



Postpartum Mental Health and Psychosocial Support among Mothers in Central Freetown, Sierra Leone: A Mixed-Methods Study

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Abstract

Postpartum maternal mental health remains an under-recognized public health concern in low-resource urban settings such as central Freetown, Sierra Leone, where maternal health services largely prioritize physical outcomes over psychosocial well-being. This mixed-methods study examined the relationship between psychosocial support and maternal mental health among postpartum mothers, identified major psychosocial stressors, and explored coping strategies in contexts of limited support. Data were collected from a survey of 60 postpartum mothers, supplemented by in-depth interviews, focus group discussions, and key informant interviews. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data were analyzed thematically. Findings revealed that 45% of mothers experienced moderate to severe depressive symptoms. Family support emerged as the strongest protective factor, showing a significant negative correlation with depressive symptoms. Religious practices and informal social networks were common coping strategies, though formal support services were limited. Major barriers included stigma, financial constraints, and poor access to mental health services. The findings highlight the need for integrated psychosocial support within maternal and child health programs. Implications for social work practice include family-centered interventions, community-based support groups, healthcare worker training, and policy reforms prioritizing maternal mental health within national health strategies.

Keywords: Maternal well-being, Mixed-methods research, Postpartum mental health, Psychosocial support, Sierra Leone, Social work practice.

1. Introduction

The transition to motherhood is a critical period associated with significant psychological, social, and emotional changes (Howard & Khalifeh, 2020; Stein et al., 2014; Fisher et al., 2012; WHO, 2022). Globally, about one in five mothers experience mental health challenges, including postpartum depression, anxiety, or emotional distress, within the first year after childbirth (Fisher et al., 2012; Stein et al., 2014; Rahman et al., 2013). These challenges are particularly pronounced in low- and middle-income countries, where social support systems are limited, and maternal health services often fail to address psychosocial needs (Nweke et al., 2022; Lund et al., 2018; WHO, 2022). Poor maternal mental health negatively impacts child development, family stability, and overall community well-being, making it a critical social issue at local, national, and global levels (Rahman et al., 2013; Stein et al., 2014; Fisher et al., 2012; WHO, 2022).

In Sub-Saharan Africa, including West Africa, postpartum mental health problems are exacerbated by structural and socio-economic factors such as poverty, unemployment, food insecurity, gender inequality, and weak health systems (Dadi et al., 2020; Nweke et al., 2022; UNICEF, 2021; WHO, 2022). Social support has been identified as a key protective factor that mitigates the risks of maternal mental health problems (Lund et al., 2018; Fisher et al., 2012; Wang et al., 2021). However, many women experience inadequate support due to urbanization, social stigma, and limited mental health services (Lund et al., 2018; Fisher et al., 2012; WHO, 2022). As a result, maternal mental health remains poorly integrated into maternal and child health programs across the region, limiting opportunities to improve maternal well-being (World Bank, 2021; UNICEF, 2021; WHO, 2022).

In Sierra Leone, maternal health programs focus largely on physical outcomes such as maternal mortality and child immunization, with limited attention to psychosocial well-being (Government of Sierra Leone, 2021; Ministry of Health and Sanitation, 2021; UNICEF, 2022). Urban centers like central Freetown face high levels of poverty, overcrowding, and unemployment, all of which contribute to heightened psychological stress among postpartum mothers (Statistics Sierra Leone, 2021; UN Habitat, 2020; Horn et al., 2020). Mental health services are scarce, and cultural stigma surrounding mental illness further limits access to support (WHO, 2022; UNICEF, 2022; Rahman

et al., 2013). Despite these challenges, research on postpartum psychosocial experiences in central Freetown remains limited, creating a critical gap in evidence to inform effective social work interventions (Horn et al., 2020; Fisher et al., 2012; WHO, 2022).

The practice-based problem addressed in this study is the inadequate psychosocial support for postpartum mothers in central Freetown, which contributes to elevated levels of psychological distress, social isolation, and diminished maternal well-being (Rahman et al., 2013; Fisher et al., 2012; WHO, 2022). The absence of targeted social interventions and integrated mental health services underscores the urgent need for social work engagement to address the psychosocial needs of postpartum mothers (Howard & Khalifeh, 2020; Lund et al., 2018; UNICEF, 2022).

This study aims to assess the relationship between psychosocial support and maternal well-being among postpartum mothers in central Freetown (Fisher et al., 2012; Rahman et al., 2013; WHO, 2022). It also seeks to identify the major psychosocial challenges faced by mothers (Howard & Khalifeh, 2020; Nweke et al., 2022; Stein et al., 2014) and to explore coping strategies employed when support is limited (Lund et al., 2018; Dadi et al., 2020; UNICEF, 2022). Key research questions include: How does psychosocial support influence maternal mental health? What are the main psychosocial stressors experienced by postpartum mothers? What strategies do mothers employ to cope with inadequate support? (Fisher et al., 2012; Rahman et al., 2013; WHO, 2022).

Understanding the psychosocial experiences of postpartum mothers is essential for evidence-based social work practice (Rahman et al., 2013; Fisher et al., 2012; WHO, 2022). Findings from this study are expected to inform the design of interventions, advocacy efforts, and policies that enhance maternal mental health, strengthen family resilience, and integrate psychosocial support into maternal and child health programs (UNICEF, 2022; Jordans & Kohrt, 2020). By addressing maternal mental health challenges, social workers can contribute to reducing psychological distress, improving child outcomes, and promoting social justice for vulnerable mothers in Sierra Leone (Howard & Khalifeh, 2020; Fisher et al., 2012; Rahman et al., 2013).

2. Literature Review

2.1. Global Dimensions of Postpartum Mental Health

Globally, postpartum mental health is recognized as a major public health and social work concern, with depression, anxiety, and psychosocial distress affecting many mothers after childbirth (Howard & Khalifeh, 2020; WHO, 2022; Fisher et al., 2012). About one in five women experience depressive symptoms within the first year, particularly in contexts characterized by poverty, stress, and limited social support (Nweke et al., 2022; Wang et al., 2021). Untreated postpartum mental health problems can persist and negatively affect family dynamics, child development, and overall household functioning (Wang et al., 2021; World Bank, 2021; Rahman et al., 2013). Theories such as ecological, empowerment, and social support perspectives emphasize the critical role of social environments, while empirical studies show that peer support, counseling, and home visits improve maternal outcomes (Letourneau et al., 2012; Rahman et al., 2013; Jordans & Kohrt, 2020). Despite this evidence, many health systems still prioritize physical health and neglect psychosocial care (WHO, 2022; Fisher et al., 2012).

2.2. Regional Context: Sub-Saharan Africa

In Sub-Saharan Africa, postpartum mental health problems are amplified by poverty, weak health systems, and limited social protection (Dadi et al., 2020; Nweke et al., 2022). Prevalence rates of postpartum depression range from 18 to 30 percent and are closely associated with unemployment, food insecurity, domestic violence, and inadequate social support (Rahman et al., 2013; Nweke et al., 2022). Cultural expectations and the erosion of traditional support systems further increase women's vulnerability (UNICEF, 2021; UN Habitat, 2020). Community-based interventions, including peer support, group therapy, and home visitation programs, have proven effective in reducing psychosocial distress and promoting maternal functioning (Jordans & Kohrt, 2020; Horn et al., 2020; Letourneau et al., 2012). Nevertheless, maternal mental health remains poorly integrated into national policies and service delivery frameworks across the region (WHO, 2022; Nweke et al., 2022).

2.3. National Context: Sierra Leone

In Sierra Leone, maternal health programs have improved access to clinical services, but psychosocial support for postpartum mothers remains limited (Government of Sierra Leone, 2021; Ministry of Health and Sanitation, 2021). Urban challenges such as poverty, overcrowding, unemployment, and weak social services exacerbate maternal distress, particularly in Freetown (Statistics Sierra Leone, 2021; UN Habitat, 2020). Studies indicate that community-based psychosocial interventions, such as peer support groups and home visits, can reduce maternal distress, yet mental health services remain scarce and social work integration is weak (Jordans & Kohrt, 2020; UNICEF, 2022). Furthermore, localized research on postpartum psychosocial experiences, especially in central Freetown, is extremely limited, revealing a significant gap in both evidence and practice (Horn et al., 2020; Ministry of Health and Sanitation, 2021).

2.4. Theoretical Perspectives

Ecological systems theory provides a comprehensive framework for understanding maternal mental health by highlighting the interactions between individual, family, community, and societal factors (Bronfenbrenner, 1994). This perspective underscores how economic hardship, family dynamics, social support networks, and institutional policies collectively shape maternal well-being (Lund et al., 2018; Nweke et al., 2022). Empowerment theory further emphasizes strengthening mothers' decision-making capacities, access to resources, and participation in social life, particularly in contexts of structural inequality (Gutierrez et al., 1998; Lee, 2001). Social support theory explains how emotional, informational, and instrumental support mitigates stress and enhances coping among postpartum mothers (Rahman et al., 2013; Nweke et al., 2022). Together, these theories inform social work interventions that promote holistic, contextually grounded, and empowerment-focused care.

2.5. Psychosocial Interventions and Empirical Evidence

Empirical studies support the effectiveness of psychosocial interventions for postpartum mothers, particularly in low-resource settings. Community-based peer support programs have been shown to reduce psychological distress and improve maternal functioning when delivered by trained lay workers or volunteers (Jordans & Kohrt, 2020; Horn et al., 2020). Home visiting programs and group-based psychosocial interventions demonstrate improvements in maternal mental health, parenting practices, and social participation (Letourneau et al., 2012; Rahman et al., 2013). These findings align with social work principles that emphasize empowerment, community engagement, and holistic approaches to mental health care (Jordans & Kohrt, 2020; UNICEF, 2021).

2.6. Research and Policy Gaps

Despite growing recognition of maternal mental health challenges, significant gaps remain in research, policy, and service delivery. Globally, maternal health programs often focus primarily on physical outcomes, neglecting integration of psychosocial support services (World Bank, 2021; WHO, 2022). In Sub-Saharan Africa, the high prevalence of postpartum depression highlights the need for targeted interventions and policy frameworks that prioritize maternal mental health (Nweke et al., 2022; UNICEF, 2021). In Sierra Leone, maternal health initiatives continue to prioritize mortality reduction and clinical care, leaving psychosocial support underdeveloped and social work involvement minimal (Ministry of Health and Sanitation, 2021; Horn et al., 2020). There is also a lack of research on the social determinants of postpartum mental health in urban communities, revealing critical gaps in both evidence and practice (UN Habitat, 2020; UNICEF, 2022).

2.7. Synthesis

Overall, the literature demonstrates that postpartum maternal mental health is a pressing concern at global, regional, and national levels, with particularly high prevalence in Sub-Saharan Africa (Nweke et al., 2022; Wang et al., 2021). Empirical evidence consistently highlights the importance of psychosocial support and community-based, peer-driven, and empowerment-oriented interventions for improving maternal outcomes (Jordans & Kohrt, 2020; Horn et al., 2020). However, evidence from Sierra Leone remains limited and focused primarily on pilot interventions rather than comprehensive social work responses (UNICEF, 2022; World Bank, 2021). Addressing these gaps is essential for informing practice-oriented social work interventions, strengthening maternal mental health policies, and designing culturally appropriate programs to enhance the well-being of postpartum mothers in urban areas such as central Freetown (WHO, 2022; Horn et al., 2020).

3. Methodology

3.1. Research Design

This study adopted a mixed-methods research design, integrating both quantitative and qualitative approaches to gain a comprehensive understanding of postpartum maternal mental health and psychosocial support in central Freetown (Creswell & Creswell, 2018; Bryman, 2016; Fisher et al., 2012). A descriptive and explanatory survey design was employed. The descriptive component captured demographic characteristics, psychosocial support levels, and maternal mental health outcomes, while the explanatory component explored underlying factors influencing mothers' experiences and the relationship between support and psychological well-being (Howard & Khalifeh, 2020; Stein et al., 2014; Rahman et al., 2013). Using a mixed-methods approach allowed for triangulation, validation of findings, and integration of practice-oriented insights relevant to social work interventions (Saleebey, 2013; Sheafor & Horejsi, 2014; NASW, 2021).

3.2. Study Area

The research was conducted in the central district of Freetown, Sierra Leone, characterized by high population density, urban poverty, and limited access to mental health services (Statistics Sierra Leone, 2021; UN Habitat, 2020; Horn et al., 2020). Data collection was carried out at maternal and child health clinics, community health centers, and local social service agencies that serve postpartum mothers (Government of Sierra Leone, 2021; Ministry of Health and Sanitation, 2021; UNICEF, 2022). This setting was chosen due to the concentration of postpartum mothers accessing services, as well as those living in vulnerable urban communities, making it directly relevant to professional social work practice (Healy, 2014; Saleebey, 2013; NASW, 2021).

3.3. Study Population and Sampling

The study population comprised postpartum mothers within one year of delivery residing in central Freetown (Fisher et al., 2012; Rahman et al., 2013; WHO, 2022). Given the sensitive and sometimes hidden nature of postpartum psychosocial experiences, purposive sampling was used to select participants meeting inclusion criteria, namely mothers who had delivered within the last 12 months and were accessible through clinics or community networks (Patton, 2015; Etikan et al., 2016; Creswell & Plano Clark, 2018). A total of 60 mothers were selected to ensure diversity in age, parity, marital status, and socioeconomic background. Additionally, five key informants were interviewed, including health workers, social service practitioners, and community leaders involved in maternal care and psychosocial support (Lund et al., 2018; Jordans & Kohrt, 2020; UNICEF, 2022).

3.4. Data Collection Instruments

Data were collected using semi-structured questionnaires, in-depth interviews, and focus group discussions (Creswell & Creswell, 2018; Flick, 2020; Patton, 2015). The questionnaires included validated scales such as the Edinburgh Postnatal Depression Scale (EPDS) to measure depressive symptoms, along with items on demographic characteristics and perceived social support (Cox et al., 1987; Fisher et al., 2012; WHO, 2022). Semi-structured interviews and focus groups explored psychosocial experiences, coping strategies, stigma, and access to support services, linking findings directly to social work practice realities (Saleebey, 2013; Sheafor & Horejsi, 2014; Healy,

2014). Instruments were pre-tested with a small sample in a nearby community to ensure cultural relevance, clarity, and alignment with the local context before full deployment (UNICEF, 2022; Horn et al., 2020).

3.5. Data Collection Procedure

Data were collected over a four-week period. Ethical clearance was obtained from relevant authorities, and informed consent was secured from all participants (NASW, 2021; Healy, 2014; Bryman, 2016). Trained research assistants familiar with local language and cultural context administered questionnaires and conducted interviews in Krio or English, based on participants’ preference (Flick, 2020; Patton, 2015). Care was taken to ensure privacy, sensitivity, and confidentiality, especially when discussing mental health challenges, emotional distress, and stigma (Howard & Khalifeh, 2020; Rahman et al., 2013; Fisher et al., 2012). Referral pathways to counseling and psychosocial support were provided where necessary, reflecting ethical practice in social work (Saleebey, 2013; Sheafor & Horejsi, 2014; WHO, 2022).

3.6. Data Analysis

Quantitative data from the questionnaires were coded and analyzed using descriptive statistics such as frequencies, percentages, and cross-tabulations to summarize demographic characteristics, psychosocial support levels, and prevalence of depressive symptoms (Field, 2018; Creswell & Creswell, 2018). Inferential statistics, including correlation and regression, were used to examine relationships between psychosocial support and maternal well-being (Fisher et al., 2012; Rahman et al., 2013; WHO, 2022). Qualitative data from interviews and focus groups were transcribed, coded, and analyzed thematically to identify patterns, key themes, and practice-relevant insights, using NVivo software to enhance organization and rigor (Braun & Clarke, 2019; Flick, 2020; Patton, 2015). Participant quotes were used to illustrate findings and ensure that mothers’ voices were central to the analysis (Saleebey, 2013; Healy, 2014; Horn et al., 2020).

3.7. Ethical Considerations

Ethical standards were maintained throughout the study. Permission was obtained from local authorities and institutional review boards, and all participation was voluntary (NASW, 2021; Healy, 2014; Bryman, 2016). Participants were assured of confidentiality, anonymity, and the right to withdraw at any time without penalty (Creswell & Creswell, 2018; Patton, 2015; Fisher et al., 2012). Special care was taken to handle sensitive issues such as postpartum depression, emotional distress, and stigma, and participants were referred to appropriate counseling or support services where needed (Saleebey, 2013; Sheafor & Horejsi, 2014; WHO, 2022). The study adhered to national regulations and professional social work ethical standards, ensuring that findings contribute positively to maternal well-being and practice interventions in Sierra Leone (Government of Sierra Leone, 2021; Ministry of Health and Sanitation, 2021; UNICEF, 2022).

4. Results / Findings

This section presents the study’s findings, integrating quantitative survey data and qualitative insights from FGDs and key informant interviews. Tables summarize key results, while qualitative themes enrich the understanding of maternal mental health and psychosocial support dynamics in central Freetown.

4.1. Demographic Characteristics of Respondents

Table 1. Demographic Profile of Postpartum Mothers (N = 60).

Characteristic	Frequency	Percentage (%)
Age (years)		
18–25	12	20
26–30	20	33.3
31–35	18	30
36–40	10	16.7
Marital Status		
Single	8	13.3
Married	45	75
Divorced/Separated	7	11.7
Educational Level		
No Formal Education	5	8.3
Primary School	12	20
Secondary School	30	50
Tertiary	13	21.7
Employment Status		
Employed	18	30
Self-employed	25	41.7
Unemployed	17	28.3

4.1.1. Key Insights

Most participants were aged 26–35 years, married, and had completed secondary education. A significant portion were self-employed or unemployed, highlighting socioeconomic vulnerabilities. Qualitative data reinforced that financial constraints and domestic responsibilities contributed to stress and limited access to psychosocial support.

4.2. Psychosocial Support Patterns

Table 2. Frequency of Psychosocial Support Reported

Source of Support	Never/Rarely (%)	Sometimes (%)	Often/Always (%)
Family	5	25	70
Friends/Community	20	45	35
Healthcare Workers	15	50	35

4.2.1. Key Insights

Family support was the most consistently reported form of psychosocial support. Statistical analysis revealed a strong negative correlation ($r = -0.63$, $p < 0.01$) between psychosocial support and postpartum depressive symptoms. FGDs highlighted that emotional and practical support from spouses and relatives was critical, though gaps existed during periods when family members were unavailable.

“My husband helps with feeding and household chores; without him, I don’t think I could manage my baby and my health.”

4.3. Maternal Mental Health Outcomes

Table 3. Postpartum Depressive Symptoms (EPDS).

Severity	Frequency	Percentage (%)
No Symptoms	15	25
Mild	18	30
Moderate	21	35
Severe	6	10

4.3.1. Key Insights

Moderate to severe depressive symptoms were reported by 45% of mothers. Anxiety and social isolation were prevalent. Qualitative discussions revealed mothers’ persistent sadness, worry about infant care, and feelings of isolation.

“Sometimes I feel alone, even though my baby is healthy. I worry about everything, and I don’t always have someone to talk to.”

4.4. Coping Strategies

Table 4. Coping Mechanisms.

Strategy	Never/Rarely (%)	Sometimes (%)	Often/Always (%)
Religious/Spiritual Practices	5	25	70
Talking to Family/Friends	10	40	50
Support Groups/Community Activities	40	35	25

4.4.1. Key Insights

Religious and spiritual practices were the most common coping strategies, followed by informal social networks. Participation in formal support groups was limited. FGDs confirmed that faith-based and peer support was culturally significant but insufficient for mothers experiencing moderate to severe depressive symptoms.

4.5. Access and Barriers to Support

Table 5. Barriers to Psychosocial Support.

Barrier	Never/Rarely (%)	Sometimes (%)	Often/Always (%)
Easy Access to Services	30	50	20
Cultural Stigma/Shame	25	40	35
Financial/Transport Challenges	20	45	35

4.5.1. Key Insights

Only 30% of mothers reported easy access to services. Financial, logistical, and cultural barriers, particularly stigma around postpartum depression, limited support utilization.

“In our community, people say a mother should be strong. If you talk about sadness or stress, they think you are weak or lazy.”

Healthcare providers noted limited training in psychosocial care and inadequate integration into primary maternal services.

4.6. Interventions and Recommendations

Table 6. Perceived Effectiveness of Support Interventions.

Intervention Type	Never/Rarely (%)	Sometimes (%)	Often/Always (%)
Community-Based Programs	5	15	80
Government-Provided Services	10	20	70
Family Involvement	0	10	90

4.6.1. Key Insights

Mothers strongly endorsed community-based programs and family involvement. FGDs suggested expanding support groups, training health workers, awareness campaigns to reduce stigma, and integration of psychosocial services into clinics.

5. Discussion

5.1. Interpretation of Findings in Relation to Practice

The findings highlight that family and community support are primary protective factors in postpartum maternal mental health. Emotional and practical support significantly reduced depressive symptoms and stress, consistent with the literature emphasizing social support as a buffer against postpartum mental health challenges (Saleebey, 2013; Healy, 2014). Religious and spiritual coping strategies were culturally relevant and emotionally effective, especially in the Sierra Leonean urban context.

However, systemic barriers such as stigma, financial limitations, and poor access to professional mental health services limited the effectiveness of psychosocial support. These findings reflect broader challenges in low-resource urban settings, where informal support networks are strong but formal mental health infrastructure is limited (Howard & Khalifeh, 2020; Jordans & Kohrt, 2020).

5.2. Comparison with Existing Studies

The prevalence of moderate to severe depressive symptoms (45%) aligns with other studies in urban low-resource settings, indicating high vulnerability among postpartum mothers (Stein et al., 2014; Fisher et al., 2012). The strong correlation between psychosocial support and maternal mental health mirrors findings from global and African research, reinforcing the role of family and community networks in mitigating postpartum depression (Rahman et al., 2013; WHO, 2022).

Barriers such as stigma, cultural beliefs, and financial constraints are consistent with previous findings in Sierra Leone and other African contexts, emphasizing the need for interventions that combine community engagement, health system strengthening, and policy support (UNICEF, 2022; Ministry of Health and Sanitation, 2021).

5.3. Implications for Intervention Strategies

The study provides evidence for actionable interventions:

- i. Community-Based Programs: Expand mother support groups for peer counseling and shared coping strategies.
- ii. Healthcare Worker Training: Improve skills in psychosocial support, screening for depressive symptoms, and referral mechanisms.
- iii. Stigma Reduction Campaigns: Normalize discussions about maternal mental health to improve service uptake.
- iv. Integration of Services: Embed psychosocial support within maternal and child health clinics to enhance accessibility.
- v. Family Engagement: Strengthen family involvement as a primary protective factor against postpartum stress.

These strategies demonstrate the need for multi-level interventions that address both individual coping mechanisms and systemic barriers.

5.4. Synthesis

By integrating quantitative and qualitative findings, the study confirms a clear relationship between psychosocial support and maternal mental health. Family, community, and faith-based support reduce depressive symptoms and emotional distress, while systemic barriers moderate effectiveness. Mixed-methods research provided a comprehensive picture of both measurable trends and lived experiences, offering critical insights for social work, public health practice, and policy design in low-resource urban settings.

5.5. Conclusion

Psychosocial support is critical for postpartum maternal mental health in central Freetown. Family, community, and faith-based networks significantly reduce emotional distress. Despite these supports, systemic barriers such as stigma, limited professional services, and socioeconomic challenges restrict access to care. Addressing these gaps through integrated community, healthcare, and policy interventions is essential to improve maternal mental health outcomes, offering a strong evidence base for social work practice, public health programming, and policymaking.

6. Practice and Policy Implications

The findings of this study provide important implications for social work practice, program development, and policy reform aimed at improving postpartum maternal mental health in central Freetown. The results demonstrate that psychosocial support, particularly from family and community networks, plays a critical role in reducing depressive symptoms and emotional distress among postpartum mothers. However, structural barriers such as stigma, limited professional services, and socioeconomic constraints continue to hinder access to effective support. These realities call for coordinated, multi-level interventions that integrate social work, health services, and policy responses.

From a social work practice perspective, the study highlights the need for holistic and family-centered approaches to maternal care. Social workers should incorporate psychosocial assessments into routine maternal health services to identify mothers experiencing emotional distress, anxiety, or depression. Early identification allows for timely counseling, support, and referrals to specialized mental health services. Given the central role of family support identified in the findings, social workers should actively involve spouses, parents, and extended

family members in interventions. Family counseling sessions, parenting education, and emotional support training can strengthen household support systems and reduce the psychological burden on new mothers. Additionally, culturally sensitive approaches should be adopted by integrating faith-based and spiritual coping strategies, which were widely reported by participants as key sources of emotional strength.

In terms of program design and improvement, the study suggests the expansion of community-based psychosocial support initiatives. Peer-led mother support groups within clinics and community centers can provide safe spaces for sharing experiences, reducing isolation, and promoting emotional well-being. Such programs should be structured but flexible enough to reflect local cultural practices and community dynamics. Training programs for healthcare workers and social service providers are also essential. Health workers should be equipped with skills to screen for postpartum depression, provide basic psychosocial counseling, and refer mothers to appropriate services. Integrating mental health support into existing maternal and child health programs would ensure that mothers receive comprehensive care that addresses both physical and emotional needs. Furthermore, program monitoring and evaluation frameworks should include indicators related to psychosocial well-being, enabling stakeholders to assess the effectiveness of interventions and make data-driven improvements.

At the institutional and policy level, the findings underscore the importance of formally integrating psychosocial support into national maternal health policies. Current maternal health programs in Sierra Leone largely prioritize physical health outcomes, leaving psychosocial needs under-addressed. Policymakers should therefore adopt policies that recognize maternal mental health as a core component of maternal and child health services. Increased resource allocation is also necessary to strengthen mental health infrastructure, support community-based programs, and subsidize transportation or service costs for vulnerable mothers. Public awareness campaigns should be implemented to reduce stigma associated with postpartum mental health challenges and to promote help-seeking behavior. In addition, institutional policies should mandate training for social workers, midwives, and healthcare providers on psychosocial support, early detection of maternal mental health problems, and referral systems. Such reforms would contribute to a more responsive and inclusive maternal health system.

7. Conclusion

This study examined the effect of psychosocial support on postpartum maternal mental health in central Freetown, Sierra Leone, using a mixed-methods approach. The findings reveal that family and community support systems are the primary protective factors against postpartum depression and emotional distress. Mothers who received consistent emotional and practical assistance from spouses, relatives, and community members reported better psychological outcomes. Religious and spiritual practices also emerged as important coping mechanisms, reflecting the cultural context in which maternal mental health is experienced and managed.

Despite the presence of informal support networks, systemic challenges such as stigma, financial constraints, and limited access to professional mental health services significantly restricted the effectiveness of psychosocial support. The study found that a considerable proportion of mothers experienced moderate to severe depressive symptoms, highlighting the urgent need for integrated mental health services within maternal and child health programs. Community-based interventions, healthcare worker training, stigma reduction campaigns, and family engagement strategies were identified as key approaches to improving maternal mental health outcomes.

In terms of contribution to professional social work knowledge, the study provides empirical evidence supporting the effectiveness of psychosocial support in enhancing maternal well-being in low-resource urban settings. It demonstrates the value of family-centered, culturally sensitive, and multi-level interventions that address both individual coping mechanisms and structural barriers. By integrating quantitative and qualitative findings, the research offers a comprehensive understanding of maternal mental health challenges and the role of psychosocial support. These insights can inform social work practice, program development, and policy formulation aimed at promoting maternal and child well-being in Sierra Leone and similar contexts.

8. Limitations of the Study

This study has several limitations that should be considered when interpreting the findings. First, the sample size of 60 postpartum mothers and five key informants limits the generalizability of the results beyond central Freetown. While the sample provided valuable insights into maternal experiences in urban communities, larger and more diverse samples would enhance the external validity of future studies. Second, the study relied on self-reported data collected through questionnaires, interviews, and focus group discussions. Such data may be influenced by social desirability bias or recall errors, particularly given the cultural stigma surrounding mental health issues.

Third, the cross-sectional nature of the study means that data were collected at a single point in time, which limits the ability to establish causal relationships between psychosocial support and maternal mental health outcomes. Longitudinal studies would provide a more comprehensive understanding of how psychosocial support influences maternal well-being over time. Additionally, although the study incorporated local languages and culturally sensitive approaches, some nuances of psychosocial experiences may not have been fully captured, especially among mothers who were hesitant to discuss emotional distress openly.

Despite these limitations, the mixed-methods design allowed for triangulation of quantitative and qualitative data, providing a rich and contextualized understanding of postpartum maternal mental health in central Freetown. The findings offer valuable insights for social work practice, program development, and policy reform aimed at improving maternal mental health services in low-resource urban settings.

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