



PSYCHOSOCIAL RESILIENCE OF POSTPARTUM WOMEN: A HUMANITARIAN PERSPECTIVE BASED ON QUR'ANIC VALUES

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Abstract

Postpartum mental health is an important concern, as women may experience postpartum blues, anxiety, social pressure, and caregiving burdens during this period. While previous studies have highlighted the importance of social support and religious coping, these two sources of support have rarely been examined together, particularly among Muslim communities in Indonesia. This study explores postpartum women's experiences of psychosocial vulnerability, the social support available to them, and the ways in which Qur'anic values are understood and practiced as sources of meaning, comfort, and coping during the postpartum period. A qualitative phenomenological approach was employed within a Living Qur'an framework. Data were gathered through in-depth interviews, observation, and documentation involving postpartum women in the socio religious setting of Majelis Taklim Rusydatul Ummah, Bekasi Regency, West Java. The data were analyzed using the interactive model developed by Miles, Huberman, and Saldana. The findings identify three interconnected dimensions of psychosocial vulnerability: emotional, social, and structural. Psychosocial resilience was supported by social networks and further strengthened through religious practices and Qur'anic meaning making, including prayer, dhikr, istighfar, sabr, shukr, and tawakkul. Rather than functioning solely as normative teachings, Qur'anic values provided women with comfort, strength, and ways of coping, while the majlis taklim offered a space where religious meanings and social support could be shared and reinforced. The study suggests that a humanitarian perspective grounded in Qur'anic values can complement professional mental health services by providing culturally meaningful forms of social, spiritual, and psychosocial support for postpartum women.

Keywords *Postpartum Mental Health, Psychosocial Resilience, Qur'anic Values, Religious Coping, Humanitarian Perspective*

INTRODUCTION

Maternal mental health in the postpartum period is an important concern, as the period following childbirth is marked by emotional vulnerability, including baby blues or maternity blues, which can affect maternal well being and may develop into more serious psychological disorders. Globally, maternity blues is a relatively common psychological response; a systematic review and meta-analysis of 26 studies involving 5,667 women reported a prevalence of 39.0% (95% CI: 32.3–45.6%), although rates varied across countries and study characteristics (Rezaie-Keikhaie et al., 2020). The substantial mental health burden during this period is further reflected in the prevalence of postpartum depression, estimated at 19.18% in a meta-analysis of 412 studies involving 792,055 women across 46 countries (Fish-Williamson & Hahn-Holbrook, 2023). These findings indicate that postpartum emotional experiences are not merely individual concerns that can be overlooked, but broader issues of health and well being that warrant attention. Accordingly, understanding maternal mental health after childbirth requires consideration not only of clinical factors but also of mothers' psychosocial conditions and the social

environments in which they live. Recent evidence further indicates that psychological resilience and social support are important protective resources in the perinatal period, with higher resilience and stronger social support associated with a lower risk of perinatal depression (Peng et al., 2026).

The literature on baby blues or postpartum blues can be broadly categorized into four main strands. First, research on prevalence, characteristics, and risk factors indicates that baby blues is a common emotional response following childbirth and is influenced by biological, psychological, obstetric, social, and socioeconomic factors (Hajure et al., 2024; Rezaie-Keikhaie et al., 2020). Second, research on social support highlights the importance of partners, family members, and broader social networks in alleviating psychosocial stress and promoting maternal mental health (Khademi & Kaveh, 2024; Navarrete, 2020; Sufredini et al., 2022). Third, intervention studies have explored various non pharmacological approaches, particularly psychoeducation, psychological support, mother infant relationship interventions, and relaxation techniques (Rahmawati, Junuda, 2021). Fourth, research on religiosity suggests that prayer, dhikr, Qur'an recitation, and other religious practices may serve as sources of coping and psychological support among Muslim women (Simonovich et al., 2022; Huda, 2019; Shinta et al., 2025). Nevertheless, limited research has examined baby blues through the interconnected dimensions of psychosocial experiences, social support, and the interpretation of Qur'anic values within Indonesian Muslim communities. This study addresses this gap through a humanitarian perspective, examining how the Qur'an is lived and experienced as a source of meaning, inner peace, and psychological support in navigating the postpartum period.

This study aims to analyze postpartum mothers' experiences of psychosocial vulnerability, the forms of support they receive from their husbands, families, social environments, religious communities, and healthcare professionals, and how Qur'anic values are understood and enacted as sources of meaning and coping. The study also examines the role of Majelis Taklim Rusydatul Ummah Bekasi as a socio religious space that strengthens social support and mothers' psychosocial resilience. These objectives are addressed through four research questions: (1) What are the experiences of psychosocial vulnerability among postpartum mothers? (2) What forms and sources of social support do they receive? (3) How are Qur'anic values interpreted and enacted in coping with postpartum challenges? and (4) How do social support, the role of the religious study group, and Qur'anic meaning making interact in the processes of coping and adaptation? This study argues that psychosocial resilience is an adaptive process shaped by the interaction of psychological conditions, social support, and the meaning mothers assign to their experiences of motherhood. Its contribution lies in providing an integrated understanding of postpartum mental health and Qur'anic values in the Indonesian Muslim context, positioning the Qur'an as a source of meaning, strength, and coping rather than a substitute for professional care. A humanitarian perspective grounded in Qur'anic values therefore offers a context sensitive framework for strengthening postpartum support through the involvement of families, religious communities, and healthcare professionals.

METHODS

This study employed a qualitative design using a phenomenological approach to understand postpartum mothers' lived experiences of psychosocial vulnerability, social support, and the interpretation of Qur'anic values as sources of coping. From a Living Qur'an perspective, the study explored how Qur'anic values are understood, interpreted, and enacted in postpartum experiences. The units of analysis included mothers' psychosocial experiences during the postpartum period, support from husbands, families, religious communities, and healthcare professionals, as well as the role of Majelis Taklim Rusydatul Ummah Bekasi as a socio religious space. Primary data were collected through in-depth interviews with postpartum mothers and members of the study group's management involved in women's and family development. Informants were purposively selected based on their experience of the postpartum period and involvement in a religious community. Secondary data were obtained from relevant scholarly articles, books, research reports, and documents related to the activities of the religious study group.

Data were collected through semi structured in depth interviews, observation, and documentation to capture both mothers' experiences and their socio religious context. Interviews explored psychosocial vulnerability, forms of support received, and the practice and interpretation of Qur'anic values. Observation and documentation were used to examine the activities and socio religious environment of the study group. Data were analyzed using the interactive model of Miles, Huberman, and Saldana, comprising data condensation, data display, and conclusion drawing/verification (Miles, 2014). Data were coded iteratively and organized into themes related to psychosocial vulnerability, spousal and family support, community support, religious practices, coping, and psychosocial resilience. Source and methodological triangulation were employed to enhance the credibility of the findings. The analysis focused on understanding the relationships among psychosocial experiences, relational support, the socio religious environment, and the interpretation of Qur'anic values in the process of postpartum adaptation.

RESULTS

Table 1. Psychosocial Vulnerability Among Postpartum Mothers

Name and Age	Interview Findings (Verbatim)	Coding
Aliyah (27)	<i>"I found myself crying easily, and my mood kept changing. I'd get irritated quickly, but I couldn't really get angry, so I ended up crying a lot. It was especially hard when people made comments about the delivery because I had a C-section instead of a normal delivery."</i>	Postpartum mood swings; frequent crying; sensitivity to social judgment; stigma surrounding cesarean delivery
Murni (35)	<i>"I kept worrying about my baby because the baby was small and had trouble breastfeeding. My mother in law has eight children and breastfed them all herself, so I started feeling insecure and guilty. I thought maybe it was because I'm overweight that I don't have enough breast milk."</i>	Anxiety about infant health; guilt; low self-esteem; social comparison pressure

Name and Age	Interview Findings (Verbatim)	Coding
Dina (22)	<i>"The hardest part was not getting enough sleep, so I was constantly tired and dizzy. I wanted to sleep, but there were always visitors, and the house is small, so I couldn't really get enough rest. And I felt bad if I didn't do the housework because of my husband and in laws their house is right next to ours. I was exhausted. I'd look at my friends who were still free, going to college and doing whatever they wanted, while I already had a baby and couldn't really go anywhere."</i>	Physical and mental exhaustion; sleep deprivation; family and social pressure; loss of personal freedom
Aliyah (27)	<i>"What really stressed me out was when there was no one to help me take care of the baby. My husband works, and people think taking care of the baby is our responsibility. But I worry about money too. Once you have a child, you have more expenses."</i>	Childcare burden; economic anxiety
Murni (35)	<i>"I was exhausted and didn't get enough sleep, especially because I have three children."</i>	Chronic fatigue; multiple caregiving responsibilities
Dina (22)	<i>"Yes, I was tired, and I was still in pain after giving birth. I felt uncomfortable sleeping too much when I was around my husband's family. I was afraid they would talk about me."</i>	Physical recovery; family social pressure; fear of negative judgment

The interviews indicate that postpartum mothers experience psychosocial vulnerability encompassing emotional distress, anxiety, physical and mental exhaustion, social pressure, and caregiving burdens. Aliyah (27) reported mood swings, frequent crying, and heightened sensitivity to comments about her cesarean delivery. Murni (35) described anxiety about her baby's condition, difficulties with breastfeeding, feelings of guilt, and diminished self confidence arising from social comparison. Dina (22), meanwhile, experienced fatigue, sleep deprivation, limited opportunities for rest, and pressure associated with the transition to motherhood. These vulnerabilities emerged through the interaction of internal factors, including physical changes, fatigue, and anxiety about fulfilling maternal responsibilities, and external factors such as stigma, family expectations, caregiving demands, and financial pressures. Postpartum experiences, therefore, cannot be understood solely in biological or individual terms, they are also shaped by the social environment in which women negotiate and perform their maternal roles.

Overall, the findings reveal three interrelated dimensions of psychosocial vulnerability: emotional, social, and structural. Emotional vulnerability was reflected in mood swings, anxiety, and feelings of guilt. Social vulnerability emerged through stigma, social comparison, family pressure, and concerns about how others might judge them, while structural vulnerability was evident in caregiving demands, limited opportunities for rest, and financial strain. These dimensions intersect, suggesting that psychosocial stress increases when maternal demands are not matched by adequate support. The findings

underscore the importance of moving beyond physical recovery to address social support, family circumstances, and the broader environment in which postpartum mothers live. A supportive social environment is therefore essential to strengthening mothers' psychosocial resilience during the postpartum period.

Table 2. Social Support for Postpartum Mothers

Name and Age	Interview Findings (Verbatim)	Coding
Aliyah (27)	<i>"My husband is a good person and he works hard, but he usually doesn't like to be bothered when he gets home from work. I understand that he's tired, so I try to understand and give him space."</i>	Economic support; limited emotional involvement
Murni (35)	<i>"Alhamdulillah, my husband is always supportive. He helps change the baby's diapers, and sometimes he gets up at night to prepare the milk. Whenever we've had a baby, Alhamdulillah, he's always helped."</i>	Instrumental support; paternal involvement; collaborative caregiving
Dina (22)	<i>"Yes, my husband helps. My mother sometimes stays over to help clean the house and take care of the baby. My sister in law also gives me advice sometimes, like information about the Posyandu or how to breastfeed. Since this is my first baby, I still have a lot to learn."</i>	Extended family support; practical assistance; informational support
Aliyah (27)	<i>"When I'm having mood swings, I usually talk to my husband, and sometimes I talk to my family too."</i>	Emotional support
Aliyah (27)	<i>"My husband and my extended family are my main sources of support."</i>	Primary sources of support
Murni (35)	<i>"My husband, my extended family, my friends from the religious study group, and healthcare workers."</i>	Multisource social support
Dina (22)	<i>"My husband."</i>	Primary emotional support

The interviews indicate that social support is an important resource for postpartum mothers, with husbands serving as one of the primary sources of support, although the form and extent of this support vary across families. Aliyah (27) received financial support from her husband, although his emotional involvement was limited by work demands. Murni (35), by contrast, received instrumental support through her husband's involvement in childcare. Dina received support from her husband, mother, and sister in law in the form of assistance with household tasks and childcare, as well as information about breastfeeding and infant health. Friends from the religious study group and healthcare professionals also served as sources of support during the postpartum period. These forms of support encompassed financial, emotional, instrumental, and informational dimensions, indicating that postpartum mothers' needs are multidimensional and extend beyond material assistance.

The findings further suggest that psychosocial resilience is shaped not only through the spousal relationship but also through a broader support network involving extended family, religious communities, and healthcare professionals. This network provides practical assistance, opportunities for sharing experiences, access to information, and

emotional reassurance, all of which can help mothers navigate the transition to motherhood. Husbands can therefore be understood as an important component of relational support, while extended family, religious study groups, and healthcare professionals contribute to a broader social support system. The availability and diversity of support may increase mothers' sense of security, connectedness, and ability to cope with postpartum challenges. These findings underscore the importance of family- and community-based approaches to strengthening postpartum mothers' psychosocial resilience.

Table 3. Psychosocial Resilience Based on Qur'anic Values

Name and Age	Interview Findings (Verbatim)	Coding
Aliyah (27)	<i>"When I'm having mood swings, I usually talk to my husband, and sometimes I talk to my family. If not, I spend more time praying, doing dhikr, and putting my trust in Allah. My husband also often reminds me to say istighfar. I also like watching calming religious talks on YouTube."</i>	Prayer; <i>dhikr</i> ; <i>tawakkul</i> ; <i>istighfar</i> ; religious coping
Murni (35)	<i>"I feel more at ease after getting information from the health workers at the community health center. They said it's okay for the baby to be small as long as the baby isn't underweight. And yes, one of the ustadz at the religious study group also told us that being a mother carries great spiritual rewards according to the Qur'an. I want to be like Maryam, the mother of Prophet Isa, the mother of Prophet Musa, and Khadijah, the wife of the Prophet Muhammad."</i>	Religious reinforcement; exemplary Muslim women; spiritual meaning of motherhood
Dina (22)	<i>"Alhamdulillah, I'm trying to accept things and be patient. As a mother, I have a big responsibility, but there are also great rewards, as they teach us at the religious study group. I always pray that my child will grow up to be a righteous person."</i>	Patience; acceptance; spiritual orientation; religious hope
Aliyah (27)	<i>"My husband and family support me. I also put my trust in Allah and try to be patient."</i>	<i>Tawakkul</i> ; patience; social support
Murni (35)	<i>"My husband and family support me. This is my third child, so by now I understand that this is part of being a mother and my responsibility."</i>	Maternal role adaptation; maternal experience
Dina (22)	<i>"My husband supports me. I also try to relax, do more dhikr, and build a bond with my baby."</i>	<i>Dhikr</i> ; mother–infant bonding; emotional regulation
Aliyah (27)	<i>"Alhamdulillah, I just try to be grateful for everything."</i>	Gratitude (<i>shukr</i>)
Murni (35)	<i>"Since this is my third child, I've become more patient over time. I'm better at managing myself and my emotions, and my husband and I have also become more in sync."</i>	Emotional regulation; patience; strengthened spousal relationship
Dina (22)	<i>"I feel more confident as a young mother. InshaAllah, I believe I can be a good mother."</i>	Self-confidence; maternal self-efficacy

The interviews indicate that postpartum psychological resilience develops through the interaction between social support and the meaning women derive from religious values. Aliyah (27) managed mood swings by talking with her husband or family members and engaging in prayer, dhikr, tawakkul, istighfar, and listening to religious lectures. Murni (35) received reassurance from health professionals and the *Majelis Taklim*, while drawing on the examples of Maryam, the mother of Prophet Moses, and Khadijah to make sense of her role as a mother. Dina (22) viewed motherhood and childcare as responsibilities imbued with religious significance, which helped her cultivate patience and acceptance (*sabr* and *ikhlas*). These findings suggest that religious practices serve as sources of meaning and coping in dealing with anxiety, fatigue, and emotional changes, while support from husbands, family members, and the wider social environment reinforces this process of adaptation.

Qur'anic values such as *sabr*, *tawakkal*, gratitude (*shukr*), acceptance (*ikhlas*), and responsibility (*amanah*) help mothers interpret their experiences of motherhood in more positive and meaningful ways and navigate the pressures encountered during the postpartum period. Psychological resilience, therefore, does not arise solely from individual strength or external support, but from the interplay between social support networks, religious practices, and the meaning women attribute to their lived experiences. In this context, the *Majelis Taklim* serves as a socio-religious space that provides encouragement, knowledge, role models, and sources of meaning. The findings suggest that the internalization of Qur'anic values can serve as a psychosocial resource that supports emotional regulation, acceptance, and mothers' capacity to adapt to their maternal roles.

DISCUSSION

The findings indicate that postpartum psychological resilience develops through the interaction between social support and the meanings mothers derive from Qur'anic values. Vulnerabilities such as mood swings, anxiety, physical fatigue, social pressure, and the demands of childcare are addressed through emotional, instrumental, social, and spiritual support. Husbands serve as an important source of support, while family members, religious study groups, and health professionals broaden the support networks available to mothers. In coping with these pressures, the participants drew on prayer, dhikr, istighfar, patience (*sabr*), gratitude (*shukr*), and trust in God (*tawakkal*) as sources of comfort and coping strategies. These practices were shaped and given meaning through their religious experiences, interactions within the *Majelis Taklim*, and the examples of women in the Qur'an and Islamic tradition. Qur'anic values were not understood merely as normative teachings but also as sources of meaning, spiritual strength, and coping. Understanding motherhood as an *amanah* (trust) and an act of worship helped mothers accept changes in their roles and navigate challenging experiences.

The *Majelis Taklim* served as a socio religious space that facilitated religious learning, role modeling, social support, and spiritual encouragement. Thus, postpartum psychological resilience did not arise solely from individual strength but developed through the interconnectedness of social networks and religious resources embedded in

everyday life. A humanitarian perspective grounded in Qur'anic values offers a context sensitive framework for understanding maternal mental health in Muslim communities in Indonesia.

In the context of Muslim Indonesian society, baby blues should be understood within a strong social environment shaped by family relationships, community networks, and religious practices. Family support is an important resource for postpartum mothers, particularly within Indonesia's extended family culture, while limited social support has been associated with a higher risk of postpartum mental health problems (Nurmaulid, 2020). At the same time, prayer, dhikr, and Qur'an recitation are closely embedded in the everyday lives of many Indonesian Muslims and may serve as sources of coping, emotional comfort, and meaning making. Simonovich et al., (2022) found that religious practices among Muslim women can help them cope with anxiety, depression, stress, and fear during the perinatal period. Similarly, Mutmainnah, (2019) reported that Indonesian Muslim women made sense of pregnancy and childbirth through surrendering themselves to God, engaging in dhikr, and seeking spiritual meaning.

However, acceptance of religious approaches is not always accompanied by adequate knowledge of baby blues and appropriate ways of responding to it. The appropriate approach, therefore, is not to position religious practices in opposition to healthcare services, but to connect spiritual resources with mental health education, social support, and professional care. Within this framework, a humanitarian perspective grounded in Qur'anic values offers a complementary and context-sensitive approach that recognizes the social and religious realities of Indonesian Muslim communities.

The findings can be understood as indicating that postpartum psychological resilience is an adaptive process shaped by the interconnectedness of individual, relational, social, and religious resources. Support from husbands, family members, communities, and health professionals provides mothers with emotional, instrumental, and informational resources, while prayer, dhikr, istighfar, patience (*sabr*), gratitude (*shukr*), and trust in God (*tawakkal*) function as forms of religious coping in dealing with anxiety, fatigue, mood changes, and the pressures associated with motherhood. These findings are consistent with studies demonstrating associations between religiosity, spirituality, and postpartum mental health, including through enhanced mastery, self-esteem, and optimism (Cheadle ACD, 2018; Handelzalts, 2020), as well as research linking social support, spiritual well-being, and postpartum depressive symptoms (Akbari, 2020).

From a *Living Qur'an* perspective, understanding motherhood as an *amanah* (trust) and an act of worship suggests that Qur'anic values function as an interpretive framework through which mothers make sense of their postpartum experiences. The *Majelis Taklim* plays an important role by providing a social space where these values can be transmitted, discussed, and translated into everyday practice. However, religiosity should not be understood as an automatic mechanism of resilience. Rather, religious coping should be viewed as a source of strength that complements, rather than replaces, psychosocial support and professional healthcare services.

The participants' experiences suggest that making sense of Qur'anic values during the postpartum period is a relational and context-dependent process rather than merely an

individual religious practice. Prayer, dhikr, istighfar, patience (*sabr*), gratitude (*shukr*), and trust in God (*tawakkal*) acquired practical and emotionally supportive meanings when applied to concrete experiences such as anxiety about the baby, fatigue, changing roles, and social pressures. Within this process, support from husbands, family members, fellow members of religious study groups, and the *Majelis Taklim* provided an emotional and social space in which mothers could express their experiences, receive encouragement, and connect religious teachings with everyday concerns. This understanding is consistent with qualitative research on Indonesian Muslim women, which found that remembering God could be experienced as a means of self-regulation and managing anxiety, while spiritual narratives and values helped foster confidence, motivation, and resilience during pregnancy and childbirth (Mutmainnah, 2019).

From a *Living Qur'an* perspective, these experiences illustrate how the Qur'an becomes "lived" when its values and religious teachings are brought into the interpretation of motherhood and the management of psychosocial pressures. The participants did not simply read or listen to Qur'anic verses and religious advice; they related these teachings to their lived experiences of motherhood, giving *sabr*, *tawakkul*, gratitude, *amanah*, and compassion practical significance in everyday life. This interpretation is also supported by qualitative research showing that faith practices, including Qur'an recitation and prayer, can provide comfort and coping resources for Muslim women facing perinatal stress (Erkal Aksoy et al., 2025). Nevertheless, religious meaning-making should be approached critically, as religion does not invariably produce positive outcomes. Recent research among Muslim women with postpartum depression suggests that positive religious coping, including *sabr* and *tawakkul*, is associated with less severe symptoms, whereas negative religious coping may be associated with greater psychological distress through guilt and internalized stigma. The central insight of this study, therefore, is that Qur'anic values can serve as psychosocial resources when they are understood and enacted constructively within supportive social environments. The *Majelis Taklim* is important not because it replaces mental health services, but because it provides a socio-religious space in which mothers can find meaning, support, and encouragement as they navigate the postpartum period.

The participants' experiences suggest that making sense of Qur'anic values during the postpartum period is a relational and context-dependent process rather than merely an individual religious practice. Prayer, dhikr, istighfar, patience (*sabr*), gratitude (*shukr*), and trust in God (*tawakkal*) served as sources of comfort and religious coping when experienced in response to anxiety, fatigue, changing roles, and the demands of childcare. This meaning making process was reinforced through relationships with husbands, family members, religious study groups, and the *Majelis Taklim*, which provided spaces for sharing experiences and connecting religious teachings with everyday concerns. These findings are consistent with a study of Indonesian Muslim women showing that the remembrance of God was understood as a means of self-regulation and managing anxiety, while spiritual experiences strengthened confidence, motivation, and the capacity to cope with challenges during pregnancy and childbirth (Shinta et al., 2025).

From a *Living Qur'an* perspective, the Qur'an becomes "lived" when its values are brought into the process of making sense of a mother's everyday experiences. This is consistent with a scoping review showing that prayer, dhikr, Qur'an recitation, and other faith practices are used by Muslim women as coping mechanisms for perinatal anxiety, stress, and depression (Simonovich et al., 2022). However, the role of religion needs to be understood critically, as religious coping does not invariably produce positive outcomes. Recent research suggests that positive religious coping, including *sabr* and *tawakkal*, may be associated with less severe postpartum depressive symptoms, whereas negative religious coping may intensify feelings of guilt and internalized stigma (Erkal Aksoy et al., 2025). Thus, Qur'anic values can serve as psychosocial resources when interpreted constructively within supportive social environments, while the *Majelis Taklim* can function as a socio-religious space that brings together religious meaning-making, social support, and psychosocial adaptation without replacing professional mental health services.

The implications of this study suggest that strengthening postpartum maternal mental health in Muslim Indonesian communities requires an approach that is integrative, context-sensitive, and human-centered. Support from husbands, family members, communities, and health professionals constitutes an important part of the support ecosystem, while Qur'anic values can provide sources of meaning, emotional comfort, and religious coping in ways that reflect mothers' own interpretations and experiences. In this context, the *Majelis Taklim Rusydatul Ummah Bekasi* has the potential to serve as a community-based support setting that connects spiritual encouragement with mental health education, family involvement, and professional referral when symptoms require clinical attention. This approach is consistent with evidence that social support can be strengthened through family and community based interventions (Norazman & Lee, 2024; Maisaroh et al., 2020) while the integration of religiosity and spirituality into postpartum care should remain sensitive to women's individual needs and circumstances (Rasouli, 2023; Dan et al., 2019).

Academically, these findings extend Living Qur'an scholarship by showing that the presence of the Qur'an is reflected not only in religious practices and textual understanding but also in how women interpret emotional experiences and negotiate their roles as mothers. In practical terms, a humanitarian approach grounded in Qur'anic values could be developed through capacity building for *Majelis Taklim* leaders, education for husbands and family members, mental-health-sensitive religious materials, and referral pathways to midwives, psychologists, or other qualified health professionals. Qur'anic values should therefore be positioned as a source of support within a broader psychosocial care ecosystem, rather than as a substitute for professional mental health services.

CONCLUSION

This study shows that postpartum psychological resilience develops through the interplay between social support and the meanings mothers derive from Qur'anic values in responding to emotional, social, and caregiving vulnerabilities. Support from husbands, family members, religious study groups, and health professionals provides emotional, instrumental, informational, and material resources, while prayer, dhikr, istighfar, patience

(*sabr*), gratitude (*shukr*), and trust in God (*tawakkal*) serve as sources of comfort, coping, and strength. From a Living Qur'an perspective, the Qur'an is present not merely as a normative text but as a source of meaning enacted through experiences of motherhood, social relationships, and religious practices. Theoretically, this study brings together postpartum mental health, social support, and Qur'anic meaning-making within the context of Indonesian Muslim communities, while extending Living Qur'an scholarship through the concept of psychosocial resilience. Methodologically, the phenomenological approach and triangulation of interviews, observations, and documentation enable an in-depth understanding of mothers' subjective experiences and their socio-religious context. Qur'anic values are not assumed to automatically produce resilience but are understood in terms of how mothers interpret and enact them in their everyday lives.

Practically, these findings highlight the need for a collaborative postpartum support ecosystem involving husbands, families, health professionals, and religious communities. *Majelis Taklim* groups have the potential to serve as spaces for mental health education and psychosocial support by integrating Qur'anic values with mental health literacy and referral mechanisms to midwives, psychologists, or psychiatrists when needed. A humanitarian approach grounded in Qur'anic values can serve as a complementary framework that respects mothers' experiences, dignity, spiritual needs, and social networks without replacing professional care. Future research should involve more diverse Muslim communities and incorporate the perspectives of husbands, family members, *Majelis Taklim* leaders, and health professionals. Longitudinal or mixed-methods studies are also needed to examine changes in psychosocial well-being from pregnancy through the postpartum period, including how *rahmah*, *sabr*, *tawakkal*, *shukr*, and *amanah* shape both positive and negative religious coping. This study therefore opens avenues for developing community-based support models that are responsive to the social and religious context of Indonesian Muslim communities.

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