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Sociocultural Influence of Body Image Dissatisfaction on Postpartum Depression Among Nursing Mothers in Southwest, Nigeria

YETUNDE SAMUEL-AJAYI

yetunde.ojo@bowen.edu.ng

Bowen University https://orcid.org/0000-0002-6209-6330

Olubukola Abimbola,WELLINGTON

Redeemer's University https://orcid.org/0000-0002-3063-1319

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SOCIOCULTURAL INFLUENCE OF BODY IMAGE DISSATISFACTION ON POSTPARTUM DEPRESSION AMONG NURSING MOTHERS IN SOUTHWEST, NIGERIA

Yetunde Abiola, SAMUEL-AJAYI
Sociology Department, College of Management and Social Sciences
Bowen University, Iwo, Osun State, Nigeria

Olubukola Abimbola,WELLINGTON

Department of Sociology and Social work

Redeemers University, Ede, Osun State, Nigeria

Abstract

Introduction: Postpartum adjustment is a crucial developmental phase for new mothers, marked by intense physical, psychological, and sociocultural transitions. In contexts like Nigeria, sociocultural expectations around motherhood and ideal female appearance may heighten the risk of body image dissatisfaction and postpartum depression (PPD) among nursing mothers.

Aims: This study examined the sociocultural influences of body image dissatisfaction on postpartum depression while also ascertaining the mediating role of appearance-related social comparisons and thin-ideal internalization in the prediction of body image dissatisfaction and postpartum depression.

Methods: A convergent parallel mixed-methods design was used among 619 nursing mothers in Southwest Nigeria. Quantitative data were analysed using descriptive statistics, Pearson correlation, multiple regression, binary logistic regression, and mediation analysis. Qualitative data from in-depth interviews were analysed thematically to contextualize women's experiences of sociocultural influences on postpartum body image.

Results: Partner (β = 0.46, p < .01) and parent (β = 0.17, p < .01) influence were significant predictors of body image dissatisfaction, while peer and media influences were not significant. Sociocultural factors accounted for 25% of the variance in body image dissatisfaction. Body image dissatisfaction was strongly associated with postpartum depressive symptoms (r = .76, p < .01) and remained significant after adjustment for relevant covariates (OR = 2.148, 95% CI: 1.838–2.510, p < .001). Mediation analysis revealed a significant indirect path through body image dissatisfaction (B = 0.131, 95% CI: 0.092–0.167), but thin-ideal internalization and appearance-related social comparison did not emerge as significant mediators. Furthermore, the study revealed that comments made by parent/family and partners were very prominent, along with expectations regarding weight and size of abdomen and the need to get back to the pre-pregnancy body. The abdomen was the most frequent vent of dissatisfaction, but some women subverted peer and media messages.

Conclusion: In the context of Nigeria, it was found that parental and partner support were particularly influential in determining postpartum body image. The findings are consistent with the Tripartite Influence Model and, through Symbolic Interactionism, illuminate women's agency in negotiating socially constructed meanings of the body. Addressing sociocultural and body-image issues in postpartum mental health interventions may be beneficial for managing depressive symptoms

Keywords: Sociocultural factors, body image dissatisfaction, postpartum depression, nursing mothers, appearance-related social comparisons, thin-ideal internalization

Introduction

Motherhood is depicted as a gorgeous re-invention, a new identity that is covered with delight and satisfaction. To a few women particularly in transitional societies, postpartum period is more of emotional turbulence in silence. Although, the birth of a child is traditionally related to a sense of joy and satisfaction, the postnatal period might be emotionally distressing too. The process of changing into motherhood usually leaves women vulnerable to various mental health issues due to significant physiological, hormonal, and emotional changes (Nakidde et al., 2023; Danso-Appiah et al., 2024). These are postpartum blues, anxiety disorders and in extreme cases, postpartum depression (PPD).

Maternal mental health has been a burning issue of concern in the discussion of the public health in the world and as more concern has been raised regarding the psychological well-being of the women as, they go through and even after pregnancy (Samuel-Ajayi et al, 2025). According to one research by the World Health Organization (2020), it has been found that 10 percent of pregnant women and 13 percent of postpartum women have mental health issues (depression and anxiety) following delivery, and the most significant mental issue is depression. Postpartum depressive symptoms, a frequent yet underdiagnosed maternal mental health issue, refer to persistent emotional disturbances that occur within the first year after childbirth. According to the DSM-5, such symptoms may emerge within four weeks postpartum, while the ICD-10 extends the diagnostic period to six weeks. However, agencies like WHO and CDC have expanded the period of new mothers' vulnerability to twelve months postpartum, citing extended psychological vulnerability (Dimcea et al., 2024).

According to Wang, et al., (2021) one out of every five women experiences postpartum depression. Moreover, Abenova et al (2022), global prevalence of PPD among mothers is between 0.5% and 63.3%. Some researchers have documented the prevalence of PPD in various countries. For instance, in China, 20.2% (Wang et al, 2024), Indian 22.0% (Gupta et al, 2025); Ukraine (Gusak et al, 2024); England 23.9% (Harrison et al., 2023) and USA 19% (Khadka, 2024).

Liu et al., (2022) submitted that the prevalence of PPD in developing countries seems relatively high. In a study on PPD prevalence carried out in some sub-Saharan African countries by Nweke et al., (2024) documented South Africa (30.6%); Zimbabwe (29.3%), and Tanzania (13.5%). Within Nigeria, Adeyemo et al., (2020) reported a 35.6% prevalence of PPD in Lagos, Anosike, et al (2024) found (20%) in Nsukka, Wellington recorded a 28.1% in Ibadan, and Abba et al., (2023) accounted for 16.3% in Kaduna. Moreover, Moreover, Nweke et al., (2024) assert that PPD constitutes a significant health burden in Sub-Saharan African countries such as Nigeria and is fast becoming an epidemic.

Postpartum depression is one salient aspect of motherhood viewed as common psychosocial consequences of motherhood which include persistent sadness or mood swings, crying spells (Nweke et al.,2024); difficulty bonding with the baby(Chan et al.,2020) changes in appetite/eating pattern, sleep disturbances/ insomnia, fatigue or loss of energy (Xiong & Deng,2020) feelings of worthlessness or guilt, insecurity, emotional instability, mental confusion, loss of self, difficulty concentrating or making decisions (Gonzalez et al., 2022) changes in weight, loss of interest or pleasure,(Zhao & Zhang, 2020) physical discomforts such as headaches, stomachaches, muscle pains (Niel et al., 2020).

However, changes in pregnancy and childbirth could lead to psychological and emotional sequels such as concern about body image (Kiani-Sheikhabadi et al., 2019; Grajek et al., 2022; Crossland et al., 2023). Pregnant women undergo rapid and distinctive changes in their body weight, shape, and size and most of them are not satisfied with their bodies after delivery. Body image dissatisfaction is characterized by a negative assessment of one's physical appearance and involves a gap between people's judgments of their physical appearance and their ideal appearance (Okoro et al., 2021). Researchers have documented that negative body image concerns among postpartum mothers may result in depressive symptoms (Meireles et al., 2022; Reiesco-Gonzalez et al., 2022).

However, researchers (Riesco-González et al., 2022; Crossland et al., 2023; Owusu et al., 2024) opined that all the concern about body image during the postpartum period could be explained by the literature suggesting that women perceive sociocultural pressures to achieve ideal but unrealistic perfect bodies during this stage, which contributes to their body image concerns. The influences on body image in the postpartum period are thought to be predominantly sociocultural (Owuzu et al., 2021; Becker, et al., 2022; Hermandez et al., 2025).

On the other hand, a growing body of research links PPD to psychosocial stressors such as limited social support, body image concerns, thin-ideal internalization, and appearance-based social comparisons (Tian et al., 2025; Bi et al, 2024). In transitional societies like Nigeria, where thinness is prized in popular culture but often conflicts with cultural body ideals, dissatisfaction with the postpartum body is not merely a vanity issue, it becomes a mental health concern (Naijad et al., 2023). Nigerian women have mixed expectations that are full of contradictions: on the one hand, thinness is becoming a standardized ideal throughout the global media, and on the other hand, in the culture of Nigerian tradition, postnatal plumpness remains the symbol of vitality and sexual

attractiveness. (Bi et al., 2024). Such conflicting standards reinforced by the media, peers, partners, and family may increase self-examination, resulting in body dissatisfaction (Merino et al., 2024).

Hypothetical descriptions of these results tend to be the Tripartite Sociocultural Influence Model (Thompson et al, 1991), which focuses on the way body dissatisfaction is influenced by peers, parents, and media through the mechanisms of thin-ideal internalization and appearance-based social comparison. This model has been confirmed by a number of scholars (Yager et al., 2022; Rodger et al., 2024). In addition, Lovering et al (2018) incorporated the influence of significant others (partners) and introduced the fourth important factor of intimate relationships. The present study further expands the model by integrating cultural norms as a fifth factor, recognizing the role of societal expectations and traditional beliefs in shaping postnatal body perceptions in African contexts. This is because cultural standards of beauty strongly influence how women perceive their bodies after childbirth. In many communities in South west, Nigeria for instance, traditional ideals often associate a fuller figure with health, fertility, and wealth. However, increasing exposure to globalized, western beauty standards often propagated through social and digital media could create conflicting expectations. This dual influence may contribute to heightened body image dissatisfaction among postpartum women who found themselves navigating between traditional and modern ideals of attractiveness.

Parental or elder advice about weight loss, media-driven portrayals of motherhood, and peer comparisons intensify these pressures. Traditional practices such as *omugwo*, a customary postnatal care system may offer emotional and practical support. However, the experience can vary significantly depending on the relational dynamics and cultural expectations within the extended family. Moreover, unsolicited partner comments regarding body shape post-delivery have been linked to poor self-esteem and depressive tendencies (Owusu et al., 2024). Media

content glamorizing thinness exacerbates this issue by promoting unrealistic postpartum appearances (Olutona et al., 2023).

Furthermore, many nursing mothers engage in self-evaluations and comparisons with peers or online influencers, often leading to dissatisfaction with their physical outlook (Pasupaleti et al., 2020). Studies have shown that cultural stigma around postpartum body weight often marginalizes women who do not conform to local ideals of beauty (Sun et al, 2022; Dever et al, 2025) . In such socio-cultural settings, mental health challenges may be overlooked or misinterpreted as signs of weakness, which only worsens the condition.

Consequently, Thompson et al, (1999) documented that the sociocultural theory in Tripartite influence model indicate that individuals engage in appearance-related social comparisons which entails comparing one's appearance with that of models seen in mass media and internalization which encompasses adapting external cues related to appearance ideals and making them available for one's internal views beauty ideals depicted in mass media. The theory proposed that both processes as mediating the relationship between media consumption and negative body image with a large number of studies supporting these assumptions in traditional media. Internalization of thin-ideal, where people apply socially constructed standards of beauty to themselves as a personal standard, often leads to chronic comparison with others and increases exposure to depressive symptoms (Ogunseyi et al., 2024). This especially worries the postpartum period when women are already challenged physically and emotionally. Alternatively, as stated by Barbierik et al (2023), when objective standards are not tapped into, women tend to compare themselves with others to comprehend their place in the world wherein social comparison may mediate between sociocultural variables and body image dissatisfaction according to the tripartite influence model.

Nigerian women are at a higher risk of developing mental health problems because of the mounting pressure to recover the bodies before pregnancy and with little postpartum care and lack of access to mental health services (Odufuwa et al., 2022; Adams et al; 2023). The sub-Saharan African experience demonstrates that postpartum women feel dissatisfied with their bodies, which are associated with low self-esteem, emotional turmoil, and social alienation (Adams et al., 2023; Addo, 2024; Sengoka, et al., 2025). Therefore, the connection between body image dissatisfaction and postpartum depression as a result of sociocultural influence is a multidimensional challenge that needs immediate academic treatment, particularly in the Nigerian setting. This study seeks to explore this relationship by focusing on postpartum women in Southwest Nigeria, where the dual burden of social expectation and physical transformation significantly influences maternal mental health.

Present Study

To contextualize this study, there is a dearth of studies on body image concerns and depressive symptoms among postpartum women in Nigeria and Africa. Although, postpartum depression and body image dissatisfactions are global health concerns, the bulk of existing research on these issues are from Western countries (Wang et al., 2021; Reisco-Gonzalez et al.;2022; Rodgers et al, 2024).

Some previous studies in Nigeria and Africa have examined the influence of body image dissatisfaction on depression among populations other than postpartum women (Ojo, et al., 2019; Otike-Odibi & Okeafor, 2022; Olutona et al., 2023) while some studies have worked on the impact of body image dissatisfaction on depression among women (Okoro, 2021; Olabisi et al., 2024). Also, other researchers have investigated the relationship between maternal depression and socioeconomic factors (Wellington, 2023; Wegbom et al., 2024). However, there exists a notable

gap in understanding how sociocultural context (Peers, parents, partners, media) could influence body image concerns. Examining the sociocultural context of body image dissatisfaction with postpartum depression and having a deeper knowledge of the relationship that exists between body image dissatisfaction and postpartum depression will help to inform more effective interventions and support systems tailored to the needs of nursing women who are often referred to as a vulnerable population.

Moreover, few researchers, though in Western countries have adopted the use of the Tripartite model of body image dissatisfaction and psychological disorders (Lovering et al, 2018; Schaefer, et al. 2021 & Maher, 2021). Among these studies, only Lovering et al (2018) examined the influence of parent, peers, partners, and media sociocultural factors among postpartum women, other studies were carried out among populations other than nursing women. Additionally, none of these studies carried out in Western countries using the Tripartite model have neither examined the influence of cultural norms as a sociocultural variable influencing body image dissatisfaction on postpartum depression and coping strategies adopted for body image concerns and postpartum depression among nursing women. To the best of the researcher's knowledge, this study will be among the first in Africa and Nigeria to adapt the tripartite model of body image for a study on sociocultural influences of body image and postpartum depression among nursing women.

It is against this backdrop that this study intends to investigate sociocultural influences of body image dissatisfaction on postpartum depression among nursing women in Southwest, Nigeria. The choice of Southwest, Nigeria was informed by the high prevalence of PPD on body image concerns in this region of Nigeria. A cross-sectional survey in Lagos state, Nigeria reported a 36.5 % prevalence of PPD (Adeyemo, et al; 2020) while another study conducted (Olabisi et al, 2024) in

Oyo state, Nigeria reported a prevalence of 44% prevalence of PPD linked with body image dissatisfaction.

The following research questions guided the study:

1. To what extent does the sociocultural context contribute to the prediction of body image dissatisfaction among nursing mothers in Southwest Nigeria?
2. Is there any relationship between body image dissatisfaction and postpartum depressive symptoms among nursing mothers in Southwest Nigeria?
3. To what extent do appearance-related social comparisons, internalization of the thin ideal, and body image dissatisfaction sequentially mediate the relationship between sociocultural pressures and postpartum depressive symptoms among nursing mothers in Southwest Nigeria?

Methods

Study Design and Participants

This research was conducted in three states of the Southwest geopolitical region in Nigeria viz. Oyo, Osun and Lagos States. Besides the prevailing prevalence as recorded in the literature, Southwest Nigeria presents a culturally diverse environment where ethnicities, languages, religions and belief systems co-exist. The collapse of the traditional values and the modern socio-cultural processes make the environment of the interaction special and can influence women with specific values toward postpartum body image and mental health unlike in other areas of Nigeria.

This cultural diversity offers an opportune background on the role of sociocultural factors in the body image dissatisfaction and how the same may relate to the postpartum depressive symptoms. These states were chosen to enable the researchers to understand the interaction between the effects of the peers, parents, partners, media, and cultural norms to determine the mental health outcomes among the nursing mothers in an environment where the west and the indigenous coexist and may clash.

Study Population

This study identified the following target population: nursing women who gave birth in the last twelve months and lived in three large urban centres in Southwest Nigeria: Ibadan (Oyo State), Osogbo (Osun State), and Ikeja (Lagos State). The selection of these places was done to provide regional representation and diversification of culture among the study sample.

It is necessary to focus on nursing mothers during this twelve-month postpartum, as this is the period that is generally accepted to be critical in terms of developing and expressing postpartum depressive symptoms (WHO, 2020). It also coincides with physical and psychological adjustments in maternal identity and body image. Therefore, selecting this population enhances the likelihood of capturing firsthand accounts of sociocultural influences on postpartum body image experiences.

Sample Size Determination

To determine an appropriate sample size for the study, Cochran's (1977) formula for calculating sample size in large populations was applied. This formula is expressed as:

$$n = \frac{z^2\ (p * q)}{d^2}$$

Where:

- n = required sample size
- Z = standard normal deviation at 95% confidence level (1.96)
- p = assumed proportion of the population with the characteristic (0.5)
- q = 1 − p (0.5)
- d = margin of error (0.05)

Substituting values:

$$n = \frac{(1.96^2 \text{x } 0.5 \text{ x } (1 - 0.5))}{0.05^2} = 384.16$$

Also, the study adjusts for design effect

=384.16×1.5 =576.24

Moreover, the study adjusts for 10% non-response rate

{576.24} {0.90} ≈ 640.27=641 participants

Hence, the final sample size for the study is a minimum of 641 participants

Sampling Technique

A multi-stage sampling technique was employed to recruit participants for the quantitative aspect of this study, while a purposive sampling approach was adopted for the qualitative phase. In the first stage, out of the six states in Southwest Nigeria, three states which are Oyo, Osun, and Lagos

were selected using simple random sampling via balloting. Each state was assigned a unique identification number written on separate slips of paper. These slips were folded, thoroughly mixed, and three were drawn randomly to determine the participating states. The second stage entails the selection of health facilities within each selected state capital (Ibadan, Osogbo, and Ikeja), the researchers compiled a list of both government and private-owned hospitals that operate child welfare or postnatal clinics. Using simple random sampling through balloting, one public and one private hospital were selected from each state capital, yielding a total of six hospitals across the study area. At the third stage, systematic random sampling was used to select nursing women attending child welfare/postnatal clinics in each of the six selected hospitals. On the recruitment day, every third eligible nursing mother who presented at the clinic was selected until a target of 105 participants per hospital was reached. This was done for two consecutive weeks as majority of the selected health facilities run child welfare clinic twice a week. This was achievable because mothers attend child welfare clinic once a month. This selection process yielded a total of 630 nursing women whom the study questionnaire was administered to. Although, the calculated minimum sample size was 641 participants, 630 eligible nursing women were successfully recruited within the predefined data-collection period. Recruitment could not be extended beyond the scheduled study period because of time and logistical constraints. Following data screening, 11 questionnaires were excluded because of missing or incomplete responses, resulting in 619 participants for the quantitative analysis. The difference between the calculated and achieved sample size is acknowledged as a limitation of the study." Achieved sample sizes that were lower than those required based on power calculations have also been reported for published studies, especially for those where recruitment is limited by availability of participants or by the pre-specified data-collection period. For instance, a study conducted in South Africa

among female students reported a sample smaller than the intended as some of the students who met the eligibility criteria were not accessible on the days, they were collecting data (Sikweyiya et al, 2022).

Qualitative Methodology

The qualitative component adopted an exploratory descriptive approach within the convergent parallel mixed-methods design. It was conducted to obtain an in-depth understanding of nursing mothers' experiences and perceptions of sociocultural influences on postpartum body image and to provide contextual explanations for the quantitative findings.

Participants and Sampling

Participants were nursing mothers who met the predefined eligibility criteria for the study. Purposive sampling was used to recruit women who could provide rich information about their experiences of postpartum body image, sociocultural expectations, and interactions with family members, intimate partners, peers, and the media. Recruitment continued until sufficient depth and diversity of information were obtained. Eventually, 24 nursing women participated in the indepth-interview.The sample size was considered adequate based on data saturation, achieved when successive interviews yielded repetitive and no substantially new information. The purposive sampling also aimed to achieve variation in age, parity and sociocultural background to allow for a range of postpartum experiences. This sample size is consistent with qualitative research guidelines for thematic analysis of semi-structured interviews (Creswell, 2014; Sarfo et al., 2021).

Data Collection

Data were collected through in-depth interviews (IDIs) using a semi-structured interview guide. The guide explored participants' experiences of body-image changes following childbirth, comments and expectations from partners, family members and peers, exposure to media-related appearance ideals, postpartum body-restoration practices, and perceptions of how these experiences influence body image dissatisfaction and emotional feelings. Qualitative data was carried out by one of the researchers who has been trained in qualitative research. Prior to commencing data collection, the interviewer was trained in the administration of semi-structured interview protocols and remained neutral during the interviews. The duration of each interview was 40 minutes and were held in a secure place of participant's choice around the selected health facilities and recorded on an audio device with participant's consent and supplemented by field notes naming themes.

Both quantitative and qualitative data were gathered during four months between September and December 2024 from eligible postpartum women within the specified healthcare centres of study.

Specifically, criterion-based selection was applied, targeting women who met the study's eligibility requirements and were best positioned to provide meaningful insights into the phenomena under investigation .Participants included in the study were limited to nursing women who had delivered a child within the previous twelve months and were attending postnatal or child welfare clinics at the selected hospitals in Ibadan (Oyo State), Osogbo (Osun State), and Ikeja (Lagos State) all located within Southwest Nigeria. Eligibility was further restricted to women who were 18 years of age or older, voluntarily agreed to participate in the study, had the ability to understand and communicate in either English or Yoruba, and met the basic health and communication requirements necessary to complete the survey and/or interview. On the other

hand, women with a known medical or psychiatric condition that could impair their functional capacity to comprehend the study information or respond accurately to the questionnaire and interview were excluded. Nursing women with a documented history of substance abuse or addiction, as such conditions could interfere with mental clarity or mood-related responses, nursing mothers who, despite meeting the eligibility criteria, refused to provide verbal and written informed consent were not allowed to participate in either the quantitative or qualitative aspects of the study. These criteria were established to ensure the reliability of responses, the protection of participants' well-being, and the ethical integrity of the research process to articulate their lived experiences in-depth.

Ethical Issues

Ethical concerns were strictly maintained in this study according to the international research standards. The research followed the overall principles provided in the Declaration of Helsinki updated in 2013, which offers ethical guidelines of conducting research with human subjects. All the actions undertaken by the researcher and the trained research assistants, including the recruitment of the participants and data analysis and reporting, were based on these principles. Informed consent was obtained at the beginning of data collection procedure. They were given in-depth descriptions of the aims, the mode of the study as well as their rights as participants such as their right to leave the study at any point without undo effects. Also, respondents were assured that their responses would remain anonymous and all the information provided would remain confidential.

Verbal and written consent were secured from each participant, including consent for the audio recording of interviews where applicable. The study was granted ethical approval by the Research

Ethics Committee of Redeemer's University, Ede, Osun State, with the approval number RUN/REC/2024/240 and formal approval was given by the medical directors of each of the healthcare facilities used in the study.

Measures

Body Image Dissatisfaction Scale

Body image dissatisfaction was measured using an adapted nine-item subscale of the Multidimensional Body-Self Relations Questionnaire (MBSRQ) developed by Cash, (2000). The Body Area subscale assesses respondents' level of dissatisfaction with different aspects of their bodies and overall physical appearance. The response options were adapted to assess dissatisfaction directly on a five-point Likert scale ranging from 1 (not at all dissatisfied) to 5 (very dissatisfied). The item scores are summed to obtain a total scale core ranging from 9 to 45, with higher scores indicating greater body-image dissatisfaction. An example item is: "I'm dissatisfied with my overall appearance." The scale has a reported reliability coefficient of $\alpha = 0.79$ (Cash, 2000); and in the present study the scale demonstrated a Cronbach alpha coefficient of .83

Edinburgh Postnatal Depression Scale (EPDS)

Postpartum depressive symptoms were assessed using the 10-item Edinburgh Postnatal Depression Scale (EPDS), developed by Cox et al. (1987). Each item has four response options scored from 0 to 3, yielding a possible total score of 0-30, with higher scores indicating more severe depressive symptoms. Items 3, 5, 6, 7, 8, 9 and 10 are reverse-scored in accordance with the standard EPDS scoring procedure. A cut-off of 12 or above was used to identify respondents screening positive for probable postpartum depression, based on a Nigerian validation evidence (Adeoye et al., 2022).

The EPDS has demonstrated acceptable internal consistency in previous studies, including a reported Cronbach's alpha of .73 in a Nigerian study (Wellington, 2023). In the present study, the scale demonstrated an internal consistency coefficient of .81.

Sociocultural Appearance Pressures Questionnaire

Perceived pressures to conform to socially promoted appearance standards were assessed using the Sociocultural Attitudes towards Appearance Questionnaire-4-R (SATAQ-4R; Schaefer et al., 2017). The scale assesses appearance-related expectations and pressures originating from four different sources: peers, media, family members, and a significant-other. The original significant-other subscale was adapted by replacing with references to a partner to reflect the focus of the current study. Each subscale comprises of four items rated on a five-point Likert scale from 1 (*definitely disagree*) to 5 (*definitely agree)* for a total possible score of 5 – 20 per subscale. Higher scores indicate greater perceived pressure from the respective sociocultural source to conform to prevailing appearance standards.

The four subscales were initially examined as distinct measures to establish the contribution of each source of appearance-related pressure. Additionally, their scores were aggregated to produce a composite measure of overall sociocultural appearance (ranging from a total score of 20 – 80) for the purpose of mediation analysis. Cronbach's α for the peer, media, family members, partner, and the composite sociocultural pressure scales was .78, .79, .75, .77, and .79, respectively.

Thin Ideal Internalization Questionnaire

Internalization of the thin ideal was assessed using the four-item Thin/Low Body Fat subscale of the Sociocultural Attitudes towards Appearance Questionnaire (SATAQ). The items evaluates the extent to which individuals endorse and aspire to a lean body or thin body shape (Schaefer et al., 2017; Thompson et al., 2018). A sample item is: "I want my body to look very lean." Respondents indicated their level of agreement with each statement on a five-point Likert scale, ranging from 1 (definitely disagree) to 5 (definitely agree). Total possible scores range between 5 -20 with higher mean scores indicating a stronger internalization of the thin body ideal. In the present sample the Cronbach alpha was .82.

Appearance Comparison Scale

Appearance comparison was measured using the Physical Appearance Comparison Scale (PACS; Thompson et al., 1991). The instrument consists of fie items designed to assess the frequency with which individuals evaluate their physical appearance in relation to that of others across different social contexts. An illustrative item is: "In social situations, I sometimes compare my figure to the figures of other people." Responses are recorded on a five-point scale, from 1 *(never*) to 5 (*always*) for a total scale score of 5 – 25. Higher scores reflect a greater frequency to engage in appearance-related comparisons. The scale demonstrated satisfactory internal consistency in the present study, with a Cronbach' alpha coefficient of .83.

Linguistic and Cultural Adaptation of the Instruments

The instruments used were originally produced in English language. They were administered in English in the current study. It was the appropriate language as it is an official language in Nigeria, and the participants were able to understand and answer the questionnaire. Before the main study, the measures were validated in Nigeria for content, linguistic and contextual applicability.

Questionnaire items were cross culture checked for validation and usability before administration. An expert panel assessed the questionnaire items on clarity, relevance and cultural appropriateness in the Nigerian context. Items that were deemed inappropriate culturally or not relevant were modified without changing the construct. The adapted questionnaire was then pilot-tested with women who are similar in characteristics with the study participants to assess whether the items are clearly understood and acceptable for the participants. Final modifications on measures were made due to information given from pilot study participants and this was done on language and formatting of the test for suitability. High internal consistency was obtained through Cronbach's alpha; coefficients range between 0.71 and 0.76 on all the study measures.

Data Analysis

The quantitative and qualitative elements of the research were analyzed through different data analyses. Initially, descriptive statistics (frequency and percentage) were used to summarize the sociodemographic characteristics of the participants. To answer the first research question, a multiple linear regression analysis was conducted to establish the degree to which the sociocultural context, including peer, parents, partner, and media pressures, as well as thin-ideal internalization and appearance comparison, predicted body image dissatisfaction.

For the second research question, a binary logistic regression analysis was conducted to investigate the association between body image dissatisfaction and the likelihood of screening positive for probable postpartum depressive symptoms. The EPDS cores were dichotomized using a cut-off of 12. Respondents who scored 12 or above were coded 1, indicating screening for probable postpartum depression, while those who scored below 12 were coded 0. This binary variable was used as the dependent variable in the logistic regression models. Model 1 evaluated body image

dissatisfaction and Model 2 incorporated other covariates like maternal age, marital status, financial status, mode of child delivery, history of depression in the past, perceived body weight changes and health status of both the mother and the infant. Odds ratios (OR) and 95% confidence interval (CI) were reported.

A serial mediation analysis was employed to address research question 3 using the Statisitical Package for Social Sciences (SPSS) version 23.0 and the PROCESS Macro add-on, version 4.0 (Hayes, 2022). The analysis investigated thin-ideal internalization and appearance-related comparison as mediators in the pathway between the sociocultural pressure factor and postpartum depressive symptoms. The model used a 5,000 bootstrapping resampling technique that increases the accuracy of the estimates in case of non-normal data distribution. An indirect effect was considered to be statistically significant when the bootstrap confidence interval did not have a zero. The level of significance for all quantitative analysis was set at 0.05.

Consequently, Qualitative data from 24 nursing women who participated in the in-depth interviews were analysed using ATLAS.ti version 24. Interviews were transcribed verbatim and analysed using reflexive thematic analysis to identify recurring patterns and themes in participants' experiences of body-image dissatisfaction and postpartum depressive symptoms. The analysis followed the six-phase approach of Braun and Clarke (2006): (1) familiarisation with the data, (2) generation of initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. This systematic process facilitated the identification and interpretation of recurring patterns across participants' narratives and provided an in-depth understanding of the sociocultural and emotional processes underlying postpartum body-image experiences and depressive symptoms. Consequently, the thematic analysis that dwelled on the interpretation of how cultural norms define the perceptions of women about their postpartum

bodies was conducted. They are the stories that exposed the extent to which societal norms are intrinsic in order to determine the emotional reactions and self-assessments of women after giving birth.

Result

The socio-demographic characteristics of participants in the study were analyzed and presented in

Table 1: Distribution Showing Quantitative Participants' Sociodemographic Characteristics

Factors	Options	Frequency	%
Age	18-21	135	21.8
	22-25	207	33.5
	26-29	123	19.9
	30-33	88	14.2
	34-37	47	7.6
	38-41	17	2.7
	42 and above	2	.3
	Total	619	100.0
Ethnic group	Yoruba	280	45.2
	Igbo	171	27.6
	Hausa	110	17.8
	Others	58	9.3

	Total	619	100.0
Marital Status	Married	348	56.2
	Separated	123	19.9
	Divorced	58	9.4
	Single-parent	90	14.5
	Total	619	100.0
Religion	Christianity	446	72.1
	Islam	97	15.7
	Traditional	51	8.2
	Others	24	3.9
	Total	618	99.8
Employment Status	Employed Full-time	293	47.3
	Employed Part-Time	175	28.3
	Housewife	89	14.4
	Unemployed	51	8.2
	Full-Time student	11	1.8
	Total	617	99.7

The results on the socio-demographics of the study participants revealed that a good number of the respondents (33.5%) were within the age ranges of 22 and 25, 21.8% were within the age ranges of 18 and 21 years, while the least were those above 41 years of age. The ethnic grouping shows that 45.2% were Yoruba, 27.6% were Igbo, 17.8% were Hausa, and 9.3% belonged to other ethnic groups outside the identified. The findings on the marital status of the respondents indicated that 56.2% were married, 19.9% were separated, 9.4% were divorced, and 14.5% were single

parents. The findings on respondents' religion showed that 72.1% were Christians, 15.7% were Muslims, 8.2% were traditional worshippers, and 3.9% were engaged with other forms of religion outside the mentioned. Lastly, regarding the employment status of the respondents it was observed that 47.3% were full-time employed, 28.3% were employed on a part-time basis, 14.4% were housewives, 8.2% were unemployed, while 1.8% were students.

Table 2: Prevalence of Depressive Symptoms

Prevalence of Depressive Symptoms	<12	433	70%
	>12	186	30%
	Total	619	100.0

The distribution of respondents according to the EPDS scores showed that 433 (70%) scored below the established cut-off of 12, while 186 (30%) scored 12 or above. Thus, approximately 30% of the respondents screened positive for probable postpartum depression based on the adopted EPDS threshold.

Table 3: Frequency Distribution Showing Qualitative Respondents' Personal Information

Demographics	Frequency	Percentage
Age (Years)		
18-21	1	4.2
22-25	4	16.7
26-29	8	33.3
30-33	6	25
34-37	2	8.3
38-41	2	8.3
42 and above	1	4.2
Total	24	100
Ethnic group		
Yoruba	12	50
Igbo	8	33.3

Hausa	4	16.7
Others	0	0
Total	24	100
Marital Status		
Married	16	66.7
Separated	5	20.8
Divorced	0	0
Single-Parent	3	12.5
Total	24	100
Religion		
Christianity	17	70.8
Islam	6	25.0
Traditional	1	4.2
Others	0	0
Total	24	100
Employment Status		
Employed full-time	11	45.8
Employed part-time	8	33.3
Housewife	2	8.3
Unemployed	3	12.5
Full-time student	0	0
Total	24	99.9

The results on the socio-demographics of the qualitative respondents revealed that many of the respondents (33.3%) were within the age ranges of 26 and 29, 25% were within the age ranges of 30 and 33 years, while the least 4.2 % were 18-21 years and above 42 years of age. The ethnic grouping shows that 70.8% were Yoruba, 25% were Igbo, and 4:2% were Hausa. The findings on the marital status of the respondents indicated that 66.7% were married, 20.8% were separated, and 12.5% were single parents. The findings on respondents' religion showed that 70.8% were Christians, 25% were Muslims and 4.2% were traditional worshippers. Lastly, this is the employment status of the respondents and it was observed that 45.8% were full-time employed, 33.8% were employed on a part-time bases, 12.5 % were unemployed and 8.3% were housewives.

Test of Relationship among the Study Variables

Table 4: Correlation Matrix Showing the Relationship among the Study Variables

Variables	1	2	3	4	5	6	7	8
1. Peer	1							
2. Partner	.39**	1						
3. Media	.93**	.39**	1					
4. Family	.38**	.09*	.36**	1				
5. Thin-Ideal	.47**	.12**	.44**	.88**	1			
6. Appearance	.27**	.02	.28**	.39**	.42**	1		
7. Body Image	.24**	.47**	.24**	.21**	.21**	.13**	1	
8. PPD	.11**	.23**	.10*	.13**	.10**	.04	.76**	
Mean	16.49	17.51	16.60	15.88	15.49	19.22	27.77	10.13
SD	2.96	2.74	2.94	3.12	3.31	4.17	8.70	4.43

Note: ** $p < .01$, * $p < .05$, N = 619

Pearson's product-moment correlation analysis examined the relationships among sociocultural influences, thin-ideal internalization, appearance comparison, body image dissatisfaction, and postpartum depressive symptoms among respondents (N = 619). The results are presented in Table 4. Body image dissatisfaction was strongly and positively correlated with postpartum depressive symptoms ($r = .76$, $p < .01$). It was also positively associated with peer pressure ($r = .24$, $p <. 01$), partner pressure ($r = .47$, $p < .01$), media pressure ($r = .24$, $p < .01$), family pressure ($r = .21$, $p < .01$), thin-ideal internalization ($r = .21$, $p < .01$), and appearance comparison ($r = .13$, $p < .01$). Partner pressure showed the strongest association with body image dissatisfaction.

Similarly, postpartum depressive symptoms were positively correlated with peer pressure ($r = .11$, $p <. 01$), partner pressure ($r = .23$, $p < .01$), media pressure ($r = .10$, $p < .01$), family pressure ($r = .13$, $p < .01$), and thin-ideal internalization ($r = .10$, $p < .01$). Appearance comparison, however, was not significantly associated with postpartum depressive symptoms. Overall, body image dissatisfaction exhibited the strongest association with postpartum depressive symptoms, while partner pressure was the strongest sociocultural correlate of both outcomes.

Notably, some sociocultural variables were highly intercorrelated, particularly peer and media pressure ($r = .93$, $p < .01$) and family pressure and thin-ideal internalization ($r = .88$, $p < .01$). These associations suggest potential construct overlap and warrant attention to multicollinearity in subsequent multivariate analyses.

Table 5: ***Multiple Regression Analysis of Sociocultural Context Pressures predicting Body Image Dissatisfaction (N = 619)***

Variables	B	SE	*β*	*t*	95% *CI*		VIF
					LL	UL	
Thin-Ideal	.08	.20	.03	.38	-.32	.47	4.82
Appearance comparison	.15	.08	.07	1.79	-.01	.31	1.25
Peer pressure	.07	.29	.02	.25	-.049	.64	7.88
Partner pressure	1.48	.12	.47	12.23**	1.24	1.72	1.20
Family pressure	.34	.20	.12	.1.64	-.69	.43	7.68
Media pressure	.13	.29	-.04	.46	-.06	.73	4.32

Regression model: $R = .51$; $R^2 = .26$; $F\ (6, 612) = 35.31$; $p < .001$

Note: ** p < .01, * p < .05, CI = confidence interval.

A multiple linear regression was conducted to examine the independent contributions of peer, partner, media and family pressure, thin-ideal internalization, and appearance comparison to body

image dissatisfaction. The overall regression model was statistically significant, $F(6, 612) = 35.31$, $p < .001$, explaining approximately 26% of the variance in body image dissatisfaction ($R^2 = .26$; adjusted $R^2 = .25$). As presented in Table 5, partner pressure was the only statistically significant predictor of body image dissatisfaction (B = 1.480, SE = 0.12, $\beta = .47$, t = 12.23, $p < .001$). Peer pressure, media pressure, thin-ideal internalization, and appearance comparison did not make statistically significant independent contributions to the model.

The collinearity diagnostics indicated multicollinearity among some predictors. Peer and media pressure had elevated VIF values of 7.878 and 7.68, respectively. Thin-ideal internalization and family pressure also showed evidence of shared variance, with VIF values of 4.82 and 4.32, respectively. The maximum condition index was 57.47. At this dimension, peer and media pressure both had variance proportions of .95. At another dimension (condition index = 38.37), thin-ideal internalization and family pressure had variance proportions of .88 and .91 respectively.

These findings suggest that the substantial overlap between peer and media pressure, and between family pressure and thin-ideal internalization, may have affected the stability and precision of their individual regression coefficients. Consequently, their non-significant independent effects should not be interpreted as evidence that these variables have no association with body image dissatisfaction. Rather, their unique contributions were not statistically distinguishable after accounting for the other predictors in the model.

Association between Body Image Dissatisfaction and Probable Postpartum Depression

Table 6: *Binary Logistic Regression analysis of Body Image Dissatisfaction predicting Postpartum Depressive Symptoms*

	Model 1				Model 2			
Variables	*B*	*OR*	*p*	95% *CI* LL – UL	*B*	*OR*	*p*	95% *CI* LL – UL
Body Image Dissatisfaction	.75	2.12	.000	1.86 – 2.42	.76	2.15	.000	1.84 – 2.51
Maternal Age								
18-21					-1.07	.34	.097	.09 – 1.21
22-29					.15	1.16	.780	.42 – 3.20
30 and older (Ref.)								
Relationship Status								
Partnered (Ref.)								
Not partnered					1.02	2.77	.024	1.14 – 6.69
Financial Status								
Difficult					1.18	3.26	.022	1.189 – 8.91
S. Easy					.89	2.44	.116	.802 – 7.43
Easy (Ref.)								
Mode of delivery								
Vaginal (ref.)								
Others					.26	1.29	.57	.53 – 3.13
History of depression								
No (Ref.)					1.04	2.83	.024	1.15 – 6.99
Yes								

Maternal Health Status				
Excellent (Ref.)				
Good	.77	2.16	.265	.56 – 8.38
Fair/Poor	1.16	3.19	.047	1.02 – 10.02
Infant Health Status				
Excellent (Ref.)				
Good	.07	1.07	.916	.30 – 3.83
Fair/Poor	1.55	4.69	.031	1.16 – 19.06
Perceived weight				
Same (Ref.)				
Higher	1.76	5.82	.000	2.20 – 15.37
Lower	-.18	.83	.792	.22 – 3.22
Model coefficient χ^2 = 531.789 Nagelkerke R^2 = 0.817	Model coefficient χ^2 = 588.601 Nagelkerke R^2 = 0.870			

Note: Bold values indicate significance at $p < 0.05$; N = 619
OR: Odds Ratio; Ref: Reference Category; CI: Confidence Interval; LL: Lower limit; UL: Upper limit

Binary logistic regression was conducted to investigate the relationship between body image dissatisfaction and the likelihood of screening positive for probable postpartum depression. In The analysis was conducted in two stages. Model 1 examined the unadjusted association between body image dissatisfaction and postpartum depressive symptoms, while Model 2 adjusted for selected socioeconomic, maternal, and infant-related characteristics.

The result in Model 1 revealed a positive and statistically significant association between body image dissatisfaction and postpartum depressive symptoms (B = 0.751, SE = 0.068, *OR* = 2.119, 95% CI = 1.856–2.420, $p < .001$). This indicates that each one-point increase in the summed body image dissatisfaction score was associated with approximately 2.12 times the odds of screening positive for probable postpartum depression. The association remained statistically significant after controlling for the maternal age, relationship status, financial status, mode of delivery, history of depression or emotional difficulties, maternal health, infant health, and perceived weight (Model 2: B = 0.764, SE = 0.079, *OR* = 2.148, 95% CI = 1.838–2.510, $p < .001$). Thus, holding the other

variables constant, each one point increase in the body image dissatisfaction score was associated with approximately 2.15 times the odds of screening positive for probable postpartum depression.

The Nagelkerke pseudo-R^2 increased from 0.817 in Model 1 to 0.870 in Model 2, while the addition of the covariates produced a statistically significant improvement in the model as indicated by the likelihood-ratio test ($\Delta\chi^2 = 56.812$, df = 13, $p < .001$). However, the Hosmer-Lemeshow goodness-of-fit tests were statistically significant for both Model 1 ($\chi^2 = 43.175$, df = 7, $p < .001$) and Model 2 ($\chi^2 = 25.306$, df = 8, $p = .001$), suggesting potential limitations in model calibration. Consequently, the pseudo-R^2 and classification statistics should be interpreted cautiously.

Serial Mediation Analysis

A serial multiple mediation analysis using PROCESS Model 80 (Hayes, 2022) was conducted to examine whether thin-ideal internalization, appearance comparison, and body image dissatisfaction mediated the relationship between sociocultural pressure and postpartum depressive symptoms. The analysis was based on 619 respondents, with 5,000 bootstrap resamples and 95% confidence intervals.

Sociocultural pressure significantly and positively predicted thin-ideal internalization (B = 0.24, p < .001) and appearance comparison (B = 0.15, p < .001). Sociocultural pressure also significantly predicted body image dissatisfaction (B = 0.40, p < .001), controlling for thin-ideal internalization and appearance comparison. However, neither thin-ideal internalization nor appearance comparison independently predicted body image dissatisfaction in this model.

The final regression model was statistically significant, $F(4, 614) – 224.84$, p < .001, explaining 59% of the variance in postpartum depressive symptoms ($R^2 = .59$). Body image dissatisfaction

was a strong positive predictor of postpartum depressive symptoms (B = 0.41, p < .001). In contrast, thin-ideal internalization and appearance comparison were not significant predictors. Sociocultural pressure showed a significant negative direct association with postpartum depressive symptoms after accounting for the mediators (B = -0.7, p < .001).

The total indirect effect of sociocultural pressure on postpartum depressive symptoms was statistically significant (B = 0.16, Boot SE = 0.02, 95% CI [0.11, 0.199]. Examination of the specific indirect effects revealed that only the pathway through body image dissatisfaction was significant (B = 0.17, Boot SE = 0.02, 95% CI [0.12, 0.21]. These findings suggest that body image dissatisfaction is the principal mediating pathway linking sociocultural pressures to postpartum depressive symptoms. The findings do not support significant mediation through thin-ideal internalization or appearance comparison, either independently or sequentially through body image dissatisfaction.

The mediation analysis revealed an inconsistent mediation pattern in the relationship between sociocultural pressure and postpartum depressive symptoms. Although the total effect of sociocultural pressure on postpartum depressive symptoms was positive and significant (B = 0.09, SE = 0.02, p < .001), its direct effect after accounting for the mediators became negative and significant (B = -0.07, SE = 0.02, p < .001). This change in direction indicates that the positive total indirect effect (B = 0.16, 95% bootstrap CI [0.11, 0.199] counteracted the negative direct effect.

Table 7: *Serial Multiple Mediation of the Relationship between Sociocultural Pressure and Postpartum Depressive Symptoms through Thin-Ideal Internalisation, Appearance Comparison, and Body Image Dissatisfaction* (N = 619)

	B (SE)	95% *CI*	Model fit
Direct effects			
Model 1: Sociocultural pressures → Thin Ideal (M1)	0. 24 (0.01) **	0.22, 0.26	R^2 = 0.42; F(1, 617) = 445.54**
Model 2: Sociocultural pressures → Appearance Comparison (M2)	0.15 (0.02) **	0.12, 0.19	R^2 = 0.11; F(1, 617) = 72.14**
Model 3: Body Image Dissatisfaction (M3)			
Sociocultural pressures	0.40 (0.05) **	0.31, 0.49	R^2 = 0.15;
Thin-ideal internalization	-0.17 (0.16)	-0.43, 0.07	F(3, 615) =
Appearance comparison	0.06 (0.09)	-0.11, 0.26	34.88**
Model 4: Postpartum depressive symptoms (Y)			
Sociocultural Influences	-0.07 (0.02) **	-0.10, -0.03	R^2 = 0.59;
Thin Ideal	0.04 (0.05)	-0.06, 0.13	F(4, 614) =
Appearance Comparison	-0.03 (0.03)	-0.09, 0.03	224.84**
Body Dissatisfaction	0.41 (0.01) **	0.38, 0.44	
Indirect effects (Mediation Pathway)	Effect	Boot SE	95% Bootstrap CI
Total Indirect effect	0.16	0.02	0.114, 0.199
Sociocultural pressure → Appearance comparison → PPD	-0.004	0.005	-0.013, 0.004
Sociocultural pressure → Body image dissatisfaction → PPD	0.166	0.024	0.119, 0.212

Sociocultural pressure → Thin-ideal internalisation → Body image dissatisfaction → PPD	-0.017	0.015	-0.047, 0.013
Sociocultural pressure → Appearance comparison → Body image dissatisfaction → PPD	0.003	0.006	-0.008, 0.015
Sociocultural pressure → Appearance comparison → PPD	-0.004	0.005	-0.013, 0.004

Note. Sociocultural pressure represents a composite of peer, media, family, and partner pressure.
** p < .01, * p < .05.
B = unstandardized coefficient; SE = standard error, Boot SE = bootstrap standard error; CI = confidence interval; PPD = postpartum depressive symptoms.
Bootstrap confidence intervals are based on 5,000 resamples.
Indirect effects are statistically significant when their bootstrap confidence intervals do not include zero.

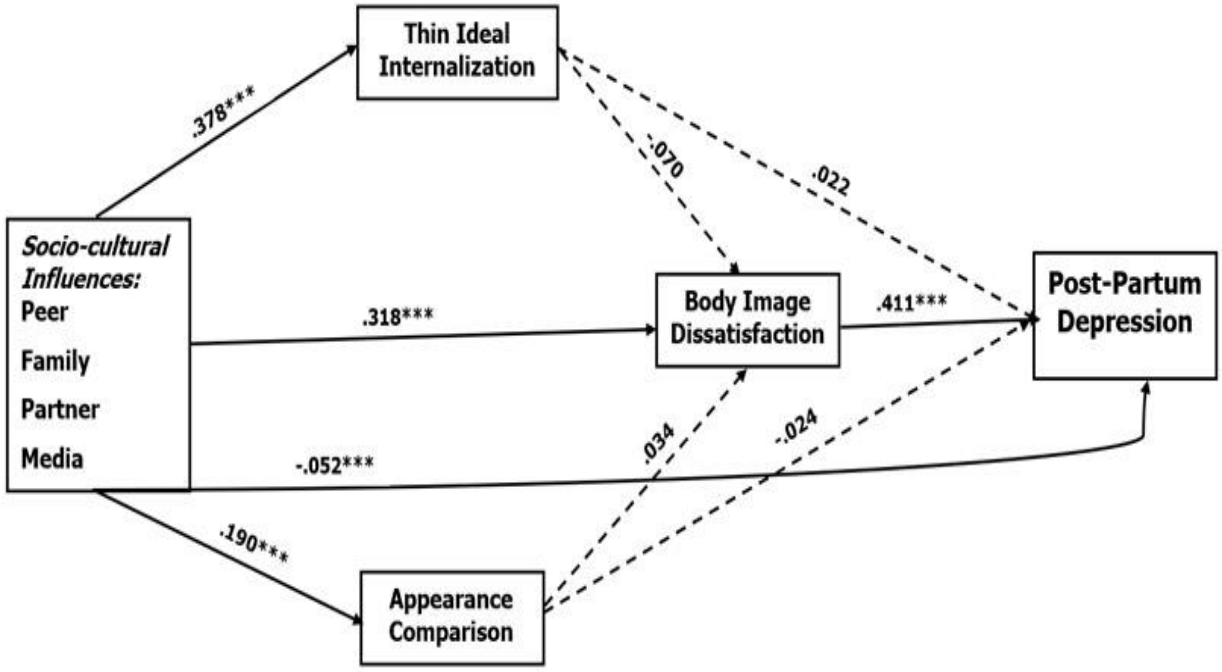


Figure 1.1: Path Model explaining body image dissatisfaction and Postpartum depression

Qualitative findings

The qualitative component explored nursing mother's experiences of sociocultural influences on postpartum body image. Data from 24 in-depth interviews were analyzed thematically, resulting in six themes: (1) Peer interactions, Social Belonging and Resistance; (2) Family-Expectations and

Postpartum body Image; (3) Partner Expectations and Body Image Dissatisfaction; (4) Media Representations and Resistance to Appearance Ideals; (5) Abdominal Appearance as a Focal Site of Dissatisfaction; and (6) Delivery Mode, Postpartum Practices and Body Image Concerns. The findings provide contextual insights into how nursing mothers experience, interpret and negotiate appearance-related expectations within their social environments.

Theme 1: Peer interactions, Social Belonging and Resistance

Participants described varied experiences of appearance-related comments and interactions within their social networks. Although some experienced teasing and comments about their postpartum body shape, others reported that such interactions did not necessarily affect their body perceptions. One participant recalled:

"When I had my first baby, my friends and co-workers usually teased me because of my big tummy, most especially when I wore tight clothing. Initially, it sounded ridiculous to me, but over time I laughed it off, and this had no impact on how I viewed my body."
(IDI/P4/29 years/9 months postpartum/Oyo State)

Another participant described a sense of acceptance within her social circle:

"I never experienced pressure from my friends regarding body image. With my body shape, I still feel among friends because I can carry my body very well, wear the latest outfits and attend church programs and parties."
(IDI/P6/29 years/11 months postpartum/Oyo State)

These accounts suggest that peer interactions did not produce uniform experiences of body dissatisfaction. While teasing and comments could expose women to appearance-related pressure, some participants demonstrated acceptance of their postpartum bodies and resisted negative evaluations. Social networks therefore functioned not only as sources of appearance comparisons but also as spaces of belonging and resistance.

Theme 2: Family-Expectations and Postpartum body Image

Family expectations were particularly evident in comments concerning postpartum weight, abdominal size and the restoration of pre-pregnancy body shape. Some participants described pressure from mothers, siblings and other relatives to regain their previous appearance. One participant explained:

"After my first birth, my mother told me that my body shape, most especially my belly, must return to pre-pregnancy shape. She did everything she could during omugwo (traditional postpartum care period) to ensure this, and even after this second birth. But unfortunately, my belly is still big somehow. Anytime I travelled to my village or we had a family gathering, I felt like an outcast because everyone in my family had a flat belly after childbirth."
(IDI/P14/26 years/9 months postpartum/Oyo State)

Another participant described how her sister's concerns gradually influenced her own body perception:

"Initially, I was not disturbed as regards the increase in weight, but my elder sister is always worried about my body size and shape after my childbirth anytime she sees me. Now, I feel unhappy too."
(IDI/P7/22 years/4 months postpartum/Oyo State)

The accounts demonstrated how family members served as important reference points through which women evaluated their postpartum bodies. Repeated comments and comparisons sometimes transformed initially neutral perceptions of bodily changes into dissatisfaction. The account involving *omugwo* also illustrates the potentially dual character of traditional postpartum care: while providing practical and emotional support, it may incorporate expectations concerning the restoration of pre-pregnancy body shape.

Theme 3: Partner Expectations and Body Image Dissatisfaction

Intimate partners, particularly husbands, emerged as another source of appearance-related expectations. Participants described teasing, comments, and pressure concerning their abdominal size, weight and pre-pregnancy appearance. One participant stated:

"My hubby is always teasing me that I have a big tummy, especially when we are at home relaxing together, and most times, I am not happy about it. Honestly, childbirth is a joy accompanied by a scar."(IDI/P8/28 years/Igbo/9 months postpartum/Oyo State)

However, partner expectations were not uniformly directed towards weight reduction. Another participant described pressure to gain weight:

"My husband is always pressurizing me to get bigger so that friends and family will not think he is not taking good care of me. I was a little bit bigger before marriage; the problem started during my pregnancy. I noticed that I started shedding weight, even during antenatal, my doctor started complaining because as I advanced in pregnancy, I reduced in body weight. After childbirth, I thought I would gain weight, but here I am. I hope to experience weight gain someday."(IDI/P10/24 years/4 months postpartum/Osun State)

Another participant expressed frustration with her husband's expectations:

"…I am fed up. My husband wants me back to my pre-pregnancy shape at all costs."
(IDI/P18/33 years/12 months postpartum/Lagos State)

These accounts indicate that intimate partners could exert considerable influence on women's evaluations of their postpartum bodies. Importantly, the pressure was not exclusively towards thinness but towards conformity to a partner's preferred body shape. The accounts also reveal te tension between the positive meanings associated with motherhood and concerns about physical changes following childbirth.

Theme 4: Media Representations and Resistance to Appearance Ideals

Participants expressed different views about media representations of female beauty, particularly the idealization of slim body shape on social media. Several questioned the authenticity and attainability of these representations, while others described deliberate avoidance of appearance-related content. A participant observed:

"Media… hmm… especially social media is a deceit. I am not influenced by their portrayals. An average person knows that what is being displayed as regards body shape is not realistic… fake."
(IDI/P9/31 years/Yoruba/12 months postpartum/Osun State)

Another participant criticized the tendency of media representations to reinforce appearance-related expectations:

"Media keh… (You mean media). I hate it with a passion and I don't even go online for body ideal stuff. Media promotes body shaming a lot, most especially for nursing mothers. They don't educate our husbands that hormonal changes during pregnancy are responsible but rather paint us as if we are lackadaisical about our body image… as if we are happy about it."
(IDI/P5/26 years/11 months postpartum/Oyo State)

The narratives suggest that participants were not passive recipients of media-generated beauty ideals. Some demonstrated critical awareness of unrealistic representations and actively avoided or resisted such content. Nevertheless, their concerns indicate that media messages remained relevant to the wider social environment in which postpartum women negotiated expectations about physical appearance. The observation that media representations could influence husbands further suggests that appearance ideals may operate indirectly through intimate relationships.

Theme 5: Abdominal Appearance as a Focal Site of Dissatisfaction

The abdomen emerged as the most frequently identified site of postpartum body image dissatisfaction. Sixteen of the 24 participants specifically identified their stomach or abdominal size as a major source of concern. As explained by a participant:

"I like other areas of my body except this my big tummy." (Chijokie, 26 years, mother of two, Igbo)
Some others stated:

"I am really dissatisfied with my stomach. It is too big and obvious than other parts of my body." (Funke, 32 years, mother of two, Yoruba)

"I subscribed to hot water massaging after childbirth, yet this tummy is still big. I dislike it." (Bola, 28 years, mother of one, Yoruba)

For other participants, abdominal dissatisfaction also affected their clothing choices and everyday experiences. As one woman explained:

"My stomach is the bone of contention. I can't wear fitted clothes as I do during the pre-pregnancy stage." (Biodun, 27 years, mother of two, Yoruba)

Other participants described attempts to reduce abdominal size through traditional postpartum practices such as hot-water massage, but expressed dissatisfaction when these efforts did not produce the expected results. These accounts indicate that postpartum body image dissatisfaction was not necessarily a general rejection of the body. Rather, it was often concentrated on the abdomen, which participants perceived as a visible marker of pregnancy-related bodily change and an obstacle to regaining their pre-pregnancy appearance.

Theme 6: Delivery Mode, Postpartum Practices and Body Image Concerns

Some participants who had undergone Caesarean section (CS) associated their delivery experience with difficulties in undertaking traditional postpartum practices intended to reduce abdominal size. One participant explained:

"Many times, people will be complaining about my tummy without knowing that it is due to Caesarean section that I underwent during childbirth. I was not allowed to massage my tummy with hot water like other women who had normal delivery. This is worrisome, but how many of them will I tell that it is because of CS?" (Kemi, 33 years, mother of two, Yoruba)

Another participant questioned the perceived restrictions surrounding abdominal message following caesarean delivery:

"I am yet to reason along with the submission that when you undergo CS during child delivery, you cannot use hot water to press your tummy. See… my tummy is very big as if I am still expecting another baby. I don't think I will go into this again." (Funmi, 39 years, mother of one, Yoruba)

These accounts revealed how some women interpreted their delivery experiences in relation to culturally familiar practices of postpartum body restoration. Their concerns were not limited to the physical changes associated with childbirth but also involved perceived restrictions on practices

they believed could help restore abdominal appearance. These narratives should be understood as the participants' perceptions rather than evidence that caesarean delivery causes body image dissatisfaction. They nevertheless illustrate how biomedical understandings of post- caesarean recovery intersect with culturally embedded expectations concerning postpartum body restoration.

Discussion of Findings

The study examined the relationships between sociocultural influences, body image dissatisfaction and PPD symptoms among nursing mothers in southwest Nigeria, drawing on the Tripartite Influence Model and Symbolic Interactionism. The findings demonstrate a strong positive association between body image dissatisfaction and probable postpartum depression, which remained significant after controlling for selected sociodemographic, maternal and infant-related characteristics. Each one-point increase in the body image dissatisfaction score was associated with approximately 2.15 times the odds of screening positive for probable postpartum depression. This finding is consistent with previous studies linking negative postpartum body image to depressive symptoms (Meireles et al., 2022; Riesco-Gonzalez et al., 2022). This is supported by wide evidence that body image concerns constitute an important psychosocial stressor during the postpartum period (Kiani-Sheikhabadi et al. 2019; Crossland et al., 2023). It also reinforces the argument by Okoro et al. (2021) that negative evaluations of physical appearance may become consequential for women's psychological well-being. The association observed in this study is particularly relevant in the Nigerian context, where women may negotiate competing expectations surrounding postpartum body shape and attractiveness (Naijad et al. 2023). Nevertheless, the

cross-sectional design does not establish the direction of this relationship; depressive symptoms may also influence how women perceive and evaluate their bodies. Furthermore, the statistically significant Hosmer-Lemeshow test suggests limitations in model calibration, requiring caution in interpreting the model's predictive performance.

An important finding concerns the differential influence of sociocultural pressures on postpartum body image. Partner pressure emerged as the only statistically significant independent predictor of body image dissatisfaction, with the regression model explaining 26% of its variance. This finding is consistent with Lovering et al. (2018), who incorporated intimate partner partners into the Tripartite Influence Model as an important source of appearance-related pressure among postpartum women. It also supports the argument by Owusu et al. (2024) that unsolicited partner comments about women's postnatal body shape may undermine self-esteem and psychological well-being. The qualitative accounts provide further insight: some women experienced pressure to regain their pre-pregnancy shape, while others were encouraged to gain weight. Thus, partner influence was not exclusively directed towards socially acceptable body shapes but also towards conformity to a partner's preferred body shape.

In contrast, peer, family, and media pressures did not make significant independent contributions in the regression model, which multicollinearity among some predictors may have obscured their unique contributions. Nevertheless, the qualitative findings indicate that these influences were not necessarily inconsequential. Some women described family expectations concerning the restoration of their pre-pregnancy bodies, while others reported teasing and comparisons within their social circles. Participants also demonstrated considerable awareness of unrealistic media representations, with some actively rejecting or avoiding appearance-related content. These

findings broadly support the Tripartite Influence Model, while demonstrating the particular salience of intimate-partner expectations in this study.

The qualitative findings further show that postpartum body-image concerns were socially situated and frequently focused on the abdomen. Sixteen participants identified abdominal size as a major source of dissatisfaction, reflecting expectations that women should regain their pre-pregnancy body shape after childbirth. This finding is consistent with the literature identifying sociocultural expectations as important influences on postpartum body image (Riesco-Gonzalez et al., 2022; Crossland et a., 2023; Owusu et al., 2024). Family comments and comparisons sometimes intensified dissatisfaction, while culturally familiar practices such as *omugwo* illustrated the dual character of postpartum care: although these practices may provide practical and emotional support, they may also reinforce expectations concerning body restoration.

The accounts of women who had undergone caesarean delivery further illustrate how biomedical recovery and traditional understandings of postpartum body restoration intersect in women's experiences. These accounts represent participants' interpretations and do not establish that caesarean delivery causes body dissatisfaction. However, participants' also demonstrated agency in negotiating these expectations through body acceptance, resistance to unrealistic beauty ideals and positive interpretations of postpartum bodily changes. From the perspective of Symbolic Interactionism, the findings demonstrate how women's evaluations of their bodies are shaped through interactions with significant others and the meanings attached to physical appearance within their social environments. Thus, postpartum body image dissatisfaction cannot be solely understood as an individual psychological experience but may also be situated within the interpersonal and cultural contexts in which women negotiate their changing bodies.

The mediation analysis identified a significant indirect association between sociocultural pressure and PPD symptoms through body image dissatisfaction. In contrast, the specific indirect pathways through thin-ideal internalization and appearance comparison were not statistically significant. This finding partly diverges from the Tripartite Influence Model's emphasis on internalization and social comparison as mechanisms linking sociocultural influences to body image concerns (Thompson et al., 1999; Yager et al., 2022; Rodger et al., 2024). Although sociocultural pressure significantly predicted both thin-ideal internalization and appearance comparison, neither independently predicted body image dissatisfaction in the mediation model. The results therefore suggest that, in this study population, the relationship between sociocultural pressure and PPD symptoms was more directly reflected in body image dissatisfaction than in the two proposed intermediary mechanisms. The positive indirect association through body image dissatisfaction, alongside the negative direct association, also indicates an inconsistent mediation pattern. This requires cautious interpretation and should not be taken as evidence of a causal process, given the cross-sectional design.

For the mediation analysis, peer, media, family, and partner pressure were combined into a composite sociocultural pressure measure. This approach reflects the conceptualization of sociocultural influence as an interconnected set of appearance-related expectations and is supported by the substantial correlations among some of the dimensions, particularly peer and media pressure. The separate dimensions were nevertheless examined in the preliminary regression analysis, which identified partner pressure as the only significant independent predictor of body image dissatisfaction. Taken together, these findings extend the application of the Tripartite Influence Model by highlighting the importance of culturally embedded postpartum expectations in shaping women's body perceptions in Southwest Nigeria. They also contribute to

the relatively limited empirical literature on postpartum body image and maternal mental health in Nigeria and Africa.

Strength and Limitations of the Study

The study has some limitations. First, its cross-sectional design limits the ability to establish the temporal ordering and direction of the relationships between sociocultural pressures, body image dissatisfaction and postpartum depressive. Consequently, the significant indirect association identified in the mediation analysis should not be interpreted as evidence of causal mediation. Second, body image dissatisfaction was measured using an adapted version of the MBSRQ body Areas Satisfaction subscale. Although the items were consistently scored, further assessment of the instrument's psychometric properties among Nigerian postpartum women would strengthen confidence in its validity. Third, the study was restricted to three states in Southwest Nigeria, with participants recruited from urban postpartum clinics. This may limit the generalization of the findings, particularly to rural women and those who do not routinely assess facility-based postpartum services.

Finally, the EPDS is a screening rather than diagnostic instrument; therefore, the findings relate to probable postpartum depression rather than clinically confirmed cases. The significant Hosmer-Lemeshow tests also suggest potential limitations in the calibration of the logistic regression models, warranting caution in interpreting their predictive performance.

Despite these limitations, the study contributes to the relatively limited empirical literature on sociocultural influences on postpartum body image and maternal psychological well-being in Nigeria. It extends the application of the Tripartite Influence by incorporating culturally embedded expectations surrounding postpartum body restoration. Furthermore, its mixed-method design provides contextual insights into how women experience, interpret, and negotiate appearance-

related expectations within their sociocultural environment. Future longitudinal studies involving both urban and rural populations are recommended to establish the temporal relationships among sociocultural influences, body image dissatisfaction, and postpartum depressive symptoms.

Conclusion, Implications, and Future Directions

The findings demonstrate a strong association between body image dissatisfaction and postpartum depressive symptoms among nursing mothers, while partner pressure emerged as the most prominent independent sociocultural predictor of body image dissatisfaction. The qualitative findings complemented and contextualized the quantitative results by illustrating how sociocultural expectations were experienced and negotiated in women's everyday lives. In particular, the prominence of partner expectations in the interviews reinforced the quantitative finding that partner pressure was the only statistically significant independent predictor of body image dissatisfaction. Furthermore, the narratives concerning family expectations, peer interactions, and media representations demonstrated that the absence of a statistically significant independent effects for some sociocultural factors did not necessarily indicate their lack of relevance in women's lived experiences.

Taken together, the findings demonstrate that postpartum body image experiences are shaped by the interplay of interpersonal expectations, culturally embedded appearance ideals and women's interpretations of their changing bodies.

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