychological factors and external social support (Rickwood et al., 2012; Cornally et al., 2011). This study addresses literature gaps by examining the nexus of PPD, partner support, and help-seeking attitudes within a single Filipino context (Noonan et al., 2021; Bugtong, 2020). Drawing on the Theory of Planned Behavior (Ajzen, 1991), it hypothesizes that higher perceived partner support correlates with lower depressive symptoms and more positive attitudes toward professional care (White et al., 2021; Shorey et al., 2024). By identifying these correlational patterns, the research aims to inform public health initiatives that enhance partner involvement and improve maternal mental health outcomes in the Philippines (Labrague et al., 2019; Garcia et al., 2024).

LITERATURE REVIEW

Depression among women in the postpartum period. Pregnancy and childbirth involve significant health risks ranging from pre-eclampsia and gestational diabetes to chronic sleep deprivation and breastfeeding difficulties (National Library of Medicine, 2022; Vogel et al., 2024; Valencia, 2025). Amidst these physical burdens, postpartum depression (PPD) emerges as a serious mental illness affecting brain function, behavior, and physical health, with symptoms like persistent hopelessness, guilt, and fatigue lasting beyond the typical "baby blues" (Cleveland Clinic, 2022; OWH, 2023). Risk factors include hormonal shifts, personal history of mental illness, and lack of social support (APA, 2022; Qi et al., 2022). Alarmingly, global PPD prevalence has seen a massive upward trend, with some studies noting a 105% increase between 2010 and 2021, particularly affecting Asian/Pacific Islander populations (Getahun et al., 2023). Recent data highlights significant rates in Turkey (28.2%), South Korea (16.1%), and the Philippines (16.4%), contributing to a global estimate of 17.22% (Kizilirmak et al., 2020; Cho et al., 2022; Labrague et al., 2019; Wang et al., 2021).

Despite its widespread prevalence, nearly 50% of PPD cases remain undiagnosed, leaving many women without essential treatment such as SSRIs or psychotherapy (Manso-Córdoba et al., 2020; Carberg, 2024). This lack of intervention can lead to prolonged suffering, self-harm, and impaired child development (WHO, 2022; Noonan et al., 2021). In the Philippines, while 75% of women receive postnatal care, these check-ups often occur only within the first two days after birth—a timeframe insufficient for identifying PPD symptoms that emerge later in the postpartum period (PSA, 2022). Addressing this public health crisis requires a shift toward early and continuous screening, accessible support groups, and a dedicated effort to encourage professional help-seeking (Carberg, 2024; APA, 2022).

Partner support in postpartum period. Spousal support is defined as the mental and behavioral actions partners provide to navigate relationship challenges, forming a reciprocal process of perceived and actual assistance that fosters emotional well-being and resilience (Haber et al., 2007; Fan et al., 2020). This support manifests in various forms, such as instrumental assistance where men challenge traditional gender roles by sharing household and childcare responsibilities (Kashaija et al., 2019). By creating an environment where postpartum women feel valued, supportive partners enhance a mother's self-esteem and coping strategies (Ristanti et al., 2020; Li et al., 2021). Crucially, partners can mitigate logistical barriers to help-seeking—such as the time management struggles identified by Manso-Córdoba et al. (2020)—by managing domestic duties so the mother can attend professional appointments.

Beyond practical help, partners serve a vital psychological role by normalizing professional intervention and reducing the fear of disclosing symptoms (Antoniou et al., 2022; Place et al., 2024). Actively engaged partners often identify PPD symptoms early, provide the reassurance needed to navigate mental health services, and accompany their partners to medical visits, significantly increasing the likelihood of timely treatment (Daniele, 2021; Amarasinghe et al., 2022). In the Philippines, while research on partner involvement in maternal mental health remains limited (Lantiere et al., 2022; Leabres et al., 2019), legislative efforts like the Paternity Leave Act (Republic Act 8187) and government advocacy emphasize shared responsibility (Gutierrez, 2022). Ultimately, both emotional and childcare support from a partner act as essential mechanisms that allow women to prioritize their mental health and access necessary care (Shorey et al., 2024; Qiu et al., 2024).

Help-seeking behavior: Conceptualization and contemporary perspectives. Help-seeking behavior is an intentional, adaptive coping strategy involving both informal networks (family, friends, and peers) and formal professional systems (psychologists, psychiatrists, and counselors) (Rickwood et al., 2012; Lauzier-Jobin et al., 2021). While women with PPD often prefer informal support due to its immediate emotional and practical benefits—such as childcare and shared domestic tasks—cultural pressures and traditional gender roles frequently lead mothers to hide symptoms from their personal circles (Lynch et al., 2022; Daehn et al., 2022; Wang et al., 2023). However, informal care cannot replace the evidence-based interventions provided by mental health services, such as the WHO mhGAP framework, which integrates psychoeducation and clinical stress reduction (WHO, 2022).

Because actual behavior is often hindered by stigma or limited access, researchers frequently use help-seeking attitudes as a proxy indicator for the likelihood of an individual engaging in professional care (Samuel et al., 2022; Adams et al., 2022). Professional help-seeking is a planned, problem-focused behavior that grants access to specialized treatments like Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy (IPT), both of which have been shown to significantly reduce depressive symptoms and improve maternal-infant bonding (Cornally et al., 2011; Massoudi et al., 2023; Wang et al., 2023). Whether through workplace assistance programs, telehealth, or traditional clinical settings, timely professional intervention remains the most effective pathway for postpartum recovery and long-term well-being (Bulkes et al., 2021; Cleveland Clinic, 2022).

Barriers to help-seeking among women in postpartum period. The true prevalence of PPD remains dangerously underreported, particularly among Asian/Pacific Islander (API) mothers and those who have experienced miscarriage or stillbirth (Manso-Córdoba et al., 2020; Carberg, 2024). This data gap limits policy development and exacerbates systemic barriers such as underfunding, lack of supportive legislation, and high costs of mental healthcare (Carbonell et al., 2019). Barriers—obstacles preventing access to care—include persistent stigma that begins in childhood and continues into adulthood, where fears of negative judgment and concerns over confidentiality often prevent individuals from disclosing distress (Zaman, 2022; Aris et al., 2022). Conversely, facilitators like trust, prior positive experiences, and supportive figures in the workplace can mitigate these hurdles and encourage help-seeking (Aguirre et al., 2020; Zaman et al., 2022).

For postpartum women, unique barriers such as medical mistrust, time constraints, and the misattribution of psychological symptoms to physical health conditions further delay intervention (Ho et al., 2022; Souvatzi et al., 2024). Many women from minority and low-income communities perceive medical settings as unsupportive, preferring the acceptance of personal networks over professional care (Alcovindas et al., 2022; Saxena et al., 2023). In the Philippines, cultural traits and traditions

deeply influence this reluctance, mirroring patterns seen in other Asian populations where stigma and traditional gender expectations lead to internalizing distress (Martinez et al., 2020; Chen et al., 2020). Addressing these challenges requires culturally sensitive services that navigate these deeply rooted values to improve the quality of life for Filipino mothers (Kim et al., 2022; Slomian et al., 2019).

Filipino help-seeking: Cultural beliefs and social influences. In the Philippines, help-seeking is deeply influenced by a tension between Western medicine and indigenous beliefs, where supernatural forces are often viewed as causes of mental illness (Tuliao et al., 2020). Many Filipinos prefer faith healers (*albularyos*) due to their cultural alignment and affordability compared to the high costs of professional psychiatric assessments and therapy sessions (WHO, 2020; Rondilla et al., 2021). While the government has introduced initiatives like the Mental Health Act and expanded PhilHealth coverage to bridge this gap, a significant disparity remains between the high prevalence of mental health concerns and the low utilization of formal services (House of Representatives, 2023; Arevalo et al., 2022). This reluctance persists even among Filipinos living abroad with access to high-quality care, suggesting that the barrier is more cultural than purely geographical (Martinez et al., 2020).

According to Sikolohiyang Pilipino, core values such as *kapwa* (shared identity) and *hiya* (shame) dictate help-seeking patterns. The self-sacrificing nature of Filipino mothers often leads them to prioritize family needs over their own mental health to avoid being a burden (Pua & Marcelino, 2020). Furthermore, mental health professionals are often viewed as *ibang-tao* (outsiders); driving women toward *hindi-ibang-tao* (trusted insiders like family) for support (Enriquez, 1978). The stigma of being labeled "crazy" and the fear of bringing kahihiyan (dishonor) to the family further silence women, especially when PPD symptoms contradict traditional expectations of the resilient, nurturing mother (Hechanova, 2019; Perlas, 2024). However, studies show that partner involvement can effectively bypass these barriers; women are significantly more likely to seek professional care when encouraged by their spouses, who provide the necessary emotional and financial validation to normalize the behavior (Martinez et al., 2022; Tuliao, 2024; Lantiere et al., 2022).

Theoretical Framework. The study recognizes that social and psychological factors are interrelated in shaping maternal mental health and help-seeking decisions. It seeks to examine the significant relationships between depressive symptoms, perceived partner support and attitudes towards seeking professional help.

Emerging from the literature review, it becomes clear that postpartum depressive symptoms cannot be fully understood through a biological or medical lens alone but within a woman's relational and social context. House's Social Support Model (1981, 1987), provides a psychosocial framework that explains how social relationships influence emotional well-being and coping behavior. Central to this model is the principle that supportive relationships buffer and promote mental health, making it particularly suitable for understanding the interplay between depressive symptoms, partner support and help-seeking attitudes.

The model identifies three domains of social support: social integration, network structure, and functional support. While social integration and network structure describe the extent and organization of a woman's social ties, it is the functional domain (what these relationships actually provide) that most directly affects emotional well-being. Within this domain, perceived support (the belief that help and understanding are available when needed) has consistently been identified as a stronger predictor of psychological health than the actual provision of support (Cohen & Wills, 1985); (Lakey & Cohen, 2000). A view shared by Lazarus and Folkman (1984), who emphasized that even when support is not utilized, the expectation that it is available can reduce perceived threat and alleviate distress.

Similarly, Lakey and Cohen (2000) highlight that perceived support represents a distinct psychological dimension, one that encompasses expectation, trust and assurance, rather than the actual help received. A partner's emotional availability, reassurance, and understanding can therefore shape how a woman appraises stress and copes with postpartum challenges.

Applying this model to the present study, perceived partner support is conceptualized as a functional form of social support that can buffer depressive symptoms by enhancing emotional security and self-efficacy. In turn, this perception of support may influence help-seeking attitudes, encouraging openness to professional assistance when distress persists. Thus, House's Social Support Model provides the conceptual basis for examining how depressive symptoms, perceived partner support, and attitudes toward seeking professional help are interrelated within the postpartum context.

Conceptual Framework. Figure 1 presents the conceptual framework of this study, illustrating the interconnected relationships between depressive symptoms, perceived partner support and attitudes toward seeking professional help. The framework features double-headed arrows connecting these three variables, indicating three interrelated relationships: (1) depressive symptoms and perceived partner support are negatively related, such that higher levels of perceived partner support are associated with lower levels of postpartum depressive symptoms, while low or absent support intensifies emotional distress; (2) depressive symptoms and attitudes toward seeking professional help are negatively related, as increasing depressive symptoms may foster hopelessness or avoidance that hinder help-seeking, whereas positive help-seeking attitudes, may, in turn, help reduce depressive symptoms through adaptive coping; and (3) perceived partner support and attitudes toward seeking professional help are assumed to be positively related, as supportive partners encourage acknowledgement of distress, reduce perceived stigma, and promote confidence in seeking professional care, whereas unsupportive or dismissive partners may discourage or delay help-seeking behaviors.

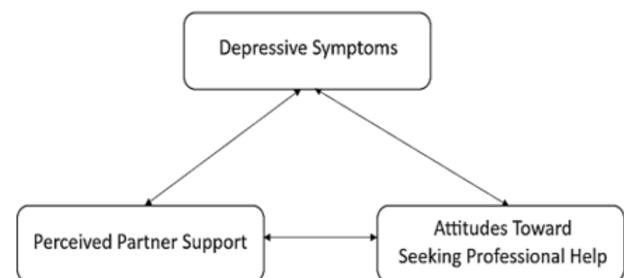

Figure 1
Conceptual Framework of the Study

Altogether, these assumptions reflect the psychosocial mechanism outlined in House's Social Support Model and supported by related perspectives, showing that close relationships, particularly partner relationship, not only alleviate stress but also shape cognitive and behavioral responses to emotional distress, including the decision to seek professional help.

The current study sought to examine significant relationships between depressive symptoms, perceived partner support and attitudes towards seeking professional help. It posited that these variables are interrelated and influence one another in the context of maternal mental health. Specifically, this study aims to answer the following:

1. What is the level of depressive symptoms among the participants?
2. What is the level of perceived partner support among the participants?
3. What is the level of attitudes toward seeking professional help among participants?
4. Is there a significant relationship between depressive symptoms and perceived partner support?
5. Is there a significant relationship between depressive symptoms and attitudes toward seeking professional help?

6. Is there a significant relationship between perceived partner support and attitudes toward seeking professional help?

Hypotheses. The study tested its alternative hypotheses using a two-tailed test at the 0.05 significance level (α = 0.05), allowing for a 5% probability of rejecting a true null hypothesis. The assumptions underlying these hypotheses were grounded in a psychosocial perspective, which posits that both internal psychological factors and external social influences shape mental health and help-seeking behaviors (Lazarus & Folkman,1984; Ajzen, 1991; House, 1981).

H_1: There is a significant relationship between depressive symptoms and perceived partner support.

H_2: There is a significant relationship between depressive symptoms and attitudes toward seeking professional help.

H_3: There is a significant relationship between perceived partner support and attitudes toward seeking professional help.

METHODS

Research Design. This study utilized a correlational, cross-sectional design to examine the naturally occurring associations among depressive symptoms, perceived partner support, and help-seeking attitudes, as these variables cannot be ethically or practically manipulated (Sousa et al., 2007; Curtis et al., 2016). By employing this approach, the research effectively links social and psychological factors to clarify how they shape pathways to care, providing insights that can inform future predictive models and clinical interventions (Privitera, 2024). The methodology involved collecting data from Filipino women within six months postpartum using standardized instruments, with the resulting data analyzed through descriptive statistics and correlational analyses to describe the strength and direction of these relationships.

Population and Sampling. The study employed a dual-sampling approach, utilizing purposive sampling to select Filipino women who met specific inclusion criteria and snowball sampling to reach hard-to-reach participants through trusted peer referrals (Bullard, 2024; Ungvarsky, 2025). This method fostered trust regarding the sensitive topic of psychological help-seeking while expanding recruitment across Laguna, Philippines, and various social media platforms. Using G*Power, a sample size of 84 was required to achieve an effect size of 0.3 and a power of 0.80, leading to a final recruitment of 101 participants to ensure data reliability. The inclusion criteria focused on Filipino women aged 20–45, within six months postpartum, who had cohabited with a male partner for at least one year. While the study excluded those with a history of diagnosed mental health crises to focus on general distress, a safety protocol was established for those showing elevated self-harm risks on the EPDS.

From the 101 postpartum women participants, 47.5% completed the questionnaires online, while 52.5% participated through onsite data collection. Table 1 to 10 present the frequency and percentage distribution of participants' demographic and health variables. The mean age of participants was 30.83 years (SD = 6.00), with the majority aged 31–40 years (54.46%). Most participants had a college education (71.29%), were employed or self-employed (58.42%), spoke both English and Filipino (98.02%), and were married (54.46%). The majority had been married or cohabiting for 1–5 years (65.35%) and had experienced one pregnancy (48.00%).

More so, 78 participants provided their exact date of delivery, allowing classification according to postpartum period. The majority (69.23%) were within 0-3 months postpartum, a stage described as critical (Cleveland Clinic, 2024) and characterized by recovery and major adjustment (Mercer, 2004); (Frese et al., 2022). Approximately 30.69% reported experiencing significant mental health distress.

However, information on participants' socioeconomic status was not collected, which may have provided additional insight into the contextual factors influencing postpartum well-being and help-seeking.

Table 1
Distribution of Demographic and Health Characteristics of the Participants in terms of Age

Age	f	%
≤ 20	6	5.94
21–30	37	36.63
31–40	55	54.46
41–50	3	2.97
Total	101	100

Table 2
Distribution of Demographic and Health Characteristics of the Participants in terms of Educational Attainment

Educational Attainment		
College	72	71.29
Junior/senior high school	25	24.75
Masters/PhD	4	3.96
Total	101	100

Table 3
Distribution of Demographic and Health Characteristics of the Participants in terms of Employment

Employment		
Employed, self-employed	59	58.42
Stay-at-home, unemployed	42	41.58
Total	101	100

Table 4
Distribution of Demographic and Health Characteristics of the Participants in terms of Language Spoken

Language Spoken*		
English and Filipino	99	98.02
Filipino only	2	1.98
Total	101	100

Table 5
Distribution of Demographic and Health Characteristics of the Participants in terms of Marital Status

Marital Status		
Co-habiting or living-in	46	45.54
Married	55	54.46
Total	101	100

Table 6
Distribution of Demographic and Health Characteristics of the Participants in terms of Number of Years Married or Cohabiting

Number of Years Married or Cohabiting		
1–5 years	66	65.3
More than 5 years	35	34.7
Total	101	100

Table 7
Distribution of Demographic and Health Characteristics of the Participants in terms of Total Number of Pregnancies

Total Number of Pregnancies**		
1	48	48.48
2	23	23.23
3	14	14.14
4	10	10.1
5	1	1.01
7	1	1.01
8	2	2.02
Total	99	100

Table 8
Distribution of Demographic and Health Characteristics of the Participants in terms of Parity Category

Parity Category***		
Primiparous	48	48.48
Multiparous	51	51.52
Total	99	100

Table 9
Distribution of Demographic and Health Characteristics of the Participants in terms of Postpartum Period

Postpartum Period****		
0-3 Months	54	69.23
4-6 Months	24	30.76
Total	78	100

Table 10

Distribution of Demographic and Health Characteristics of the Participants in terms of Currently Experiencing Significant Mental Health Distress

Currently Experiencing Significant Mental Health Distress		
No	70	69.31
Yes	31	30.69
Total	101	100

Note. Mean = 30.83 years, SD = 6.00.
**Two participants reported speaking only Filipino at home but demonstrated sufficient English comprehension to complete the questionnaires, consistent with the study's inclusion criteria.*
***The number of pregnancies refers to the total times a participant has been pregnant, regardless of outcome (live birth, miscarriage, or stillbirth). Two participants did not indicate their number of pregnancies and were excluded from the percentage calculation (N = 99).*
****Primiparous refers to women who have experienced one pregnancy, while multiparous refers to those who have had two or more pregnancies.*
*****Only 78 participants provided their exact date of delivery, the percentages were computed based on this. The 0-3 and 4-6-month groupings align with postpartum adaptation frameworks described by Mercer (2004) and clinical classifications of the puerperium extending up to six months (Cunningham at al., 2018); (Chauhan et al., 2022).*

Instrumentation. The study utilized four standardized instruments to collect data on participant demographics, depressive symptoms, partner support, and help-seeking attitudes. The Participant Information Form (PIF) gathered essential background data, including reproductive history and primary language, while serving as an initial screening tool for exclusion criteria (Appendix A). To measure depressive symptoms, the Edinburgh Postnatal Depression Scale (EPDS) was employed; this 10-item tool evaluates emotional well-being over the past week, with scores of ≤ 10 or 13 indicating a risk for PPD (Cox et al., 1987; (Wisner et al., 2002). The EPDS is highly reliable (Cronbach's alpha 0.75–0.87) and includes a critical assessment of self-harm in item 10, which requires immediate clinical attention if flagged. Perceived partner support was assessed using the Postpartum Partner Support Scale (PPSS), a 20-item instrument developed by Dennis (2017) that aligns with House's (1981) typology of emotional, informational, and instrumental support. The PPSS has demonstrated exceptional cross-cultural reliability, with Cronbach's alphas ranging from 0.94 to 0.97 (Dennis et al., 2017; Su et al., 2024). Finally, the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF) measured openness to mental health services (Fischer & Farina, 1995). This 10-item scale evaluates the perceived value of professional help and has proven effective in Asian populations for identifying barriers to service utilization (Picco et al., 2016; Nurdiyanto et al., 2021). For both the PPSS and ATSPPHS-SF, tertile-based distribution was used to categorize participants into low, moderate, and high groups, facilitating locally relevant interpretations of their scores.

Data Gathering Procedure. Prior to data collection, the study received approval from the Ethics Review Committee of St. Scholastica's College to ensure participant safety and ethical integrity. Recruitment utilized a multi-channel approach—including hospitals, health centers, and social media platforms like Facebook and TikTok—supported by a transparent process where participation was voluntary, anonymous, and informed by a formal consent process. A dedicated safety protocol was implemented: participants flagging self-harm risks on the EPDS were withdrawn and immediately provided with mental health resources and 24/7 crisis lines. Following participation, women received tokens of appreciation, such as mobile load or discount cards, alongside educational materials on postpartum self-care.

Data integrity was maintained through a rigorous data management plan, where all responses were encoded into a password-protected master spreadsheet with role-based access. Hard copies were stored in sealed envelopes, while digital Google Forms were restricted to prevent unauthorized edits or public viewing. To ensure privacy during dissemination, only anonymized, aggregated data will be shared with the defense panel and stakeholders. Outcomes will be communicated to participants and the public through infographics and community presentations, providing essential insights into postpartum mental health while strictly protecting individual identities.

Data Analysis. This study utilized a quantitative, cross-sectional design to systematically investigate the relationships between postpartum depression, partner support, and help-seeking attitudes through measurable variables (Lim, 2024). To determine the appropriate statistical tests, the Shapiro-Wilk test was prioritized to assess normality, as it is more sensitive and suitable for the study's specific sample size and data characteristics (Ghasemi et al., 2012). Since the results indicated that the data were not normally distributed, the study employed Spearman's rank-order correlation (r_s)—a non-parametric measure used for ordinal or non-normal data—to objectively evaluate the monotonic relationships between the factors (McHugh, 2018). All statistical analyses were performed using SPSS version 27 with a significance threshold of α = 0.05.

RESULTS

Level of depressive symptoms, perceived partner support, and attitudes towards seeking professional help among the participants. Table 11 presents the mean scores, standard deviations, and categorical interpretations for the three main variables of the study: depressive symptoms, perceived partner support, and attitudes toward seeking professional help.

Table 11
Level of Depressive Symptoms, Perceived Partner Support and Attitudes Toward Seeking Professional Help

Variable	M	SD	Interpretation
Depressive Symptoms	13.26	4.06	High
Perceived Partner Support	65.27	14.58	Moderate
Attitude Towards Seeking Professional Help	27.35	3.74	Moderate

Note. N = 101. Depressive symptoms based on Edinburgh Postnatal Depression Scale cutoffs: ≤ 9 = Low, 10-12 = Moderate, ≥ 13 = High (Cox et al., 1987). Perceived partner support based on tertile cutoffs: ≤ 57 = Low, 58-73 = Moderate, ≥ 74 = High. Attitudes toward seeking professional help based on tertile cutoffs: ≤ 26 = Low, 27-29 = Moderate, ≥ 30 = High. M = mean, SD = standard deviation.

Depressive symptoms, measured using Edinburgh Postanal Depression Scale (EPDS), had a mean score of 13.18 (SD = 4.75, range = 0-20). The majority of participants (59.41%) falling in the high range (EPDS ≥ 13), 23% in the moderate range (EPDS 10-12), and 16.83% in the low range (EPDS ≤ 9), based on the cutoff scores proposed by Cox et al. (1987).

Perceived partner support was assessed using the Postpartum Partner Support Scale (PPSS). Although the PPSS is typically treated as a continuous measure (Dennis et al., 2017); (Eslahi et al., 2021), categorical groupings were derived using tertile-based distribution probability approach to allow local interpretation, based on this method, 32.67% of participants fell within high range (≥ 74), 33.66% within the moderate range (58-73), and 33.66% within the low range (≤ 57), with an overall mean score of 65.27 (SD = 14.28, range 22-80).
Attitudes toward seeking professional help were measured using the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPHS-SF). Consistent with its original validation (Fischer et al., 1985) and subsequent adaptations (Hammer et al., 2018), the ATSPPHS – SF was also analyzed as a continuous variable, supplemented by categorical interpretation through the same tertile-based approach. Accordingly, 33.66% were classified in the High range (≥30), 33.66% in the Moderate range (27-29), and 32.67% in the Low range (≤26), with mean score of 27.35 (SD = 3.74, range 18-36).

Relationship between depressive symptoms and perceived partner support. Table 12 shows the correlation between depressive symptoms and perceived partner support. Results indicate a significant moderate positive relationship between the two variables (r = .445, p <.001). This suggests that higher levels of depressive symptoms were associated with higher perceived partner support. Given that the result was statistically significant, the null hypothesis was rejected.

Table 12
Spearman's rank-order Correlation Analysis Between Depressive Symptoms and Attitudes Toward Seeking Professional Help

Variable	1	2
Perceived Partner Support	-	
Depressive Symptoms	.445**	-

$^{**}p < 0.01$ level (2-tailed)

Relationship between depressive symptoms and attitudes towards seeking professional help. Table 13 shows the correlation between depressive symptoms and attitudes toward seeking professional help. Results indicate no significant relationship between the two variables ($r = .125, p <.212$). Given that the result did not reach statistical significance, there was insufficient evidence to reject the null hypothesis, suggesting that depressive symptoms were not meaningfully associated with attitudes toward seeking professional help.

Table 13
Spearman's rank-order Correlation Analysis Between Depressive Symptoms and Attitudes Toward Seeking Professional Help

Variable	1	2
Depressive Symptoms	-	
Help-Seeking Attitudes	.125	-

$^{**}p < 0.01$ level (2-tailed)

Relationship between perceived partner support and attitudes towards seeking professional help. Table 14 shows the correlation between perceived partner support and attitudes toward seeking professional help.

Table 14
Spearman's rank-order Correlation Analysis Between Perceived Partner Support and Attitudes Toward Seeking Professional Help

Variable	1	2
Perceived Partner Support	-	
Help-Seeking Attitudes	.164	-

$^{**}p < 0.01$ level (2-tailed)

Results indicate no significant relationship between the two variables ($r = .140, p <.164$). Given that the result did not reach statistical significance, there was insufficient evidence to reject the null hypothesis, suggesting that perceived partner support was not meaningfully associated with attitudes toward seeking professional help.

DISCUSSION

The study reveals a critical gap between clinical symptoms and self-awareness, as 59.41% of participants reported elevated depressive symptoms (EPDS $\leq$ 13) despite only 30.69% self-identifying as distressed. This prevalence significantly exceeds global estimates (17.22%) and prior Philippine studies, highlighting a "silent" crisis where internal struggles like unhappiness, tearfulness, and self-harm ideation are suppressed beneath cultural expectations of joyous motherhood (Wang et al., 2021; Labrague et al., 2019; Yamashita et al., 2020). While depressive symptoms were similarly elevated in both primiparous and multiparous women, the discrepancy in self-reports suggests that many mothers normalize emotional distress or lack the mental health literacy to validate their experiences as legitimate medical concerns (Müller et al., 2024; Modak et al., 2023). This underscores an urgent need for routine screening and evidence-based psychoeducation within the Philippine healthcare system to address the stigma and misinformation surrounding maternal mental health (WHO, 2022).

Contrary to the "buffering" hypothesis, a moderate positive correlation ($r_s = .445, p < .001$) was found between depressive symptoms and perceived partner support, suggesting that support may be reactive rather than preventative. Higher levels of distress likely make a mother's struggles more visible, prompting partners to increase their involvement in response to functional impairment (Rusu et al., 2020; Collins et al., 2000).

Overall, the findings on perceived partner support suggest several important implications. The moderate level of support indicates that while most women receive help from their partners, it may not always meet their emotional needs (Al-Mutawtah et al., 2023). In line with House's model, this points to a difference in the kind of support provided, where practical or instrumental help may be more common than emotional reassurance (Machado et al., 2020). This reactive support may lack the necessary mental health literacy to mitigate severe or prolonged distress, as the quality and emotional congruence of the assistance are often more critical than its frequency (Zhang et al., 2025; Tyas et al., 2025). This limitation in House's Social Support Model highlights the need for a "systematic-transactional" perspective, where the partner's own sensitivity and understanding of PPD directly shape the effectiveness of their support (Bodenmann, 2005; Battle et al., 2021).

Ultimately, neither depressive symptoms nor partner support were significantly correlated with attitudes toward seeking professional help ($p > .05$). This suggests that help-seeking attitudes are stable, trait-like beliefs shaped by cultural norms, self-reliance, and internalized stigma rather than current emotional states or external support levels (Albarracin et al., 2018; Martinez et al., 2020). Despite experiencing distress, many women may rely on traditional coping mechanisms like prayer or familial resilience to preserve the image of a "capable mother," leading to self-silencing (McCarthy et al., 2021; Samardzic et al., 2024).

Furthermore, the cognitive and motivational impairments associated with PPD can hinder the decision-making process required to act on positive attitudes (Zheng et al., 2020; Li et al., 2023). These findings indicate that partner support might influence actual service utilization rather than the internal formation of attitudes, emphasizing that modifying help-seeking behaviors requires addressing deep-seated cultural barriers and improving informational support (Zhu et al., 2025; Zou et al., 2024).

In conclusion, this study highlights an urgent silent crisis in the Philippines, with nearly 60% of postpartum women exceeding the clinical threshold for depressive symptoms yet remaining entirely unserved by professional mental health systems. The findings suggest that partner support, while present and culturally valued, acts as a reactive response to visible distress (Meyer et al., 2021) rather than a preventative buffer (Antoniou et al., 2022) and fails to significantly empower women to seek formal care. This psychological experience is further complicated by a profound information gap and the systemic prioritization of infant health over maternal well-being in local health centers. While the study is limited by its cross-sectional design and a sample predominantly composed of educated, English-speaking women (Sousa et al., 2007; Fischer & Farina, 1995), it underscores that help-seeking is a multifaceted process influenced by deep-seated cultural norms and stigma that House's Social Support Model alone cannot fully explain. To move forward, the Philippines must implement integrated, culturally sensitive screening and policy-level strategies that move beyond informal reliance, ensuring that postpartum women receive the specialized, timely professional intervention necessary to resolve, rather than just manage, their emotional distress.

To address the high prevalence of depressive symptoms and the systemic barriers identified in this study, a multifaceted response is required that integrates clinical, community, and policy-level interventions. First, mental health literacy must be strengthened at the primary care level by training barangay health workers and midwives to identify symptoms and normalize maternal mental health conversations, involving partners and families to reduce cultural stigma (Modak et al., 2023; Law et al., 2021). Second, routine screening using culturally adapted tools like the Filipino version of the Edinburgh Postnatal Depression Scale (EPDS) should be institutionalized in postpartum visits to catch early signs of distress and self-harm ideation (Cox et al., 1987; Yamashita et al., 2020). Third, the government

must expand accessible services by including psychological checkups and telehealth in PhilHealth-funded perinatal care, ensuring that maternal mental health is prioritized alongside infant care (WHO, 2021; Carbonell et al., 2019). Furthermore, national policies should be updated to mandate long-term follow-up and regular statistical monitoring to guide targeted interventions. Future research should look beyond House's Social Support Model toward alternative frameworks like health behavior or decision-making models to better understand the complex drivers of help-seeking among Filipino women (Zou et al., 2024; Zhu et al., 2025). Finally, empowering postpartum women through self-care advocacy and peer support is essential to bridge the information gap and ensure they receive specialized, timely care rather than suffering in silence (Cleveland Clinic, 2022; Samardzic et al., 2024).

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