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Beyond the Delivery Room: Women's Experiences of Postpartum Body Image

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Abstract

Background

The postpartum period is accompanied by substantial physical, emotional, and social changes that can influence how women perceive and experience their bodies. Although postpartum body image has received increasing research attention globally, limited evidence exists on the experiences of women within the Ghanaian context. This study explored women's experiences of postpartum body image at Pentecost Hospital, Accra, with particular focus on their perceptions of body changes and the factors influencing these perceptions.

Methods

A qualitative phenomenological design was employed to explore the lived experiences of postpartum women. Purposive sampling was used to recruit 18 women who had given birth within the previous twelve months. Data were collected through in-depth interviews conducted in English, Twi, and Ga and analysed using thematic analysis. Objectification Theory provided the theoretical lens for interpreting the findings.

Results

Participants described postpartum body image as a complex and evolving experience. While many women reported dissatisfaction with changes such as weight gain, abdominal enlargement, stretch marks, breast changes, and caesarean section scars, others gradually developed greater acceptance of their bodies through an appreciation of bodily functionality and motherhood. Body identity disruption, reduced self-esteem, and frequent comparisons with pre-pregnancy bodies, peers, and social media images were common experiences. Perceptions of postpartum body image were shaped by multiple influences, including partners, family members, socio-cultural expectations, social media exposure, internalised appearance standards, workplace experiences, parity, and personal or religious beliefs.

Conclusion

Postpartum body image is a multidimensional experience shaped by the interaction of physical, psychological, social, cultural, and personal factors. The findings highlight the importance of incorporating body image and psychological support into postnatal care services to promote maternal well-being and facilitate positive adjustment during the postpartum period.

Background

Body image is a multifaceted concept that refers to how individuals perceive, think, and feel about their physical appearance (1, 2). In the context of motherhood, this concept becomes especially significant during the postpartum period, typically defined as the 6 to 8 weeks following childbirth, when a woman’s body undergoes considerable physical and emotional adjustments (3, 4). During this period, postpartum body image reflects how women perceive and emotionally experience the physical changes associated with childbirth (5, 6).

Many women experience dissatisfaction with their bodies during this period due to societal pressure to regain their pre-pregnancy appearance shortly after childbirth (7, 8). These pressures are often reinforced by personal comparisons, cultural expectations, and media portrayals of the ideal female body, making the postpartum period a vulnerable time for negative body perceptions. Studies conducted in different settings have shown that postpartum body dissatisfaction is common and may affect women’s self-esteem, mental health, and overall well-being (9–11).

Although postpartum body image has been explored in many countries, there is limited evidence within the Ghanaian context. In African societies, including Ghana, cultural beliefs, partner expectations, family influences, and changing beauty ideals may shape how women perceive their bodies after childbirth. Existing evidence suggests that traditional acceptance of larger body sizes is gradually being influenced by Western appearance ideals promoted through social media and popular culture (12). However, there remains a limited understanding of how Ghanaian women perceive postpartum body changes and the factors influencing these perceptions.

Several factors have been found to influence postpartum body image perceptions. These include physical changes such as weight gain, abdominal changes, breast changes, and loss of muscle tone, as well as psychological and social factors including mental health, partner support, marital status, educational level, healthcare experiences, and cultural expectations (13–15). Social media exposure and comparisons with idealized body images have also been associated with negative body perceptions among postpartum women (16, 17).

Despite the growing global interest in postpartum body image, few studies in Ghana have explored women’s perceptions and the factors shaping these perceptions. Understanding these experiences is important for informing culturally sensitive maternal healthcare and emotional support during the postnatal period. Therefore, this study seeks to explore women’s perceptions of their postpartum body image and the factors influencing these perceptions among postpartum women.

Methods

Study design

A qualitative descriptive phenomenological design was employed to gain an in-depth understanding of women's perceptions of their postpartum body image and the factors influencing these perceptions, as little is known about the phenomenon in Ghana. The qualitative phenomenological approach was considered appropriate because it enabled participants to fully describe their lived experiences and perceptions, while also allowing the researchers to probe emerging themes during the interviews.

The study was conducted in the Greater Accra Region of Ghana. A purposive sampling technique was used to recruit postpartum women who were able to provide rich and relevant information related to the study objectives. The selection of participants was guided by the purpose of the study to ensure that the data collected adequately addressed the research objectives.

The sample size was determined by the principle of data saturation, which refers to the stage at which no new themes, ideas, or insights emerge from subsequent interviews. It was anticipated that approximately 15 to 20 participants would be sufficient to achieve saturation; however, the final sample size depended on the depth, richness, and variation of participants' responses.

Study location

This study was conducted at Pentecost Hospital in Madina, located within the La Nkwantanang Madina Municipality in the Greater Accra Region of Ghana.

Madina, a vibrant and densely populated suburb in the La Nkwantanang Madina Municipal District, serves as the capital of the municipality. It is located near the University of Ghana and hosts the Institute of Local Government Studies.

Pentecost Hospital is the largest health facility under the Christian Health Association of Ghana (CHAG) in the Greater Accra Region. It is also one of the top three CHAG hospitals in the country. Data were collected at the Reproductive and Child Health Unit where postnatal women report for their postnatal checks. The hospital's accessibility and diverse patient population made it an ideal setting for conducting the study on postpartum body image changes.

Sampling and Data Collection Procedures

Eighteen participants were purposively sampled and engaged in individual interviews. The interviews were conducted in English, Twi, and Ga, and all interviews were conducted by the first author, who is fluent in these languages. A semi-structured interview guide was developed specifically for this study, which was guided by the study's objectives. It consisted of open-ended questions and probes exploring participants' perceptions of postpartum body image changes and the factors influencing them. The English-language interview guide is provided as Supplementary file 1.

Open-ended questions were used to elicit participants' responses, and probing techniques were employed to obtain a deeper understanding of their experiences and perceptions. Leading questions were avoided to allow participants to express themselves freely and openly. Data saturation was reached between the eighth and tenth participants, as no new themes emerged and subsequent interviews yielded repetitive patterns that confirmed previously identified themes.

Each interview lasted between 30 and 45 minutes. All interviews were audio-recorded with participants' consent and later transcribed verbatim.

Data analysis

All interviews were audio-recorded and transcribed verbatim to preserve the authenticity of participants' narratives. Identifiable information was removed during data cleaning to ensure confidentiality. Data collection and analysis were conducted concurrently.

Data were analysed using thematic analysis. The transcripts were read repeatedly to gain familiarity with the data and develop a comprehensive understanding of participants' experiences. The analysis was guided by the study objectives, research questions, and the key constructs of Objectification Theory. A deductive coding approach was employed, whereby meaningful segments of data were identified, coded, and organised according to concepts relevant to the study objectives and theoretical framework. Codes with similar meanings were grouped into categories and subsequently developed into themes and subthemes. Throughout the analytical process, participants' narratives were reviewed continuously to ensure that the themes accurately reflected their lived experiences. Similar codes were refined, merged, and reviewed to enhance coherence and ensure alignment with the study objectives.

Trustworthiness of the study

Trustworthiness was ensured using Lincoln and Guba's criteria of credibility, dependability, transferability, and confirmability (18). Credibility was enhanced through prolonged engagement with participants, member checking, and the use of field notes during interviews. Dependability was supported through the consistent use of a semi-structured interview guide and maintenance of an audit trail. Transferability was achieved by providing a detailed description of the study context and participants. Confirmability was ensured through reflexive note-taking and the use of participant quotations to support the findings.

Ethical Consideration

This study was conducted in accordance with the ethical principles of the World Medical Association Declaration of Helsinki for research involving human participants. Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee (Reference No. GHS-ERC:059/08/25), and approval to conduct the study was also granted by the Ethical Review Committee of Pentecost Hospital, a member institution of the Christian Health Association of Ghana (CHAG).

Written informed consent to participate in the study was obtained from all the participants before data collection, and participants were informed of their right to withdraw from the study at any time without any consequences. Alphanumeric codes were assigned to participants to protect their identities, and no identifying information was presented in the findings. Permission was obtained to audio-record interviews and publish the findings. Throughout the study, the researchers remained non-judgmental and took measures to ensure confidentiality, privacy, and respect for participants' rights.

Results

Participant Characteristics

Eighteen postpartum women were recruited into the study. All participants were aged between 24 to 42years. All participants were Ghanaian. Fifteen had attained tertiary education, while three had completed senior high school. Out of the total number who participated in the study, 16 were employed, with two not in paid employment at the time of the study. Full demographic details are presented in Table 1.

Table 1
Demographic Characteristics of Participants

Alphanumeric code	*Age (Years)*	*Educational status*	*Marital status*	*Employment status*	*Number Of Children*	*Age of last child (months)*	*Mode of delivery*
PHM-P001	29	Tertiary	single	Self-employed	2 (Twins)	7	Caesarean Section
PHM-P002	24	Tertiary	Cohabiting	Not employed	1	10	Vaginal Delivery
PHM-P003	27	Senior High School	Married	Not employed	2	3	Vaginal Delivery
PHM-P004	33	Tertiary	Married	Marketing officer	2	10	Vaginal Delivery
PHM-P005	27	Tertiary	Single	Customer Service Representative	1	12	Caesarean Section
PHM-P006	33	Tertiary	Married	Banker	1	12	Caesarean Section
PHM-P007	30	Tertiary	Single	Businesswoman	1	12	Vaginal Delivery
PHM-P008	26	Tertiary	Single	Marketing Executive	1	8	Vaginal Delivery
PHM-P009	29	Tertiary	Married	Businesswoman	3	5	Caesarean Section
PHM-P010	26	Senior High School	Single	Sales Assistant	1	12	Caesarean Section
PHM-P011	38	tertiary	Married	Nurse	3	8	Vaginal Delivery
PHM-P012	29	Tertiary	Married	Teaching	1	9	Vaginal Delivery
PHM-P013	32	Tertiary	Married	Business Woman	3	12	Vaginal Delivery
PHM-P014	42	Tertiary	Married	Teaching	3	4	Caesarean Section
PHM-P015	25	Tertiary	Cohabiting	Self-employed	1	12	Vaginal Delivery
PHM-P016	28	Senior High School	Married	Trader	2	2	Vaginal Delivery
PHM-P017	29	Tertiary	Married	Pharmacist	2	4	Vaginal Delivery
PHM-P018	35	Tertiary	Married	Midwife	3	2	Vaginal Delivery

Source: Transcribed Data

Themes and sub-themes.

The two main themes that emerged from the data were: perceptions on body image changes, and the factors influencing those perceptions.

THEME 1: Perceptions of body image changes

This theme describes how women experienced and understood the changes in their bodie after childbirth. Participants' accounts revealed that postpartum body image was not simply about noticing physical changes but encompassed how they felt about themselves, how they evaluated their bodies over time, and how their sense of identity shifted in response to body change. Six subthemes were identified under this theme.

Awareness of physical body changes

Participants demonstrated a thorough understanding of the physical changes that occurred in their bodies after childbirth and they described them in vivid and personal ways. Many spoke about gaining weight, having a larger or sagging abdomen, developing stretch marks, changes in the size and firmness of their breasts, caesarean section scars, hair loss, and darkening of the skin. Their descriptions reflected how closely they paid attention to their bodies during the postpartum period and how aware they were of the changes they experienced.

"After delivery, the first thing I noticed was my stomach. It stayed big for a long time. People even asked if I was still pregnant. The CS left a scar I still see every day. I also developed dark stretch marks on my thighs and belly. My breasts became bigger and a bit saggy after breastfeeding. I gained weight in my arms and face. My skin became darker and drier." **PHM-P005**

Women who had undergone caesarean section described ongoing physical reminders of surgery such as pain and scarring, which kept bodily awareness persistently elevated beyond the immediate postpartum period.

"I have gained weight, and because of the caesarean section, I now have a sagging abdomen. And at times, I feel pain around where the CS is. It started right after the surgery when I noticed that I had gained weight, and as time went on, I thought it would reduce but then it was rather increasing." **PHM-P001**

Negative body evaluation and dissatisfaction

A typical experience among participants was dissatisfaction with their postpartum bodies particularly in areas associated with ferminity, attractiveness, and bodily control. Notably the abdomen, breasts, and skin. Dissatisfaction was expressed not only in terms of appearance but also carried significant emotional weight, including feelings of sadness, frustration, and regret.

"The stretch marks are plenty, to the extent that they have spread from my abdomen to other parts of my body, like my thighs and buttocks. I don't like them. They make me feel sad. Sometimes I even ask myself why I had to give birth, ...I feel sad that my body has changed." **PHM-P002**

However, body image was not uniformly negative. Some participants expressed satisfaction with particular body areas or with how their changed bodies functioned in everyday life, showing that postpartum body evaluation was often complex and multifaceted.

"*I'm less satisfied with my stomach because it feels loose and looks different. I'm also less confident about my breasts because breastfeeding changed their shape. On the positive side, I feel more satisfied with my arms and legs because carrying the baby strengthened me. The dissatisfaction affects how I dress."* **PHM-P012**

Functional outcomes associated to motherhood also shaped body evaluation in a positive direction for some women.

"*The change I appreciate most is related to my breasts.... Since I can lactate well, I feel grateful and happy. This makes me feel confident in my role as a mother. ...my baby receives enough breast milk and is growing as expected."* **PHM-P016**

Body identity disruption

Beyond dissatisfaction with appearance, some participants described a deeper sense of estrangement from their bodies. A feeling of no longer recognising themselves in their changed bodies. This disruption was experienced as a loss of familiarity and represented a challenge not only to how women looked but to who they felt themselves to be.

"I kept thinking, 'Is this really me?' I felt disconnected from my body. I started avoiding mirrors and wearing loose clothes. I became very self-conscious. Over time, my stomach has gone down a bit, but the scar is still there." **PHM-P005**

For other participants, identity disruption was reinforced by social perception and other reactions, deepening their feelings of disconnection from their bodies

"At first, I felt really uncomfortable because of how people knew me after my first child. Those comments made me very uncomfortable. I avoided looking at myself in the mirror for a while because I didn't recognize my body. I felt sad." **PHM-P004**

Participants described an ongoing process of redefining who they were in light of the bodily changes experienced after childbirth, emphasizing that acceptance and adjustment occurred gradually over time.

"I am still learning to balance my identity as a woman with my role as a mother... I'm slowly adjusting to this new version of myself... The stretch marks and loose belly made me feel disconnected from my old self... I didn't recognise myself in the mirror. I often wondered if I'd ever look the same again." **PHM-P012**

Reduced self-esteem and confidence

Postpartum body changes were closely associated with a decline in self-esteem and confidence. This was evident in how women described their appearance, dressing choices, social engagement, and sense of attractiveness. Reduced confidence was not limited to personality perception but also affected how women believed they were viewed by others, influencing both public and intimate dimensions of their lives.

"Before pregnancy, I was quite confident. I went to the gym regularly and felt fit. Now I value my body differently. It's more about what I'm capable of rather than how I look. Motherhood has humbled me. I've realized that beauty is not only physical. At the same time, I miss feeling attractive and confident. My self-esteem has had ups and downs." **PHM-P004**

For some participants, reduced confidence extended into intimate relationships, with body dissatisfaction directly affecting their sense of desirability.

"For the first two months, I felt too low and even avoided intimacy with my husband. I didn't feel desirable... a lot of social gatherings I don't go to... it's mostly because of my body... The hardest part is accepting my new body and feeling confident during intimacy. It's not easy to feel sexy when you don't like what you see." **PHM-P009**

The social dimensions of reduced confidence were also prominent, with participants describing withdrawal from social interactions and avoidance of public spaces due to heightened consciousness.

"Honestly, I felt bad at first. I didn't like what I saw in the mirror. I would avoid mirrors and photos. I felt less attractive and shy. I even stopped going out for some time. Now I'm trying to accept it little by little. But it's not easy. Sometimes I feel fine, but other times I still feel down... Before pregnancy, I used to feel very confident. I liked my figure, and people complimented me a lot. After childbirth, I felt like I had lost that confidence. Now I see my body differently. I'm beginning to appreciate it more because it carried my baby. But I still miss how I looked before." **PHM-P010**

Comparative body evaluation and recovery expectations

Participants frequently evaluated their postpartum bodies against multiple reference points; pre-pregnancy appearance, anticipated recovery timelines, previous postpartum experiences and the bodies of others. This comparative process was an important driver of dissatisfaction particularly when physical recovery did not align with expectations.

"Before I got pregnant, I was happy with my body shape because I was slim. I thought that even if I gained weight after pregnancy and delivery, it would be minimal. However, I have realized that it is not, so I have gained more weight than I expected." **PHM-P002**

Comparison extended beyond the self to include family members and peers, with women questioning why their own recovery differed from that of others.

"When I look at my mother, who has four children, she is still in good shape... My elder sister is currently pregnant, and she has maintained the same weight she had before pregnancy. So, I keep wondering why mine is different." **PHM-P015**

Comparison with previous postpartum experiences further compounded dissatisfaction for multiparous women, as each pregnancy introduced more pronounced or persistent changes.

"After my second child, I noticed several changes. My stomach didn't go down as quickly as it did after my first baby. With my first baby, after about four months, I was back to normal and felt fit. But with the second one, it wasn't easy." **PHM-P004**

Functional reframing and emerging acceptance

Despite the predominance of negative perceptions, some participants gradually developed a more accepting orientation toward their postpartum bodies. Rather than evaluating the body solely in terms of appearance, these women began to appreciate it in relation to its capabilities, particularly its role in childbearing, recovery, and motherhood. This shift was gradual, partial, and ongoing, and did not necessarily involve the complete resolution of body related concerns.

"Initially, I felt very sad and disconnected from my body. I avoided mirrors and wore loose clothing to hide my shape. Over time, my feelings changed as I focused more on recovery and strength. I now see my body as something that's carried life, which is beautiful even with its imperfections." **PHM-P006**

"Before pregnancy, I was very body-conscious. My confidence came from how I looked. After birth, my confidence dropped. Now I realise my body went through pain and surgery and still functions." **PHM-P005**

For some participants, functional reframing coexisted with ongoing appearance-related concerns illustrating the nuanced and non-linear nature of postpartum body image adjustment.

"Over time, I've become more accepting. I remind myself that my body did something incredible. But I still get insecure when I dress up or compare myself to others." **PHM-P004**

"Before pregnancy, I viewed my body as fit and proportional because I was always active. After childbirth, I see my body differently, strong but altered. My confidence reduced initially, especially when I realised some changes were lasting. Motherhood has helped me appreciate my body's capabilities rather than just its appearance. I now value function over aesthetics. Though I still struggle with self-esteem sometimes, I appreciate my endurance and strength more, even if I'm less satisfied with certain areas like my stomach." **PHM-P012**

THEME 2: Factors Influencing Perceptions of Postpartum Body Image Changes

This theme explores the range of influences that shaped how women perceived and felt about their bodies after childbirth. Findings indicate that postpartum body image was not formed in isolation but was significantly shaped by interpersonal relationships, socio-cultural expectations, media exposure, internalised personal standards, and broader contextual circumstances. Five sub-themes were identified.

Partner Influence

Partner's reactions emerged as one of the most immediate and emotionally significant influence on postpartum body imge. Supportive and affirming responses helped women feel accepted and reduced self-consciousness, while dismissive or critical remarks even when subtle or unintentional intensified dissatisfaction and emotional distress.

"The only person I have discussed with is their dad (partner). His response was not okay. It rather got me more depressed. Because he was like, " Are you the only person who has given birth, that kind of…. So, I was like, how? Because everybody and what they go through. Everybody and their body and how they react to things. It made me feel bad." **PHM-P001**

Indirect signals from partners could be equally impactful. One participants described how seemingly casual comments about comments weight loss made her feel that her partner was affected by her appearance, even when he attempted to be tactful.

"He tries to be positive, but I can tell that he is still struggling with it. I say this because whenever he hears something about weight loss, he will say things like, 'babe, I've heard about this medicine; it helps people lose weight' (laughs), or 'we can try it too' (laughs). He doesn't say it all the time, but whenever he mentions it, I realise that he is affected by it. Although he tries to say it in a nice way so that I don't feel bad, I can still sense it." **PHM-P015**

In contrast, consistent affirmation and reassurance from partners were described as meaningfully protective against body image dissatisfaction.

"My husband kept telling me that I still look good even after giving birth. He encouraged me and made me feel like the changes were normal, and that helped me feel better about myself." **PHM-P011**

"My husband has been very amazing. He always tells me I look very beautiful, even when I doubt it." **PHM-P006**

"My husband has been my strongest supportive system, constantly reassuring me that I'm still beautiful. His affirmation softens my insecurities." **PHM-P012**

Socio-cultural and interpersonal influences

Comments from family members, friends, and the broader social environment shaped how women interpreted and evaluated their postpartum bodies. These remarks often heightened awareness of body changes and increased dissatisfaction, even when not intended as criticism. The experience of feeling simultaneously supported and judged was common.

"My friends commented and asked why I looked like I was about to give birth again, even though I had only delivered once. They told me I should work on my tummy, and that made me very sad." **PHM-P002**

"However, some extended family members made comments like, you have gained weight, which felt hurtful, even if unintentional. Friends sometimes compare me to other new mothers, which adds pressure to me. Overall, I feel supported but also subtly judged at times, and it influences how confident I present myself socially." **PHM-P012**

Cultural norms in the Ghanaian society introduced additional complexity, particularly regarding the meanings attached to postpartum body size. Weight gain after childbirth carried contradictory cultural significance interpreted by some as evidence of good and comfort, and by others as something to be corrected.

"When I delivered, and my mother-in-law came, she said that since I had delivered, I had to eat well so that people could testify that her son was taking good care of me. You know how mothers think that when a postpartum mother is fat, it means she is being taken good care of or that she is comfortable. Those are the kinds of things they talk about." **PHM-P003**

"In our culture, people comment openly when a woman's body, especially after childbirth, changes. Some see weight gain as a sign of good living, whilst others criticise it. These mixed cultural messages affect how I interpret my own postpartum body. Being a Ghanaian also means strong family involvement, which sometimes brings comfort, but also pressure to snap back." **PHM-P012**

Social media and comparison culture

Social media was consistently identified as a significant and largely negative influence on postpartum body image. Participants described comparing themselves to curated images of celebrities and other mothers who appeared to recover rapidly, often within weeks of childbirth. These comparisons intensified feelings of inadequacy and created a sense of falling short of the idealised standard.

PHM-P009 expressed frustration at the unrealistic standards promoted online, observing that

"There is so much pressure on social media to look perfect after childbirth. You see celebrities posing in tight clothes just weeks after giving birth. And it makes you wonder what you are doing wrong." **PHM-P009**

She described social media as *"the worst,"* noting that,

"I see these moms who look like they never even had a baby, and I wonder why I don't look like that yet. It makes me feel like I'm doing something wrong." **PHM-P009**

PHM-P012 echoed this sentiment by saying that

"Social media often shows mothers who return to their pregnancy bodies within weeks, creating unrealistic expectations. I found myself comparing my slow progress to theirs." **PHM-P012**

For some participants, these comparisons triggered active questioning of their own recovery and contributed to heightened emotional distress, even when they were aware that online representations might be unrealistic.

PHM-P002 described how images on TikTok triggered unfavourable comparisons, noting that

"Yes, TikTok. Sometimes when I go on TikTok, I see women who look almost sculpted, with slender waists and flat tummies. When I see them, I ask myself what medications they used or what they drank to look that way." **PHM-P002**

She further recounted comparing herself to a celebrity who had also delivered, stating that

"When I see her flat tummy, I ask myself why she looks like that while I don't. When that happens, I feel sad. Then I tell myself that maybe it's because they are rich and have access to certain medicines. That is how I encourage myself." **PHM-P002**

Internalised pressure and personal standards

In addition to external influences, participants described significant internalised pressure rooted in their own expectations and self-imposed standards. Many women placed considered pressure on themselves to return to their pre-pregnancy appearance., independent of what others said or thought. This internal pressure frequently contributed to frustration and a persistent sense of failing to meet personal goals.

"I feel frustrated, like I'm failing at getting back to where I want to be. My body feels like another thing on my to-do list that I'm not finishing." **PHM-P004**

Even when women recognised the role of external triggers, the internal voice was described as the more persistent and difficult influence to manage.

"Honestly, it's mostly the pressure. When I see those perfect moms online or hear a comment at home, I feel like I have to do something. I wish I could just listen to my mom and rest, but the voice in my head and the comments from my partner won't let me be happy with how I am right now." **PHM-P009**

Some participants described the challenge of balancing self-imposed timelines with the need for self-compassion, recognising that recovery was a personal and non-linear process.

"Sometimes I feel I should look normal by now, but other times I remind myself healing is personal." **PHM-P012**

Contextual influences: work, parity, and personal beliefs

Broader contextual factors further shaped women's postpartum body image experiences. Returning to work following childbirth heightened body-related self-consciousness for some participants, particularly in roles requiring physical presence, professional appearance, or client-facing engagement.

"...Returning to work after maternity leave was challenging because I felt physically weaker and emotionally self-conscious about my appearance. Standing for long hours made me feel the weight of postpartum changes, and interacting with colleagues sometimes made me more aware of my body. Teaching also demands confidence, so I've had to adjust gradually. Still, the children's innocence and energy helped me feel more accepted and valued." **PHM-P012**

Prior childbirth experience influenced both emotional preparedness and physical magnitude of postpartum changes. Women with previous pregnancies generally reported less surprise bodily changes, though higher parity was also associated with more pronounced and persistent physical alterations.

"I think after my second child, I began to notice some changes. With my first child, the changes were not very visible, but after my second, they became more noticeable. After my third child, the changes became much more pronounced, and my tummy has not gone down at all. It has been really draining." **PHM-P009**

Personal and religious beliefs provided a meaningful framework through which some participants accepted and reinterpreted their postpartum bodies. Faith-based perspectives were prominent, with several women drawing on Christian belief to understand their bodily changes as purposeful and worthy of gratitude.

"Yes, so my faith plays a huge role. I'm a Christian, and I often remind myself that my body was used for a divine purpose, bringing life. That perspective gives me peace and gratitude." **PHM-P006**

"Yes, my faith plays a big role. I am a Christian, and I believe my body is a gift from God. I treat it with care and gratitude. My upbringing has also taught me to focus on inner beauty, and I pass the same message on to my daughters." **PHM-P011**

"I believe my body is a vessel that carried life and therefore deserves gratitude, care, and respect. Spirituality and self-compassion guide me to focus more on wellness rather than appearance... These beliefs influence my self-care routines, clothing choices, and mindset. They help me adapt to changes in my body, accept its limitations, and treat myself with kindness, while focusing more on functional health than societal expectations." **PHM-P007**

Discussion

PERCEPTIONS OF POSTPARTUM BODY IMAGE CHANGES

The findings revealed a range of perceptions, from heightened awareness of physical changes to dissatisfaction, disruptions in body identity, and reduced self-esteem. However, some women gradually moved towards greater acceptance of their postpartum bodies and developed a deeper appreciation of their bodies' functional capabilities. These findings support contemporary perspectives that view body image as a multidimensional construct encompassing perceptual, emotional, cognitive, and behavioural dimensions (19). To our knowledge, this is among the few qualitative studies to explore postpartum body image experiences among women in Ghana, providing context-specific insights into how women interpret and respond to bodily changes after childbirth.

Participants demonstrated a high level of awareness of postpartum bodily changes and described their experiences in rich detail. Their accounts reflected not only recognition of physical changes but also the emotional meanings attached to those changes. Women frequently discussed alterations in weight, body shape, skin appearance, breasts, and abdominal features, indicating that postpartum body changes were highly salient aspects of their lived experiences.

The detailed descriptions provided by participants suggest that they were highly aware of the physical changes that occurred after childbirth. According to Objectification Theory, women may become increasingly attentive to their bodies because of concerns about appearance and how their bodies are viewed by others (20). During the postpartum period, this awareness may be heightened as bodily changes occur rapidly, are visible, and can be difficult to ignore (21).

Participants described a wide range of postpartum changes, including weight gain, abdominal enlargement, stretch marks, breast changes, surgical scars, hair loss, and skin changes. These findings are consistent with existing evidence on the physiological changes that commonly occur after childbirth (3, 22, 23). Beyond simply identifying these changes, participants often spoke about how the changes affected their feelings about themselves and their bodies. Similar observations have been reported in previous qualitative studies. (24) found that postpartum women gave detailed accounts of their changing bodies and the emotions associated with those changes. Likewise, (25) reported that postpartum body changes were experienced not only as physical events but also as experiences that influenced women's self-perceptions and emotional wellbeing.

Women who had undergone caesarean section appeared particularly conscious of their scars and abdominal changes. This finding is consistent with studies showing that mode of delivery can shape postpartum body image and body-related perceptions (26–29). The visibility of the scar and the longer recovery period associated with caesarean birth may serve as ongoing reminders of childbirth, thereby maintaining awareness of bodily changes long after delivery.

Negative body evaluation and dissatisfaction emerged as one of the most prominent experiences among participants. Women frequently described dissatisfaction with visible bodily changes following childbirth, particularly changes to the abdomen, stretch marks, weight gain, and caesarean section scars. These findings reflect the extent to which postpartum body changes remained salient in women's everyday lives and influenced how they perceived themselves. Similar concerns have been reported in studies from both high-income and low- and middle-income settings, suggesting that body dissatisfaction is a common feature of the postpartum experience (15, 30, 31).

The abdomen attracted the greatest attention among participants, with many describing frustrations about its altered appearance and difficulty returning to their pre-pregnancy shape. The prominence of the abdomen may be linked to its visibility and its symbolic connection to pregnancy and childbirth. Stretch marks and caesarean section scars were also frequently mentioned, indicating that visible reminders of childbirth continued to shape women's perceptions of their bodies long after delivery. Similar patterns have been reported in previous studies, including those conducted in

Ghana, where concerns about abdominal appearance, weight changes, and surgical scars were found to influence postpartum body image (13, 32–34).

Participants' accounts further showed that dissatisfaction extended beyond appearance alone. Feelings of sadness, frustration, regret, and loss were commonly expressed when women reflected on the changes they had experienced. These emotional responses suggest that postpartum body changes can affect broader perceptions of self-worth and identity. From the perspective of Objectification Theory, such reactions may reflect body shame arising when women perceive their bodies as falling short of internalised appearance ideals (35). Previous research similarly links body dissatisfaction and body shame to psychological distress, low self-esteem, and poorer emotional well-being during the postpartum period (36, 37).

Despite these negative evaluations, participants did not view their bodies in exclusively negative ways. Some women simultaneously expressed dissatisfaction with aspects of their appearance while appreciating their bodies' ability to carry, deliver, and nourish their babies. This suggests that postpartum body image is complex and multidimensional. Appearance-related concerns can coexist with positive evaluations of bodily function, supporting the distinction between body appearance and body functionality proposed by (19). Similar findings have been reported among postpartum women who described feeling dissatisfied with physical changes while also valuing their bodies for breastfeeding and motherhood-related functions (38–40).

Beyond dissatisfaction with appearance, participants described a deeper sense of disconnection from their bodies. Many struggled to recognise themselves physically and reported feeling unfamiliar with bodies that no longer matched their pre-pregnancy expectations. These experiences suggest that postpartum body changes affected not only appearance but also women's sense of identity and continuity of self.

For several participants, bodily changes appeared to challenge previously held assumptions about who they were and how they expected their bodies to look and function. The transition to motherhood therefore involved not only adapting to new responsibilities but also renegotiating relationships with their own bodies. Similar experiences have been documented in qualitative studies where women described feeling that their bodies no longer felt like their own and spoke about the difficulties involved in adjusting to a changed physical self (38, 41, 42).

Objectification Theory offers one possible explanation for these experiences. The theory suggests that sustained attention to bodily appearance may weaken the connection to internal bodily experiences, leading women to evaluate themselves primarily from an external perspective (20). In the postpartum period, this may make adaptation more difficult as women focus on how their bodies look rather than how they function or recover. Emerging evidence supports this interpretation, showing associations between self-objectification, body shame, reduced interoceptive awareness, and postpartum psychological distress (37, 43, 44).

The mirror avoidance, photo avoidance, and feelings of bodily unfamiliarity reported by participants further suggest attempts to minimise encounters with aspects of the body that generated discomfort. Such avoidance behaviours have been reported elsewhere and may represent coping responses to distressing body-related thoughts and emotions (25). The consistency of these experiences across different cultural settings indicates that difficulties adjusting to a changed body may be a common aspect of the postpartum experience rather than a phenomenon limited to a specific social context ((13, 45, 46).

Changes in body image were also reflected in participants' self-esteem and confidence. Many women described feeling less confident about their appearance, social interactions, intimate relationships, and, in some cases, their professional lives. These findings suggest that postpartum body image concerns extend beyond physical appearance and influence broader aspects of psychological and social functioning.

Participants frequently linked dissatisfaction with their bodies to reduced willingness to engage in social activities. Some avoided public outings, limited social interactions, or became reluctant to meet new people. Such responses indicate that body image concerns may affect how women participate in social life and how comfortable they feel within their communities. Similar patterns have been observed in previous studies, where postpartum women reported social withdrawal and avoidance behaviours related to concerns about appearance and weight gain (7, 47).

Reduced confidence was also evident within intimate relationships. Several participants described feeling less attractive or less comfortable with their partners following childbirth. These experiences highlight the interpersonal consequences of postpartum body dissatisfaction and demonstrate how body image concerns can influence relationship dynamics. Existing research similarly suggests that negative body image may contribute to appearance-related anxiety, reduced relationship satisfaction, and lower sexual confidence during the postpartum period (48, 49).

From the perspective of Objectification Theory, diminished confidence may arise when women internalise appearance standards and evaluate themselves against these expectations. Self-objectification and body shame have been linked to lower self-esteem, poorer mental well-being, and negative interpersonal experiences, suggesting that body image concerns can affect multiple areas of postpartum adjustment (10, 37, 50, 51).

Participants frequently evaluated their bodies through comparison with other reference points. These included their pre-pregnancy bodies, previous postpartum experiences, other women, and idealised images encountered through social media. Such comparisons appeared to shape how women judged their progress, recovery, and overall appearance after childbirth.

For many participants, the pre-pregnancy body represented an ideal state to which they hoped to return. Recovery was often assessed by the extent to which the current appearance resembled the body they had before pregnancy. This finding reflects broader societal expectations that women

should eventually regain their pre-pregnancy appearance following childbirth. When recovery did not occur as quickly as expected, dissatisfaction and frustration often emerged. Similar patterns have been reported in previous studies, where comparisons with pre-pregnancy appearance were strongly associated with postpartum body image concerns (14, 38, 52).

Social Comparison Theory provides a useful framework for understanding these experiences. According to the theory, individuals evaluate themselves by comparing their attributes with those of others (53). In the present study, comparisons with women perceived as having recovered more quickly or maintained more desirable body shapes often resulted in negative self-evaluations. Exposure to idealised images on social media appeared to reinforce these comparisons and contribute to unrealistic expectations about postpartum recovery (54, 55).

Among multiparous women, comparisons extended beyond the current pregnancy to previous postpartum experiences. Women who perceived greater bodily changes across successive pregnancies often reported increased dissatisfaction and concern. This finding supports evidence suggesting that cumulative bodily changes associated with multiple pregnancies may influence perceptions of postpartum body image (34).

Although negative perceptions dominated many accounts, participants also described a gradual movement toward acceptance of their postpartum bodies. Rather than focusing solely on appearance, some women began to evaluate their bodies in terms of what they were capable of doing. This shift was particularly evident in discussions of childbirth, recovery, breastfeeding, and caring for infants.

Participants who adopted this perspective appeared better able to accommodate bodily changes and view them within the broader context of motherhood. Instead of interpreting changes exclusively as losses, they increasingly recognised them as evidence of what their bodies had endured and achieved. This reflects the concept of body functionality appreciation, which emphasises valuing the body for its capabilities rather than its appearance (19).

Importantly, acceptance was not described as a complete resolution of body image concerns. Women continued to notice bodily changes and, in some cases, remained dissatisfied with aspects of their appearance. However, these concerns became balanced by a growing appreciation of bodily function and resilience. This suggests that positive and negative body evaluations can coexist rather than representing opposite ends of a single continuum. Similar findings have been reported in studies showing that postpartum women often experience simultaneous feelings of dissatisfaction and appreciation as they adjust to their changing bodies (38).

The gradual nature of this adjustment further highlights the complexity of postpartum body image. Adaptation appeared to involve an ongoing process of redefining bodily expectations, integrating the experience of motherhood, and developing new ways of understanding the body. These findings suggest that postpartum body image should be viewed as dynamic rather than static, with women moving through different stages of evaluation, adjustment, and acceptance over time (38, 41).

Factors Influencing Perceptions of Postpartum Body Image

The findings showed that partners played a significant role in shaping how women perceived their postpartum bodies. As the individuals closest to them, partners often influenced body image through their words, attitudes, and reactions to bodily changes after childbirth. Women who received reassurance, acceptance, and affirmation from their partners generally reported feeling more comfortable with their bodies. In contrast, those who encountered criticism, dismissive remarks, or comments that focused heavily on appearance described greater dissatisfaction, emotional distress, and feelings of inadequacy. These findings are consistent with previous research identifying partner support as an important interpersonal factor that can either protect against or contribute to postpartum body dissatisfaction (14, 24). Similarly, supportive partner relationships have been associated with more positive body image adjustment and improved emotional well-being during the postpartum period ((7, 10, 56).

In the Ghanaian context, partner approval appears to carry considerable social and emotional significance. (34) found that approximately one-third of postpartum women reported that their partners were dissatisfied with their post-delivery appearance. The present study adds further insight by showing that partner influence was not limited to direct criticism. Many participants described situations in which comments about losing weight or improving appearance were presented as encouragement or helpful advice yet were interpreted as indications that their partners were unhappy with their current bodies. These subtle messages were often just as influential as overt criticism because they affected how women viewed themselves and assessed their recovery. This observation supports findings that indirect forms of partner objectification can contribute to self-objectification and body shame (57).

Objectification Theory provides a useful lens for understanding these experiences. According to the theory, comments and behaviours that place emphasis on a woman's appearance can encourage her to view herself primarily through the lens of how her body looks rather than who she is as a person (20). When this occurs, women may become increasingly focused on monitoring and evaluating their appearance. Research has shown that partner objectification during the postpartum period is associated with higher levels of body shame, lower self-esteem, more negative experiences of motherhood and intimate relationships, and effects that may persist over time (50, 57, 58).

On the other hand, participants who described their partners as accepting, reassuring, and supportive appeared better able to adjust to postpartum bodily changes. Partners who normalised these changes and expressed appreciation that was not dependent on appearance seemed to provide an important source of emotional protection. Their support helped women view postpartum changes as a normal part of motherhood rather than as

evidence that their bodies had become less desirable. These findings suggest that partner acceptance may play an important role in promoting healthier body image adjustment during the postpartum period.

The findings highlight the complex socio-cultural environment within which Ghanaian women experience and evaluate their postpartum bodies. Participants described receiving different, and sometimes conflicting, messages from family members, friends, and the wider community regarding how a woman should look after childbirth. These messages often reflected a tension between traditional body ideals and more contemporary standards influenced by globalisation and media exposure. Traditionally, postpartum weight gain is often viewed positively in Ghanaian society, where it may be interpreted as evidence of good care, good health, and social well-being. This perspective is consistent with broader West African beliefs that associate a fuller body with fertility, prosperity, and social status (12, 59, 60). At the same time, increasing exposure to Western beauty ideals has contributed to growing expectations for women to maintain slimmer body shapes, particularly in urban settings (12, 61, 62).

Participants' experiences reflected this tension clearly. While some women were encouraged to eat well and maintain or even gain weight after childbirth, they also reported feeling pressure to lose weight and return quickly to their pre-pregnancy appearance. Navigating these competing expectations appeared to create uncertainty about what constituted a desirable postpartum body. Similar tensions between traditional and modern body ideals have been reported in other societies undergoing social and cultural change (63). However, the findings suggest that these conflicting expectations may be particularly relevant in the Ghanaian context, where traditional beliefs and modern influences often coexist within the same social environment.

The interpersonal dimension of these socio-cultural influences was especially evident in participants' accounts. Comments from family members, friends, and community members frequently reflected broader cultural expectations regarding postpartum appearance and often heightened women's awareness of their own bodies. In Ghana, where postpartum care commonly involves close family participation and social relationships are strongly collective, women are regularly exposed to the opinions and expectations of others regarding their physical appearance (32, 64). Although this social involvement can provide valuable emotional and practical support, it can also increase feelings of being watched, evaluated, or judged.

From the perspective of Objectification Theory, repeated exposure to appearance-focused comments may encourage women to monitor and evaluate their bodies more closely, contributing to body surveillance and self-objectification (20)). The findings suggest that even seemingly routine comments about weight, body shape, or recovery may carry important psychological implications because they influence how women think and feel about their bodies. This is particularly important given evidence showing that body satisfaction among postpartum women is closely linked to self-esteem and overall well-being (10). Taken together, the findings indicate that postpartum body image is shaped not only by individual perceptions but also by the broader social and cultural environment within which women live and interact.

Social media emerged as a powerful influence on how participants viewed their postpartum bodies, and its impact was largely negative. Many women described regularly encountering images and videos on platforms such as TikTok and Instagram that portrayed rapid postpartum recovery and highly idealised body shapes. These portrayals often became points of comparison, leading participants to question their own progress and feel dissatisfied with their bodies. Similar patterns have been reported in previous research, which shows that social media can contribute to postpartum body dissatisfaction through appearance-based comparisons and the internalisation of thin body ideals (65). Exposure to idealised images online has also been linked to poorer body image and psychological well-being among postpartum women (55), while appearance-focused content promoting thinness or toned physiques has been associated with increased body dissatisfaction (66).

The findings suggest that social media influenced participants primarily through the process of upward social comparison. Women frequently compared themselves with celebrities, influencers, or other mothers who appeared to have regained their pre-pregnancy bodies within a short period of time. These comparisons often led participants to perceive their own recovery as inadequate or slower than expected. Social Comparison Theory (53) provides a useful explanation for this pattern, as individuals tend to evaluate themselves against others whom they perceive as performing better or possessing more desirable attributes. In this study, such comparisons appeared to contribute to feelings of disappointment and dissatisfaction with postpartum recovery. Similar mechanisms have been identified by (17), who found that problematic social media use is associated with psychological distress through the pathways of social comparison and body dissatisfaction.

Importantly, the influence of social media did not operate independently of other factors. Rather, it appeared to reinforce and intensify existing cultural and interpersonal pressures surrounding postpartum appearance. Women who were already navigating conflicting expectations from family members, partners, and society encountered social media as an additional source of pressure, often presenting unrealistic standards of recovery and appearance. The combined effect of these influences may help explain the level of body image distress reported by some participants. This interpretation is consistent with broader applications of Objectification Theory, which emphasise how multiple social and cultural influences can interact to shape women's psychological experiences and perceptions of their bodies (37, 67).

Despite the predominantly negative experiences reported in this study, it is important to acknowledge that social media is not inherently harmful. Emerging evidence suggests that body-positive and functionality-focused content can provide a more supportive alternative by encouraging women to appreciate their bodies beyond appearance and develop more positive body image attitudes (68–70). However, exposure to such content was not commonly described by participants, suggesting that idealised recovery narratives may currently be more visible and influential within the online spaces they engage with.

In addition to the influence of partners, family members, and social media, participants described considerable pressure that came from within themselves. Many women held strong personal expectations about how their bodies should look after childbirth and how quickly they should recover. For some, these expectations remained powerful even when they received reassurance and support from those around them. In several cases, positive feedback from partners was not enough to ease dissatisfaction because women continued to judge themselves against their own internal standards. This finding reflects evidence that internalised body ideals can become a source of distress in their own right, operating independently of external influences (10, 50).

Participants' accounts suggest that societal expectations about appearance had, over time, become deeply internalised. Rather than responding only to direct comments from others, women often evaluated themselves according to standards they had come to accept as personally important. Objectification Theory helps explain this process by proposing that repeated exposure to appearance-related pressures can gradually lead women to adopt these standards as their own, resulting in ongoing self-monitoring and self-evaluation (20)). In this way, external expectations become self-directed, with women assessing their bodies according to the same appearance ideals they perceive society to value.

The findings also suggest that this internal pressure was closely linked to feelings of disappointment when recovery did not occur as expected. Some participants appeared to interpret slower physical recovery as a personal shortcoming rather than a normal part of the postpartum experience. Similar observations have been reported in previous research. (37) found that self-objectification serves as a pathway through which external pressures influence negative body image outcomes, with body shame playing a central mediating role. (41) likewise reported that first-time mothers were strongly influenced by "bounce back" culture and often viewed slower recovery as evidence of personal failure. (71) further linked postpartum guilt to unrealistic self-expectations, including pressures related to body image and media-driven comparisons.

The presence of internal pressure, even when external criticism was absent, is an important finding because it highlights the need to look beyond social influences alone when addressing postpartum body image concerns. While supportive relationships remain important, the findings suggest that women may continue to struggle if deeply held beliefs and expectations about appearance are left unchallenged. This has important implications for postpartum support and intervention. Approaches that encourage self-compassion, realistic expectations about recovery, and greater flexibility in how women think about their bodies may help reduce distress and promote healthier adjustment during the postpartum period (6, 72).

Beyond interpersonal, cultural, and media-related influences, participants identified several broader contextual factors that shaped their experiences and interpretations of postpartum body changes. These included returning to work, previous childbirth experiences, and personal or religious beliefs, all of which influenced how women viewed their bodies during the postpartum period.

Returning to the workplace emerged as an important source of body-related self-consciousness for many participants. Women working in environments that required regular interaction with colleagues, clients, or the public often reported increased awareness of their appearance and greater concern about how others perceived them. For some, returning to work meant re-entering social and professional spaces where appearance was more visible and open to evaluation. Similar findings have been reported by (7), who found that many working mothers struggled to balance their professional identities with the physical realities of postpartum recovery. Objectification Theory offers a useful explanation for these experiences, suggesting that environments in which individuals feel observed or evaluated can increase self-objectification and appearance monitoring (20). Consistent with this perspective, heightened social scrutiny has been associated with greater body awareness and body-related distress during the postpartum period (58).

The influence of parity was more nuanced. Women who had previously experienced childbirth often described feeling better prepared for the physical changes that accompany pregnancy and postpartum recovery. Prior experience appeared to reduce uncertainty and helped some women develop more realistic expectations about what to expect after delivery. At the same time, participants with multiple childbirth experiences also reported more noticeable and persistent bodily changes. This suggests that while previous experience may reduce the shock associated with postpartum changes, it does not necessarily lessen their physical or emotional impact. Similar observations have been reported in studies showing that repeated pregnancies influence how women experience and evaluate their bodies (14, 31).

Personal and religious beliefs emerged as important protective influences within participants' accounts. Several women described drawing on their Christian faith to make sense of postpartum body changes, viewing them as meaningful, purposeful, and deserving of gratitude rather than criticism. This perspective appeared to help women reframe bodily changes in more positive ways and reduce the emotional burden associated with appearance-related concerns. Rather than focusing solely on how their bodies looked, participants often reflected on what their bodies had accomplished through pregnancy, childbirth, and motherhood. This finding is consistent with evidence suggesting that greater appreciation of non-appearance aspects of the body, including its functional and spiritual significance, is associated with more positive body image and lower body dissatisfaction (19, 73).

The role of faith is particularly noteworthy within the Ghanaian context, where Christianity forms an important part of everyday life and personal identity for many women. The findings suggest that faith-based beliefs may provide women with an alternative framework for understanding postpartum body changes, one that emphasises gratitude, purpose, resilience, and acceptance rather than appearance alone. As such, faith may represent a culturally relevant resource that could support positive body image adjustment during the postpartum period and deserves greater consideration in future research and postpartum support programmes.

Strengths and Limitations

This study provides in-depth insights into postpartum body image experiences among Ghanaian women using a qualitative phenomenological approach. The inclusion of women with different ages, parity, marital status, and modes of delivery enhanced the richness of the data. The use of Objectification Theory also provided a useful framework for understanding participants' experiences.

However, the study was conducted in a single urban hospital, which may limit the transferability of the findings to women in other settings. As with all interview-based studies, responses may have been influenced by recall bias and social desirability bias. In addition, the findings reflect the experiences of women who attended postnatal services and may not represent the perspectives of women who do not routinely access healthcare services.

Conclusion

The findings of this study demonstrate that postpartum body image is a complex and multifaceted experience shaped by physical changes, personal interpretations, social interactions, and broader cultural influences. Women's perceptions of their bodies ranged from dissatisfaction, body identity disruption, and reduced self-esteem to gradual acceptance and appreciation of bodily functionality. These experiences highlight that postpartum body image extends beyond physical appearance and encompasses emotional, cognitive, and behavioural dimensions.

The study further revealed that women's perceptions of their postpartum bodies are influenced by a combination of interpersonal, socio-cultural, technological, and individual factors. Partners, family members, community expectations, social media exposure, internalised appearance standards, workplace experiences, parity, and personal beliefs all played important roles in shaping how women evaluated and responded to postpartum bodily changes. While some influences contributed to dissatisfaction and self-consciousness, others, particularly supportive relationships and faith-based perspectives, appeared to promote acceptance and positive adjustment.

Viewed through the lens of Objectification Theory, the findings suggest that many postpartum women continue to navigate appearance-related pressures that encourage body surveillance, self-objectification, and body shame. At the same time, the findings demonstrate that women are not passive recipients of these pressures. Many actively reinterpret their experiences, drawing on personal resilience, motherhood, body functionality, and religious beliefs to develop more accepting relationships with their bodies.

The findings overall highlight the importance of recognising postpartum body image as an integral aspect of women's postnatal experiences and maternal well-being.

Declarations

Ethics approval and consent to participate

Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee, with ethical clearance letter no. GHS-ERC:059/08/25. After obtaining ethical clearance from the Ethical Review Committee of Pentecost Hospital, a member of CHAG, data collection was started. Participants' names or other personal information were not used in data collection or analysis. All methods were performed in accordance with the Declaration of Helsinki and its relevant guidelines and regulations.

Consent for publication

Not applicable.The manuscript does not contain identifying images or directly identifiable personal information of individual participants. Participants were assigned alphanumeric codes, and identifying information was removed from the research findings to maintain confidentiality.

Competing interests

The authors declare that they have no competing interests.

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Availability of data and materials

The datasets generated and/or analysed during the current study are not publicly available due to confidentiality considerations but are available from the corresponding author on reasonable request.

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Authors' information (optional)

Not applicable

Authors' contributions (optional)

YNMN conceived the study, collected and analysed the data, and drafted the manuscript. AKA supervised the study, reviewed the manuscript, and approved the final version.

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