

PSYCHOLOGICAL SYMPTOMS DURING THE ANTENATAL AND POSTPARTUM PERIODS IN SOUTH ASIAN WOMEN: A SYSTEMATIC REVIEW

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ABSTRACT:

Background: Despite the global recognition of psychological symptoms during the antenatal and postpartum periods, there are many cases where symptoms like anxiety, PTSD, depression etc. are ignored due to the misconceptions about mental health. As a result, several difficulties may occur in daily life which could increase psychological distress. Thus, it's highly recommended to timely identify these symptoms to improving maternal mental health. However, limited data collected from South Asian countries makes it difficult to develop a comprehensive understanding of the symptoms and the factors associated with them in this region. Therefore, this systematic review aims to synthesize the existing evidence on psychological symptoms experienced by women during the antenatal and postpartum periods in South Asia and examine the factors associated with these symptoms.

Methods: A systematic review applied PRISMA for guidelines and checklists where published studies during the timeline of 2008-2026 were selected using JSTOR, PubMed, and google scholar were used to for carrying out an extensive systematic review.

Results: A Thematic analysis emerged from analyzing 49 articles conclusively devised 6 themes related to Psychological Symptoms during Antenatal and Postpartum Period such as: Financial Hardships & Demographic Risk Factors, Obstetric Issues, Sociocultural and Gender Based Influence, and the Impact of Maternal Psychological Symptoms.

Conclusion: Psychological symptoms were widely reported during the antenatal and postpartum periods where depression and anxiety were consistent symptoms present. Moreover, it is suggested that early identification is important and that appropriate psychological support should be available during pregnancy and postpartum.

KEYWORDS: Psychological symptoms. Antenatal. Postpartum. Stigma. Analysis. Psychological Support

INTRODUCTION

Pregnancy and the period after childbirth are important stages in a woman's life. These stages involve major physical, psychological and social changes that can influence psychological wellbeing and make these stages important for understanding women's mental health (Alipour et al., 2018). The present review focuses on the antenatal period, which refers to pregnancy, and postpartum, which is the period following childbirth.

Women experience many psychological symptoms during these stages, with depression being the most frequently reported alongside anxiety (Karmaliani et al., 2009; Premji et al., 2014; Niazi et al., 2023). Other symptoms identified include stress and suicidal ideation (Gausia et al., 2009; Niazi et al., 2023), as well as obsessive-compulsive and trauma-related symptoms. The presence of these symptoms during pregnancy and after childbirth highlights the importance of identifying and understanding psychological difficulties during this time.

These psychological symptoms can have significant effects on maternal wellbeing. These difficulties can continue into the postpartum period. Psychological symptoms can be associated with difficulties in daily life and an increase in psychological distress. Therefore, timely identification of these symptoms is important for improving maternal mental health.

This issue is especially relevant in South Asia, where limited access to mental health services and stigma surrounding mental health can create barriers to receiving appropriate care (Memon et al., 2022). Therefore,

understanding the psychological symptoms experienced by women in this population is important for identifying gaps in mental health support and informing appropriate interventions.

Despite the growing recognition of psychological symptoms during the antenatal and postpartum periods, the evidence across South Asian countries remains fragmented. This variation is evident in the psychological symptoms examined, the antenatal or postpartum stage studied, and the South Asian countries represented. This makes it challenging to develop a comprehensive understanding of these symptoms among women in this region and the factors associated with them. Therefore, this systematic review aims to evaluate the current evidence related to psychological symptoms experienced by women during the antenatal and postpartum periods in South Asia and analyze the factors associated with these symptoms.

Methods: This systematic review utilized the PRISMA (Preferred Reporting items for Systematic Reviews and Meta Analyses) guidelines and checklists.

Inclusion Criteria: Studies were included if the participants are currently Pregnant or are within the first 12 months post-partum. Studies were concentrated on women inhabiting in the South Asian locality. The studies where increased psychological symptoms during pregnancy were reported were included as well.

Exclusion Criteria: Studies that enlisted participants with pre-existing psychotic disorders, severe mental illness (SMI) or any oncological contingencies were excluded. Studies that included women with inveterate medical conditions such as hypotension or any disease widely compromising daily functionality were excluded as well.

Search strategy:

Multiple search platforms such as JSTOR, PubMed, Scopus, science direct and google scholar were used to locate published studies for carrying out an extensive systematic review. The terms used for the target population were: pregnant OR expecting females OR gestation OR antepartum stage OR perinatal period OR postpartum OR postnatal. Moreover, the psychological symptoms were searched using keywords such as: antenatal depressive symptoms OR postpartum depression OR anxiety OR anxiety symptoms OR stress OR pregnancy related distress OR despair OR hopelessness OR emotional discomfort OR post-traumatic stress disorder (PTSD) OR distress regarding giving birth OR suicidal ideation OR self-harm OR sleep problems OR insomnia OR complications related to mental well-being OR maternal psychological problems OR rumination OR poor memory OR eating difficulties. All the terminologies were entered manually ;thus, by no means there is a possibility of overlooking those studies which were not identified during database search. The population of interest for the systematic review precisely comprised of pregnant women and females within 12 months of postpartum from South Asian countries; therefore, the studies conducted only in Pakistan, Afghanistan, India, Iran, Bhutan, Nepal, Bangladesh, Sri Lanka and Maldives were included. The studies conducted specifically in English language during the timeline of 2008-2026 were selected. The studies which comprised of participants either with psychosis, any physiological disorder including cancer, any sort of disability, or belonging to Non-South Asian countries and COVID-19 time frame were excluded. Furthermore, there were no constraints imposed on research framework, prior number of deliveries, particularity of psychological symptoms, screening instruments, participant's age, or trimester of pregnancy.

Data screening and study selection: The entire study selection procedure. Overall, 65 research articles were obtained from the literature databases. While searching, 12 studies did not fulfill the inclusion criteria including non-relevant population and unrelated findings; consequently, they were all discarded. 3 studies were excluded after full text review. In case of difference of opinion between the reviewers, an external reviewer was bought in finalize the decision through dialogue. Altogether 47 articles were incorporated in the definitive systematic review. The following PRISMA figure depicts the complete process of study selection.

Data extraction:

Name of the authors, publication year, gestational age, study methodology, data collection methods, size of the sample, region and research outcomes were the materials collected from the all the pertinent articles. For appropriate organization, the summaries and analyses of the studies were reported and accumulated together in Microsoft Word 2016. The extracted data was again reviewed and verified by multiple reviewers.

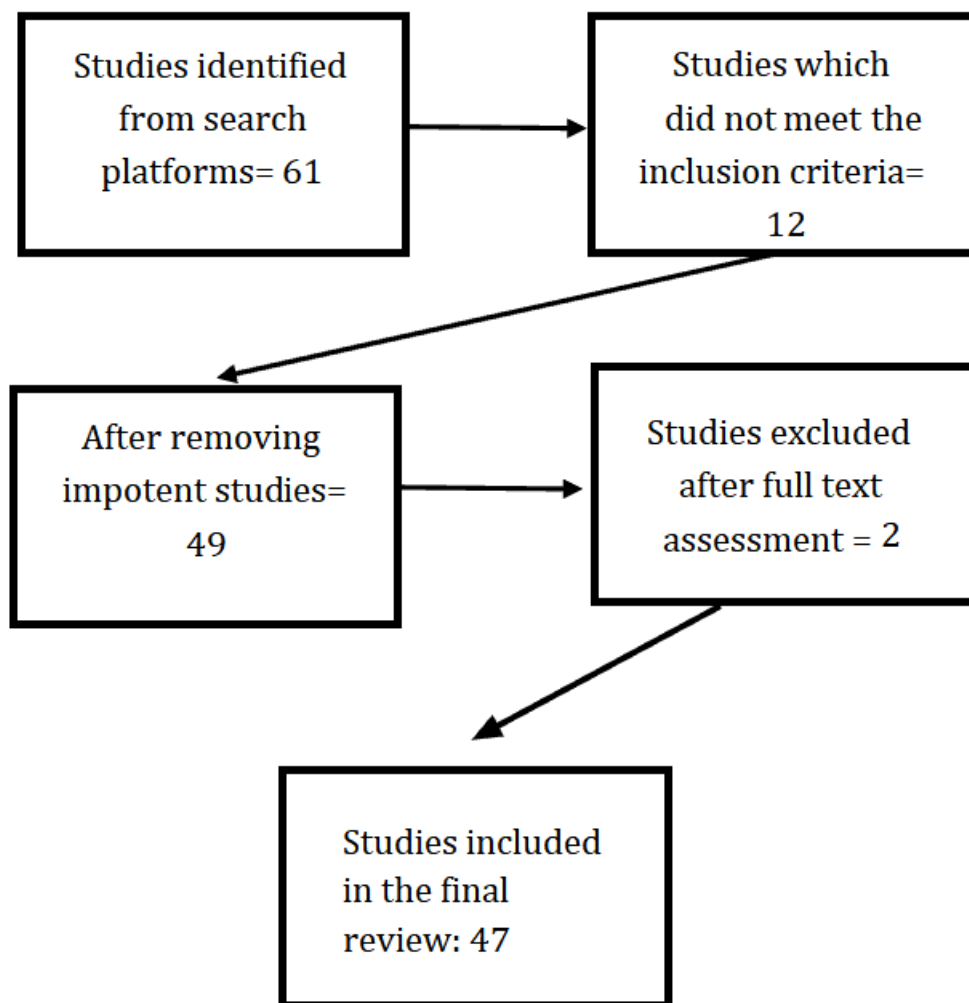


Table 1- Summary of studies included in this review

No .	Article Name	Sample Size (N)	Type of Study	Data Collection Method	Pregnancy Period	Country	Results
1	Comorbid Anxiety and Depression Among Pregnant Pakistani Women (Premji et al., 2014)	1,368 pregnant women	Cross-sectional study	Structured Interviews	2nd & 3rd trimesters (14–34 weeks)	Pakistan	The comorbid anxiety/depression were quite high. Key predictors found were domestic violence, verbal/physical abuse, lack of partner support, low educational acquirement and severe financial stress.
2	Prevalence and Factors Associated with Antenatal Anxiety and Depression in Pakistan (Karmaliani et al., 2009)	1,368 pregnant women	Population-based cross-sectional study	Interview using structured questionnaire	Mid-pregnancy (20–28 weeks gestation)	Pakistan	Prevalence rates: 18% anxiety, 22.7% depression, 12.3% comorbid. Related with domestic abuse both physical and emotional, low income, unsupportive family

							and spouse unemployment.
3	Frequency and Risk Factors of Antenatal Depression in Pakistani Women (Imran et al., 2014)	213 pregnant women	Cross-sectional descriptive study	Survey and Semi structured Interviews	All trimesters (1st, 2nd & 3rd)	Pakistan	AD present in 91 (42.7%) participants. Main risk factors: low household income, prior psychiatric history, and social pressure for male offspring.
4	Prevalence Of Pica Among Pregnant Females of Low-Income Population: A Hospital Based Study(Akhter et al., 2021)	385 pregnant women	Cross-sectional hospital-based study	Structured interviews	Any gestational age ranging from 6 to 41 weeks	Pakistan	45% of women reported pica practices, it was widely linked to lower hemoglobin levels and with history of pica practices
5	Antenatal Depression and Its Predictors in Lahore, Pakistan (Humayun et al., 2013)	506 pregnant women	Cross-sectional hospital-based study	Edinburgh Postnatal Depression Scale (EPDS)	2nd & 3rd trimesters	Pakistan	75.1% screened positive for depression.
6	Self-Consciousness, Couple's Satisfaction, and Psychological Distress in Pregnant Women (Shaud et al., 2024)	100 pregnant women	Correlational study	Standardized questionnaire	All trimesters	Pakistan	Private self-consciousness and social anxiety positively predicted psychological distress, whereas public self-consciousness and couple satisfaction negatively predicted it.
7	Predicting depression among pregnant women in Pakistan: The relative power of social relations and social conditions	79 pregnant women	Mixed methods study	Qualitative in-depth interviews and for quantitative CES-D scale	All trimesters	Pakistan	Social ties and anxiety related to pregnancy substantially predicted maternal depression. Major key factors included were interpersonal relationships issues.
8	Prevalence and psychosocial correlates of perinatal depression: a cohort study from urban Pakistan	1357 accessed in the start, 763 reassessed 3 months post-partum	Longitudinal cohort study	Standardized questionnaires (EPDS, SRQ-20, BDQ, and Life Events Checklist)	3rd trimester antenatal to 3 months postpartum	Pakistan	Antenatal depression prevalence was 25.8% and persistence was 38.3%, with persistent depression significantly linked to higher psychological distress, greater disability, and more stressful life events.
9	The influence of pica practice on	220	Cross-sectional	Physiological tests,	6-40 weeks gestation	India	29.7% women had pica which led to

	nutritional status, stress and anxiety of pregnant women (George et al., 2020)			Structured interviews; Use of Questionnaires			moderate to severe anxiety, stress and poor diet.
10	Prevalence of pregnancy related anxiety in pregnant women in southern fringes of Pune, India (Kshirsagar et al., 2020)	70	Observational	Structured Questionnaire	All trimesters	India	Most common concern was fear of childbirth, worry about having a disable child and body image issues. This led to 78.6% women experiencing pregnancy related anxiety.
11	Sleep quality and its determinants among pregnant women in Northwest India (Raj et al., 2026)	420	Cross-sectional	Structured Questionnaires	8 weeks to full term pregnancy	India	Poor sleep quality was reported due to antenatal depression and anxiety, abortion history and lack of social support.
12	Prevalence of common mental disorders among pregnant women: Evidence from population-based study in Rural Haryana, India (Jha et al., 2021)	457	Community based cross-sectional	Structured Questionnaire, MINI diagnostic interview	25-34 weeks gestation	India	15.3% women had mental disorders. 15.1% of GAD was reported whereas 2.8% of women experienced depression.
13	The prevalence and determinants of pregnancy related anxiety amongst pregnant women at less than 24 weeks of pregnancy in Bangalore, Southern India (Nath et al., 2019)	380	Cross-sectional	Structured Questionnaires	<24 weeks gestation	India	Factors like depression, poor social assistance and low SES were affiliated with 55.7% of the sample reporting pregnancy specific anxiety.
14	Antenatal depression and its relationship with birth outcomes and postnatal depression in rural India (Deepak et al., 2026)	246 recruited originally but at follow up 197 remained	Community-based longitudinal	Interviews were done face to face using questionnaire	Antenatal period with post-partum follow-up	India	Almost half of the sample had pre-birth depression while the other half developed post-natal depression. Both were associated with partner violence, caste issues, multiple pregnancy. Moreover, unsuccessful pregnancy outcomes were related to post-natal

							depression only.
15	Perceived stress and its psychological correlates in pregnant women: An Indian study (Saini et al., 2017)	110	Cross-sectional	Structured Questionnaires	Antenatal period	India	30.9% reported perceived stress, 20.9% had fear associated with pregnancy, 7.3% had depression and 47.3 had anxious traits. Stress was mainly due to the pressure of having a male child
16	Antenatal depression in Anuradhapura, Sri Lanka and the factor structure of the Sinhalese version of the Edinburgh Postnatal Depression Scale	376 pregnant women	Two-stage cluster sampling cross-sectional study	Interviewer-administered questionnaire	24 to 36 weeks gestational age (2nd and 3rd trimesters)	Sri Lanka	Antenatal depression prevalence was 16.2%, severe heartburn was widely linked with depressive symptoms and the Sinhalese EPDS demonstrated a two-factor structure.
17	Addressing Psychosocial Vulnerabilities Through Antenatal Care Depression, Suicidal Ideation, and Behavior: A Study Among Urban Sri Lankan Women	1,000 antenatal women	Cross-sectional study	Structured three-part instrument incorporating the EPDS, modified Columbia-Suicide Severity Rating Scale (C-SSRS), and Life Circumstances questionnaire	All trimesters of pregnancy	Sri Lanka	Past-week commonality of pre-birth depressive symptoms was 29.6%, current-pregnancy suicidal ideation and behavior was 7.4%, and both were strongly associated with intimate partner violence.
18	Predictors and Occurrence of Antenatal Depressive Symptoms in Galle, Sri Lanka (2021)	505 pregnant women (and qualitative interviews with public health midwives)	Mixed-methods cross-sectional study	Extracting health records, psychometric questionnaires (EPDS, MSPSS, PRAQ-R2), and qualitative midwife interviews	Antenatal period (all trimesters)	Sri Lanka	Prevalence of antenatal depression was 7.5% (4.4% reported self-harm ideation), with higher odds observed among women over age 30, with diabetes, or with prior pre-eclampsia.
19	Addressing Psychosocial Vulnerabilities Through Antenatal Care—Depression, Suicidal Ideation, and Behavior (2021)	1,000 antenatal women	Cross-sectional study	Screening via questionnaire	All trimesters of pregnancy	Sri Lanka	Depressive symptoms were present in 29.6% of participants, lifetime suicidal ideation/behavior in 25.0%, and current-pregnancy suicidal ideation/behavior in 7.4%.
20	The Burden of Antenatal	122 pregnant	Descriptive cross-	Systematic sampling and	Antenatal period (all	Sri Lanka	Overall prevalence of antenatal anxiety

	Anxiety: A Cross-Sectional Study of Prevalence and Selected Risk Factors Among Antenatal Women in a Government Hospital in the Colombo District (2023)	women	sectional study	interviewer-administered structured questionnaire	trimesters)		was 42.6%, showing statistically significant associations with maternal age, education level, pregnancy complications, partner's age, and coping skills.
21	Prevalence and associated factors of depression, anxiety, and stress among pregnant women in Herat, Afghanistan: A cross-sectional study (Niazi et al., 2023)	691	Cross-sectional study	Structured questionnaires administered by the interviewers	All three trimesters and post-term	Afghanistan	Preparation of pregnancy health of both partners and family, income, maternal education, employment and nutrition significantly predicted depression, anxiety and stress (DAS).
22	Antenatal depression among pregnant mothers in Afghanistan: A cross-sectional study (Sarem et al., 2024)	460	Cross-sectional study	Structured questionnaires administered by the interviewers	Antenatal	Afghanistan	Depression was prevalent by 78.5% which escalates with being aged mothers, underprivileged, and unemployed, no sexual intercourse in the last week and not undergoing a distressing event in the last month.
23	Prevalence and associated factors of postpartum depression among Afghan women: A phase-wise cross-sectional study in Rezaie maternal hospital in Herat province (Sharifzade et al., 2025)	242	Phase wise cross-sectional study	Structured questionnaires administered by the interviewers, face to face interviews (Phase1), telephonic interviews (Phase 2)	Postpartum	Afghanistan	In the first and second phase of the study, 45.5% and 30.7% of Afghani women had depression respectively. PPD had direct association with education, total family members, adverse life incidents and physiological disease.
24	Identifying and treating maternal mental health difficulties in Afghanistan: A feasibility study (Tomlison et al., 2020)	Originally recruited 131 but only 47 followed up.	Exploratory feasibility study	Structured screening questionnaire and thinking healthy intervention	Postpartum- has delivered a child within last 12 months.	Afghanistan	The PHQ9 screening tool showed 87% of Afghani women had postpartum depression (PDD). After the intervention there was a 13-point

							average reduction in the scores.
25	Prevalence of postpartum depression and associated factors among mothers in Kunduz Province, Afghanistan: A cross-sectional study (Shahram et al., 2025)	556	Cross-sectional study	Structured questionnaires and face to face structured interviews	6-8 week Postpartum	Afghanistan	Out of the entire sample, 49.3% of mothers were distinguished with suspected PPD. The significant risk factors of PPD were financial deficit, psychological complications of both partners, limited antenatal care along with maternity complications.
26	The Collision of New Mothers and Perinatal Depression in Bhutan (Denka et al., 2025)	107	Cross-sectional study	Structured questionnaires and one-on-one structured interviews	All three trimesters of pregnancy and women with children under the age of one year.	Bhutan	First time mothers are more susceptible to depression, stress, anxiety and crying spells. About 54.4% of parous mothers felt as a prepared parent. Both of the groups felt connected to their child and had irregular sleep.
27	Prevalence and factors associated with postpartum depression among Bhutanese mothers: a cross-sectional study (Zangmo et al., 2024)	314	Cross-sectional study	Structured questionnaires verbally administered by the interviewers	Postpartum	Bhutan	14.97% of Bhutanese mothers experienced PDD. Mothers with subjective variation in body image and terrible birth experience, elevated stress, unhealthy relationship with in laws, low pay and early stage of pregnancy were at a grave danger of developing PPD.
28	Depression during pregnancy in Eastern Nepal (Shakya et al., 2008)	45	Hospital based cross-sectional	Psychiatric treatment followed by use of structured questionnaire	All trimesters	Nepal	Half of participant had some form of depression due to some genetic illnesses, financial problems and marital problems.
29	Antepartum depressive symptoms in public health facilities (Joshi et al., 2019)	155	Mixed Method Cross-sectional	Face to face structured questionnaire used and semi structured interviews	All trimesters (1-9 months)	Nepal	Depression was observed in 18.2% participant with risk factors such as disturbed family environment, preference for male child partner alcohol use, lack of support and fear of

							childbirth.
30	Antenatal depression in Godawari Municipality (Chalise et al., 2022)	250	Community based cross-sectional	Structured questionnaire	All trimesters (1-9 months)	Nepal	Antenatal depression was 24.8% due to factors like preference for a male child, partner violence and unwanted pregnancy.
31	Antepartum depression in a tertiary hospital (Paudel et al., 2025)	252	Hospital based cross-sectional	Semi-structured interview questionnaires	4-36 weeks gestation	Nepal	16.7% participant had antepartum depression. Self-harm thoughts and loneliness were strongly associated with depression
32	Anxiety among antenatal clinical attendees (Paudel et al., 2020)	95	Cross-sectional	Face to face interviews with Structured questionnaire	All trimesters	Nepal	32.6% participant had anxiety symptoms and anxiety was caused by previous abortion, worry of fetal sex, and gravidity.
33	Depression, anxiety and stress among antenatal mothers (Maharjan.,2019)	244	Cross-sectional	Structured interview with administration of structured questionnaire	All trimesters (1-9 months)	Nepal	Commonality of depression, anxiety and stress was 7.8%, 13.9% and 11.1% Domestic violence was causing all three of the symptoms whereas unbalanced diet was associated with anxiety.
34	Pregnancy, perceived stress and depression (Deo et al., 2020)	100	Hospital based cross-sectional	Self-administration of structured questionnaires	Third trimester only (7-9 months)	Nepal	28% of participant reported mild to moderate stress. About partly participants were mild to moderate depressed and had moderate to severe stress from events of their lives
35	Factors associated with maternal depression in the Maldives (Raheem et al., 2018)	458	Prospective cohort	Face to face assessments	36 weeks gestation, then 1- and 3-months post-partum	Maldives	24% depression was reported at 34 weeks, 27% and 12% at 1- and 3-months post-partum respectively. Antenatal depressive symptoms caused post-partum depression
36	Levels, distribution and co-occurrence of depressive and anxiety	420	Cross-sectional	Structured Questionnaires	Antenatal period	Bangladesh	Both depression and anxiety symptoms were prevalent. Harsh financial, psychological and

	symptoms among antenatal care seekers in Bangladesh (Islam et al., 2025)						social conditions were the main reasons for heightened stress.
37	Investigating the prevalence and associated factors of anxiety and depressive symptoms among pregnant women in Bangladesh: A hospital-based cross-sectional study (Mahin et al., 2025)	503	Hospital based cross sectional	Structured Questionnaires	Antenatal period	Bangladesh	Most of the women reported having anxiety and depression symptoms due to low SES, unplanned and complicated pregnancies.
38	Prevalence and associated factors of antenatal anxiety symptoms in Bangladesh: A repeated measure cluster data analysis (Begum & Biswas, 2021)	1360	Prospective longitudinal study	Structured questionnaires	Participants were initially selected in their 8-12 weeks and later on evaluated longitudinally in their second and third trimester as well.	Bangladesh	53.18% of Bangladeshi women suffered from antenatal anxiety. Lower wages and literacy rate, hemoglobin along with pregnancy period were widely linked with pre-birth anxiety.
39	Antenatal depression and suicidal ideation among rural Bangladeshi women: A community-based study (Gausia et al., 2009)	361	Community based cohort study	Structured questionnaires and interviews through open-ended description of items	34-35 weeks	Bangladesh	Depression was reported to increase with child's gender, non-cooperative mother-in-law, domestic violence, either by spouse or family. Leading factor of suicidal ideation was being abused by the husband.
40	Obstetric complications and psychological well-being (Gausia et al., 2012)	546; 373 with normal vaginal childbirth, 173 with obstetric complications	Community-based comparative cohort study	Structured home interviews with medical record review; Structured questionnaire	6 weeks postpartum	Bangladesh	Negative pregnancy and childbirth experiences increased post-partum depression; obstetric complications showed no significant association
41	Unintended pregnancy and depressive symptoms (Surkan et al., 2018)	Prenatal= 14,629 Postpartum= 31,422	Secondary observational cohort study	Five-weekly pregnancy observation; Private home interviews done using structured	Third Trimester; 5-8 months post-partum	Bangladesh	Unwanted pregnancy, paternal unwantedness and disagreement of couple for pregnancy were reported to increase

				questionnaire s			depressive symptoms
42	Social and Economic Correlates of Prenatal Depression in Rural Bangladeshi Women (Laughlin et al., 2025)	60 pregnant women	Cross-sectional quantitative study	Survey Method	Prenatal Period	Bangladesh	Widely Prenatal depression rate was 31.6%, with rates prominently high in underserved community.
43	Experiencing Lifetime Domestic Violence: Associations with Mental Health and Stress among Pregnant Women in Rural Bangladesh: The MINIMat Randomized Trial (Ziaei et al., 2016)	3504 pregnant women	Observational cross sectional sub study of a randomized controlled trial	Structured interviews	Prenatal period	Bangladesh	Life-long household violence commonality was 57% and emotional disturbance was 35% combining all violence types, no significant connection was found with morning salivary cortisol levels.
44	Burden and risk factors for antenatal depression and its effect on preterm birth in South Asia: A population-based cohort study (Khanam et al., 2022)	5500 pregnant women	Prospective population-based cohort study	Structured surveys	Antenatal Period	Bangladesh	Estimate 6% of women reported medium to extreme antenatal depression.
45	Prevalence and associated factors of antenatal depression in rural Bangladesh (Mumu et al., 2025)	350 pregnant women	Cross sectional quantitative study	Interview using Structured questionnaire	Antenatal Period	Bangladesh	Commonality of antenatal depression was 38.9%
46	Social Determinants and Prevalence of Antenatal Depression among Women in Rural Bangladesh: A Cross-Sectional Study (Insan et al., 2023)	235 pregnant women	Quantitative cross-sectional study	Interview using structured questionnaire	Antenatal period	Bangladesh	Commonness of antenatal depression was 56% with more rate found in women facing intimate partner violence.
47	Prevalence and associated factors of depressive and anxiety symptoms during	720 pregnant women	Cross sectional quantitative study	Interviews using structured questionnaire	Third trimester	Bangladesh	Commonness was 18% for antepartum depressive symptoms and 29% for anxiety symptoms.

pregnancy: A population-based study in rural Bangladesh (Nasreen et al., 2011)						
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RESULTS

As we used PRISMA to choose articles so the following themes emerged from analyzing 47 articles.

Theme 1: Range of Psychological Symptoms During Antenatal and Postpartum Period

Majority of the articles reflected broad types of symptoms of psychological disorders during pregnancy in South Asia. While depression was the most commonly reported symptom, stress and pregnancy related anxiety were also prevalent. Depressive pregnant females experienced feelings of worthless, fatigue, hopelessness, persistent low mood and anhedonia. Whereas, pregnancy related anxiety mainly compromised of tokophobia, concerns about child's health, body image issues and not being ready for motherhood. Stress occurred co-morbid with depression and anxiety. Overall, psychological symptoms across the articles were observed to be on a continuum rather than occurring individually.

Theme 2: Psychosocial Factors Affecting Maternal Mental Health

Main factors that were revealed affecting maternal mental health included unhealthy marriages, unsupportive spouse and family and increasing discord in family. Across the articles, it was also reported that violence was deteriorating the happiness of mothers who were expecting. They also experienced violence in different forms like sexual violence, domestic violence, physical violence and emotional violence. Moreover, controlling behavior of the partners of the pregnant women also significantly contributed to increase in psychological symptoms. Lack of emotional, practical, family and community support also resulted in elevated levels of depression and anxiety. Women who previously had depression, trauma or any psychiatric illness were observed to have vulnerability towards psychological illness. Collectively, all studies indicate that the strength of relationships and past illness are the reasons affecting maternal mental health.

Theme 3: Financial Hardships & Demographic Risk Factors

One of the major determinants of psychological symptoms in pregnant women was being disadvantaged financially. Majority of the articles highlighted the role of low socio-economic status being the primary reason for maternal mental health issues. Poverty, unemployment and cumulative income of each household being less than average were also reasons for worsening mental health. Additionally, living outside the city, limited education and low autonomy of mothers also contributed to dominant psychological symptoms. Reviewed literature also revealed that when pregnant women were unable to make decisions regarding household and financial matters psychological distress increased drastically especially in low-resource settings in South Asia.

Theme 4: Pregnancy-Related & Obstetric Issues

Problems during pregnancy and physical ailments were seen to be disturbing the emotional health. In South Asian context, it was observed that anxiety levels increased in first and third trimesters. Previous miscarriages and stillbirth induced heightened fear of motherhood. Many studies also indicated that first time mothers as well as who had gotten pregnant unplanned had elevated levels of different psychological symptoms. Furthermore, complications during pregnancy, disturbed sleep pattern and high-risk pregnancy were also associated with psychological distress. Physical illnesses such as anemia, lower back and pelvic girdle pain were linked with increased depressive symptoms. Findings indicate that both physiological and obstetric factors influenced mental health during pregnancy.

Theme 5: Sociocultural & Gender Based Influence

Most of the studies found gender-based partiality & cultural influence as a very prominent theme in south asian countries. Gender based partiality included pressure from family to have a male child and gender discrimination. Consequently, this led to emotional difficulties & distress. Cultural expectations mostly revolved around typical expectations of motherhood, lack of person freedom and traditionalistic beliefs. Early marriages and social stigma around mental illness were seen to increase psychological difficulties causing less help seeking behaviors.

Theme 6: Maternal Psychological Symptoms & Their Effects

Studies consistently showed that mothers' mental health problems were linked to disruptive outcomes for both mothers and their children. Depressive and anxious expecting mothers had more probability of having postpartum depression, struggle with daily life, have a lower quality of life, and have lasting emotional issues. Some studies also found that mental health issues before birth were connected to problems with the birth itself

like children being born early or underweight. Mental issues during pregnancy also affected how well mothers bonded with their children which could further cause developmental problems for the children. Results show that when mothers' mental health issues are not treated properly, it not only affects them but the development of their children.

DISCUSSION

The present systematic review was conducted to examine psychological symptoms experienced by women during the antenatal and postpartum periods specifically within South Asian countries. The studies we used came from multiple South Asian countries, ensuring that our review gives a broader regional picture. Our review followed a systematic selection process, with the studies assessed against predetermined inclusion and exclusion criteria. This review involves studies in which the participants were currently pregnant or were within the first 12 months postpartum. Studies in which increased psychological symptoms during pregnancy were reported were also included. Studies that included participants with preexisting disorders or severe mental illnesses were excluded. Forty-eight articles were included in the review, representing research conducted across multiple South Asian countries. These studies formed the basis of our thematic analysis.

The findings across the included studies revealed many psychological symptoms that women experience during the antenatal and postpartum periods. Depression and anxiety were among the most frequently reported symptoms (Karmaliani et al., 2009; Premji et al., 2014; Niazi et al., 2023). Other symptoms reported included stress (Saini et al., 2017; Niazi et al., 2023), suicidal ideation (Gausia et al., 2009), obsessive-compulsive symptoms and trauma-related symptoms. These symptoms were reported across different South Asian countries, indicating that similar psychological difficulties were reported across multiple South Asian settings. These findings show that women may experience different psychological difficulties during these periods rather than just one condition. The symptoms also appeared to overlap rather than occurring independently.

A prominent pattern across the included studies was the impact of psychosocial and interpersonal factors on maternal mental health. Several studies associated psychological difficulties with unhealthy marriages, unsupportive spouses and lack of emotional, practical, family and community support (Karmaliani et al., 2009; Premji et al., 2014; Gausia et al., 2009). Previous histories of depression, trauma or psychiatric illness were also associated with greater vulnerability to psychological difficulties (Imran et al., 2014). These findings suggest that the quality of a woman's relationships may influence her psychological wellbeing during pregnancy and postpartum. Alongside these, another prevailing issue identified was violence. Different types of violence, comprising domestic, physical, emotional, as well as sexual violence were identified as a common theme across many studies (Premji et al., 2014; Karmaliani et al., 2009; Gausia et al., 2009; Ziaei et al., 2016). Our thematic analysis identified violence as a factor associated with worsening maternal mental health. Taken together, these findings suggest that maternal wellbeing is not only influenced by individual psychological vulnerability but also by the social and interpersonal environment surrounding women during these periods. Repeated findings related to lack of family support and relationship difficulties suggest that addressing maternal mental health not only requires attention to the psychological symptoms, but also to social and family circumstances surrounding women.

Another recurring pattern across the studies was the relationship between socioeconomic circumstances and maternal psychological wellbeing. Factors such as poverty and low household income, low educational attainment, unemployment and rural residence were associated with greater psychological difficulties among women (Karmaliani et al., 2009; Premji et al., 2014; Imran et al., 2014; Begum & Biswas, 2021). Our thematic analysis also identified limited maternal autonomy, particularly in relation to household and financial decision-making, in low-resource settings. These findings suggest that socioeconomic disadvantage may increase vulnerability to psychological difficulties by limiting women's resources, independence and ability to access support.

Factors related to pregnancy and sociocultural factors were also identified as important influences on maternal psychological wellbeing. Previous miscarriage or stillbirth (Kshirsagar et al., 2020), pregnancy complications, unplanned pregnancies (Surkan et al., 2018; Chalise et al., 2022), first-time pregnancy and anxiety related to childbirth (Humayun et al., 2013; Kshirsagar et al., 2020; Joshi et al., 2019) were among the factors associated with psychological difficulties across the included studies. In addition, sociocultural factors such as preference to have a male child (Imran et al., 2014; Saini et al., 2017; Joshi et al., 2019), gender discrimination, cultural expectations surrounding motherhood and restrictions on women's personal freedom were identified. Early marriage and stigma surrounding mental health were also identified as factors that could make it more difficult for women to seek psychological support. These findings suggest that psychological difficulties during pregnancy and postpartum may be influenced not only by the physical and emotional demands of pregnancy, but also by the social and cultural expectations placed on women. This shows the importance of keeping in mind, the cultural context when understanding maternal mental health in South Asian populations.

Psychological difficulties during pregnancy may continue into the postpartum period, with some studies reporting an association between antenatal symptoms and postpartum depression (Raheem et al., 2018; Deepak et al., 2026). Such disturbances can affect daily functioning and can be associated with lower quality of life and ongoing emotional difficulties. Some studies also identified associations with birth outcomes (Khanam et al., 2022), alongside concerns regarding mother-child bonding and child development. This suggests that these

symptoms should not be viewed as temporary experiences. Overall, this confirms that early intervention and appropriate psychological support leads to better outcomes.

Limitations and suggestions

The present systematic review has numerous limitations that should be reviewed when interpreting the findings. Our search terms were entered manually, which means that some relevant studies may not have been identified. Our review also only included studies that were available in English. Studies published in other languages may therefore have been missed, which could mean that some evidence from South Asian countries was not represented. Moreover, because the studies differed in their methods and assessment tools, their findings may not always be directly comparable. Our review also specifically focused on South Asian populations; therefore, the findings may have limited generalizability to populations outside South Asia.

Future reviews could use more comprehensive search terms alongside additional search strategies to reduce the chance of missing relevant studies. Including studies published in other languages may also provide a more comprehensive understanding of the available evidence. Because our review used different assessment approaches, future research could use more standardized psychological assessment tools in order to make findings easier to compare across studies. Our extraction material included a mixture of cross-sectional, cohort and longitudinal studies. More longitudinal studies would help researchers understand how psychological symptoms change from pregnancy into the postpartum period. Future research could also continue examining different South Asian countries, including both urban and rural populations and studies from different socioeconomic backgrounds.

CONCLUSION

Psychological symptoms were commonly reported during the antenatal and postpartum periods. Depression and anxiety were among the most frequently reported. Other reported symptoms included stress, suicidal ideation, OCD and trauma-related symptoms. These difficulties were influenced by more than individual psychological factors, with psychosocial factors, socioeconomic circumstances, pregnancy-related factors and sociocultural factors all appearing to be important. This is particularly relevant in the South Asian context. Our findings suggest that early identification is important and that appropriate psychological support should be available during pregnancy and postpartum. Future approaches should consider the broader social and cultural circumstances surrounding women, rather than focusing only on the symptoms themselves.

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