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Breastfeeding, Motherhood and Postpartum Depression: A Sociological Inquiry into Role–Strain and Maternal Wellbeing

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Abstract: ***Background: The prevalence of postpartum depression (PPD) is widespread but rarely acknowledged and often overlooked. However, it affects mothers globally. In India, where the mother is a revered figure, it comes with high expectations, significantly shaping the maternal experience and their relation with newborn. Hence, the act of breastfeeding is deeply intertwined with emotional well–being.***

Objective: The study dives into the question of how breastfeeding practices influence and mediate postpartum experience among mothers and how it affects their psychosocial health.

Method: The study employs qualitative data with semi–structured interviews of 25 mothers in their postpartum period across Lucknow city, analyzing it through the lens of role strain theory and feminist theory of sociology.

Results: Findings indicate that while breastfeeding is often idealized as a natural maternal duty, it can also become a site of psychological conflict, especially when medical complications, familial pressure, or lack of support impede it. Several women expressed guilt, inadequacy, and emotional exhaustion — symptoms closely aligned with PPD. Healthcare workers reported limited training in detecting or managing mental health aspects of maternity care.

Conclusion: The social construction of the idealized notion of motherhood and glorification of breastfeeding and lack of social support and emotional support without infrastructural inputs contribute heavily to postpartum distress. There is an urgent need for an integrated approach to maternal health that realizes the emotional and social dimensions of motherhood and the practice of breastfeeding in urban settings.

Key words: Postpartum Depression, Breastfeeding, Motherhood, Role Strain, Sociological Study.

In Indian society, motherhood is often portrayed as a period of joy, transformation, and fulfillment. Yet, beneath the greater fabric of the constructed role of motherhood lies a more convoluted emotional landscape, especially for women living their postpartum period. While the act of giving birth is celebrated, the psychological backwash is rarely addressed and acknowledged in societal dialogues as well as mainstream healthcare. Adrienne Rich(1976), differentiates between motherhood and mothering. The first is "the patriarchal institution of motherhood that is male defined and controlled and is deeply oppressive to women." The second, on the other hand, is "female-defined," and centred on women's experiences, thus having the potential to empower them. This differentiation allows for a deeper understanding of the ideology of motherhood, which, for the longest time, has been celebrated in India. The World Health Organization (WHO) recommends that for optimal health and development, all infants worldwide should be exclusively breastfed for the first six months of life (WHO, 2011). Exclusive breastfeeding is defined as the consumption of breast milk only (including expressed milk and medicines) and excludes infant formula, non-human milk, water or water-based drinks, tea or fruit juice (WHO, 2008). Maternal benefits of breastfeeding include reduced postpartum bleeding, assisted post-birth weight loss (Kramer & Kakuma, 2002) and protection against breast and ovarian cancers (Ip et al., 2007). Postpartum Period begins immediately after the birth of a child and then extends for 6 weeks. Though, the period after child birth is considered postpartum period it may be divided into early and late postpartum period. It is defined as a major depressive disorder occurring after childbirth and is characterized, depending on severity, by depressed mood, loss of interest or pleasure in typical female activities, sleep and appetite disturbance, loss of energy, feelings of worthlessness or guilt, decreased concentration, and suicidal thoughts (Pearlstein et al., 2009). Globally, according to WHO (2021), PPD affects approximately 10–20% of new mothers, with most prevalence in the low– and middle–income countries. Various studies have noted a bidirectional relationship between PPD and breastfeeding. Whereas successful breastfeeding can reduce depressive symptoms by facilitating hormonal regulation and mother– child bonding on one hand, on the other hand, breastfeeding struggles– including latch issues, low milk supply, and societal pressure– are consistently associated with enhanced emotional distress (Denis and McQueen, 2009: Figueiredo et al., 2013).

Feminist sociological studies help unfold how cultural scripts and narration around breastfeeding– such as endurance in pain, feeding on demand, or never supplementing with formula– contribute to silent suffering and emotional overwhelm, often resulting in postpartum depression. Likewise, the intersecting

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point of women such as working-class formal or informal belonging to Muslim, Hindu, or Sikh communities or lower- or upper- caste mothers.

The theory of intersectionality propounded by Kimberle Crenshaw (1991) promotes this framework to include the encrusted effects of class, caste, and faith. Interviewed mothers with intersecting identities in this study faced exclusive challenges: encountering cultural practices and traditional religious beliefs about breastfeeding, fulfilling their duties in families or joint households while keeping intact the very conjugal relationship, and encountering structural ignorance in public healthcare institutions. A study in Tamil Nadu by Chadran et al. (2002) found that the rate of PPD prevalence is 11%, but little attention is paid due to social triggers. More recently, research by Upadhayay et al. (2017) in Uttar Pradesh identified a lack of support. Other studies, such as that by Patel et al. (2020), talk about breastfeeding stress but within a broader nutritional framework, not in the paradigm of mental health. Further, Indrani Karmakar(2022) observation about how mother's identities and experience of mothering often get lost in the "grand discourses' of motherhood, evocates the need to unearth such discourses. Sashi Deshpande, talking about her doubts and agonies, guilt, and fears of not being a good mother, says, "was I an unnatural woman? An unnatural mother? Why couldn't I even breastfeed my child? Why did I so often feel trapped?". This reiterates both de Beauvoir's point about new motherhood, as well as Em's sense of entrapment and not being enough. However, motherhood is a role full of ambivalences and confusions, and birthing a child does not automatically prepare a woman for it.

Sociological Gaps and Emerging Trends- There is growing acknowledgement that maternal mental health cannot be decontextualized from social realities. Scholars like Geeta Aravamudan (2014) have investigated societal pressure of being a "perfect mother" in India, whereas feminist scholars globally have outlined the silent burden carried by women when breastfeeding is valorized but unsupported (Wolf, 2011).

However, parochial sociological studies that examine the psychological toll of breastfeeding in specific Indian urban contexts are virtually negligible.

Lucknow, a unique mix of socio–cultural backdrop where traditional norms coexist with rapid urbanization, has its healthcare infrastructure unevenly distributed into well–funded private hospitals and often overburdened government facilities, marking a stark divide. Informal kinship networks are strong, and family influence over medical decisions is pronounced. This setting provides a perfect ground where medical advice, cultural expectations, and individual emotional needs collide. Yet, no major sociological works have examined how this collision affects PPD, particularly through the lens of breastfeeding.

Methodology-

Rationale: The main objective of my research is to explore "how the cultural and emotional expectations around breastfeeding" pester the experience of postpartum depression among women. Shading light through a qualitative study on how societal expectations, norms, institutional practices, and personal struggles converge to affect the mental health of lactating mothers.

The intersection of postpartum depression and breastfeeding has gauged attention from both medical and social sciences, yet sociologically grounded studies, particularly in India, remain sparse.

This study fills the gap by mapping breastfeeding within the broader sociological framework of role strain theory, maternal identity, and stigma.

Research Design: The study is based on a qualitative research design, rooted in interpretative sociology. The aim was to comprehensively understand the lived experience of postpartum mothers in Lucknow (and to generalize across populations) with specific attention to how breastfeeding practices interact with emotional well-being and role expectations. The study uses field observations and semi-structured interviews conducted around Lucknow during March and April 2025, examines themes based on sociological underpinnings.

Sample and Participants: A purposive sampling strategy was recruited to interview the participants. The final sample included 25 postpartum mothers, aged 19 to 35 years, within six months of delivery. Inclusion criteria for mothers included having delivered within the past six months, regardless of birth method, currently breastfeeding, or having attempted to breastfeed. Most participants belonged to lower- middle- or middle- income households and lived in joint or extended families.

Interviews were held in Hindi or English, suitable to the participant's comfort. Sessions lasting 30 to 60 minutes. Open- ended questions were included to capture better expression of breastfeeding emotional well-being, social pressure, and perceptions of postpartum experiences and support of participants. Field notes captured nonverbal cues and situational dynamics.

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Findings: Interestingly, 68% of the women were exclusively breastfeeding their infants, while 32% practiced mixed feeding, combining both breast milk and formula. This mix often reflected medical advice, physical challenges, or family influence.

In the findings, three broad themes emerged, each contrasting how breastfeeding acts as a double-edged sword¬– simultaneously celebrated and emotionally burdensome.

The Ideal of the 'Natural' Mother and the Weight of Failure: Women experience birthing and motherhood in different ways, depending upon many factors, but especially their socio-economic position and marital status, among other things. of good facilities, empathetic support systems, and medical treatment, reproduction may become a menace. De Beauvoir, The Second Sex, examines various aspects of the life of a woman, including motherhood. De Beauvoir opines that often women dread sex as it could potentially lead to pregnancy. Many women adorn motherhood, believing that breastfeeding would come naturally. When faced with difficulties– such as pain, poor latch, or low milk supply- they reported feeling inadequate, incomplete, and broken. The most frequently expressed emotion was guilt.

"Everyone said it would just happen. When it didn't, I felt like I failed as a mother or I am not a good mother." Shalini, (28, homemaker).

"Chand par jana asan hai, par mujhe lagta hai positive rehna, us daruan ajb aapka bachcha bhukha hai aur aap Samarth nahi hai use feed karne me, mushkil hai." Zainab(30).

Even mothers who chose to supplement with formula faced stigma and shaming, often from mothers-in-law or other elder women of the household. One woman reported being called "lazy" and "westernized" for not exclusively breastfeeding.

These accounts suggest that the cultural ideal of breastfeeding as an effortless, natural act feeds directly into feelings of emotional distress when that ideal is disrupted. Role strain was most acute in women who internalized these expectations deeply.

Family, Pressure, and Silent Suffering: Patriarchal expectations of gender, irrespective of personality or choices, create stereotypical boxes for people to fit into, which can stress them incessantly.

In nearly all the cases, family's influence played a pivotal role in decisions surrounding breastfeeding. Women reported intense pressure to breastfeed for at least six months, regardless of their physical complications or emotional strain. The pressure and strain were felt more by new mothers.

"My mother-in-law would sit next to me and say, 'Don't be selfish; this is your duty.' I wanted to scream, but I didn't."- Anita, (24, first-time mother).

Physical and emotional exhaustion resulted from the pressure to be available to the baby at all times colliding with other responsibilities as a working woman, wife, and daughter-in-law. However, there were hardly any candid conversations regarding postpartum depression. Under the pretense of "sacrifice," suffering became accepted.

Social support, encompassing emotional, instrumental, and informational support from family, friends, and healthcare providers, has been associated with lower rates of PPD. Women who perceive strong social support are more likely to cope better with the challenges of the postpartum period and experience lower levels of stress and anxiety, reducing their vulnerability to PPD.

Breastfeeding attitudes and self efficacy have also been linked to PPD. Positive attitudes toward breastfeeding and higher self efficacy in managing breastfeeding challenges have been shown to promote successful breastfeeding practices and reduce the risk of PPD. Conversely, negative attitudes and low self efficacy may contribute to breastfeeding difficulties, leading to increased stress and anxiety, which can exacerbate depressive symptoms.

A Gap in Public Discourse- The silence surrounding postpartum depression is not only exhibited in clinics and hospitals - it is heavily expressed in public discourse. There is little to no language available in the public domain (media, community spaces, or even among peer groups) to talk about mental health after childbirth. The emotional difficulties are either dismissed as "normal" or framed as personal failures. Consequently, mothers become emotionally isolated and feel unheared, even when surrounded by others.

Discussion- The study is set out to explore the very question, "How breastfeeding intersects with postpartum depression through the sociological lens of role strain, social construction of reality, and feminist theory on cultural pretext in Lucknow. According to the findings, breastfeeding functions as a symbolic and functional axis of maternal identity in a rich and complex emotional landscape that is frequently idealized in discourse but deeply fraught in lived experience. On interviewing, it was found out that many women have internalized the belief that successful breastfeeding was synonymous with being a "good mother." The idea that breastfeeding is a moral requirement was one of the most prominent themes to surface. This is

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consistent with Adrienne Rich's distinction between "the ideal of motherhood that is imposed by society and the lived experience of motherhood." Not only was the emotional toll of not meeting breastfeeding expectations physical and medical, but it was also profoundly moral. Guilt and shame were recurring motifs, indicating that societal norms do not merely suggest how women should mother but police their identities through internalized surveillance.The findings substantiated Role Strain Theory along with social construction, which posits that discordant demands within a single role create stress and psychological collision. In most of the cases, women were expected to be nurturing mothers, obedient daughters-in-law, and, in some cases, working professionals, all at once. Breastfeeding became a flashpoint where these expectations jarred. Particularly in joint families, elder female relatives exerted considerable influence over maternal practices - sometimes offering help, but more often enforcing normative behavior. These kinship structures, while offering physical proximity and shared labor, also reinforced emotional silencing and reestablished the patriarchal norms.

Lucknow displays distinct tensions due to its blend of urban modernity and tradition. Women frequently had to reconcile conflicting messages, such as contemporary medical advice and traditional beliefs, as well as expectations for their careers and their homes. Women were dragged in many directions with little room for personal agency or rest as a result of these double binds, which also made emotional exhaustion worse.

Conclusion-The analysis of postpartum depression and breastfeeding through a sociological outlook in Lucknow paints a picture of emotional burden and guilt, gripping feelings, and institutional neglect. Breastfeeding, rather than being solely a site of maternal bonding of mothers with their newborn and biological nourishment, becomes a stage where cultural ideals, family dynamics, social structure, and medical routines congregate - often at the cost of the mother's mental health and making her feel alienated.

This study highlights the need to rethink maternal health to include emotional well-being as a central component, not a peripheral concern. Families and caretakers of mothers in their postpartum must be sensitized about mental health and its repercussions on the health of newborns. Healthcare systems should be inclusive to incorporate mental health screenings, provide training for healthcare professionals in empathetic communication, and develop referral networks for counseling and support. Equally vital is the work of shifting public discourse- challenging romanticized narratives of motherhood and idealized ideas of breastfeeding and creating spaces where postpartum struggles can be addressed without shame.

Sociologically, the findings reinforce that motherhood is not a private experience - it is deeply public, shaped by institutions, ideologies, and relationships, and solely shouldn't be the responsibility of mothers. As such, interventions must be both personal and structural. From breastfeeding rooms in hospitals to family counseling, from public awareness campaigns to healthcare curriculum reform, a multi- pronged approach is essential.

As India continues to modernize its healthcare and gender equity goals, maternal mental health must be central to the conversation - not because mothers are fragile, but because they are foundational.

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