Relationship between Social Support and Postpartum Depression

ABSTRACT

Objective: To investigate the postpartum depression among the women in Hazara Division. The purpose of the study was to measure the prevalence of PPD among the married women and also check the relationship of social support with the level of severity of postpartum depression.

Study Design: Convenience sampling technique

Place and Duration: 1000 women from the Hospitals and Postnatal Clinics of Hospitals (Ayub Medical complex Abbottabad, Women & Children hospital Abbottabad, DHQ Hospital Mansehra and Balakot through convenient sampling technique. Present study includes women who gave birth to a baby in Hazara Division.

Materials and Methods: For the present study women with the age ranging from 18-45 years with the symptoms of postpartum depression were approached from the different areas of Abbottabad and District Mansehra. An indigenously developed PPD scale in Urdu language was used to measure

Results: Postpartum depression among women with reliability (r=.86). 200 women were found depressed on the PPD scale. Result indicates that prevalence of postpartum depression stands 20% overall. t-test showed that higher the social support lesser would be the PPD and vice versa of this reason may become a risk to develop postpartum depression. Present study also revealed that the women living in joint setup receive more social support from their family, friends or spouse are less likely to be sufferer of PPD, as compared to those women living in nuclear family setup who have received less social support. Study offers further guidelines to the researchers to explore various unidentified dimensions of PPD with reference to biological and genetic factors.

Key words: Postpartum depression, social support and family set up.

Introduction

Most of the new mothers experience mood changes; tearfulness and irritability during or after the baby’s birth are called the maternity blues. The blues last for days and are believed to be a response in child birth. These sudden hormonal shifts sometimes become abnormal for most women following child birth. This condition usually peaks in a few days after delivery or may extend to the end of the second week. The ‘baby blues’ are extremely common, affecting 30-75% of new mothers. Symptoms of postpartum depression can appear anytime in the first year after a baby birth. The symptoms may include Sadness, fatigue, exhaustion, hopelessness, low self-esteem, guilt, emptiness, inability to be comforted, low energy, becoming easily frustrated, feeling inadequate or in taking care of the baby, decreased sex derives impaired speech and writing and spells of anger towards others. Sometimes hormonal changes during or after pregnancy are responsible for the PPD but it is also found in the mothers with lower socio economic status, poor interpersonal relationship and mothers with less social support also becomes the reason for postpartum depression. Previous researchers also agreed that lack of social support, poor marital adjustment can lead to depression in women. The building of new interpersonal relationship with the child can be tasking for mother and become a stressful life event that can cause or develop a mood...
disorder. Antenatal depression and low partner support aggravate the postnatal depression. Depression, anxiety, experiencing stressful life events during pregnancy or the early puerperium, low levels of social support, child care stress, maternity blues and a previous history of depression leads to postpartum depression. PPD was observed in teen mothers due to lack of social support, responsibilities and hormonal change. Enhancement of maternal self-efficacy, parental support can lowers the level of depressive symptom.

**Materials and Methods**

1000 women from the Hospitals and Postnatal Clinics of Hospitals (Ayub Medical complex Abbottabad, Women & Children hospital Abbottabad, DHQ Hospital Mansehra and Balakot through convenient sampling technique. Sample comprises of 200 mothers, with age range of 18-45 years from a variety of educational background and socioeconomic status. For data collection mothers were approached from the wards and postnatal clinics of Hospitals (Ayub Medical complex Abbottabad, Women & Children hospital Abbottabad, DHQ Hospital Mansehra and Balakot through convenient sampling technique. Postpartum depression in the women's mothers is developed indigenously by Kazmi and Munza (2010). The inspiration of the item statement is taken from the Edinburg PPD scale and MMPI. The scale is based on the item symptoms of depression, measuring depression in the women and also their family support and interpersonal relationship. PPD scale consists of 30 statements measure the social and family support and relationship with spouse and rest of the statements measure symptoms of depression: sadness, fatigue, crying spells, suicidal ideation, suicidal attempts, disappointment, discouragement, worthlessness, sleeplessness, lack of appetite, insight and interest. The scale statements which were rated on a 4-points rating scale out of these 13 were positively phrased and 17 were negatively phrased. Scoring ranged from (1) always to (4) never; reverse scoring was done for positively phrased items. A high score indicated the high level of postpartum depression. The reliability of the scale was found out to be 87 through Cronbach's Alpha coefficient. Participants were given detailed information about the research. Informed consent was obtained from the mothers who agreed to fulfill the questionnaire. They were educated enough to understand Urdu and fill up the questionnaire. The mothers were requested to make sure that each question was handled carefully and answer according.

**Results**

Result shows that there is significant difference on PPD scale between the women living in nuclear and joint family system with reference to social support. The larger value of Cohen’s d also reveals that the greater Mean value of women living in nuclear family system are facing more problems in seeking social support than the women living in joint family system Table I.

**Discussion**

The purpose of the study was to measure the prevalence of PPD among the married women and also check the relationship of social support and family set up with postpartum depression. Result concludes that prevalence of postpartum Depression stands 20% overall among the women. These findings are quite close to Segre et al that 15.7% women were suffered from postpartum depression on sample of 26,877. The African American women who suffer from PPD were 25%, American Indian/ native Alaskan were 22.9%, 15.5% were Hispanic and Asian /Pacific Islander were 11.5%

Pakistani women are at high level of risk due to burden of antenatal depression as compare to their Canadian counterpart. Klainin and Arther confirmed that the prevalence of postpartum depression in Asian countries ranged from 3.5% to 63.3% where Malaysia had lowest and Pakistan had highest prevalence of postpartum depression. A study reported 21% overall prevalence of PPD in Lebanon due to lack of social support and prenatal depression were significantly associated with PPD.

In the present study it was assumed that there would be a significant difference on PPD scale among mothers living in nuclear or joint family setup with reference to

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<th>Social Support</th>
<th>Nuclear family system n=100</th>
<th>Joint family system n=100</th>
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df= 198, P>.001
social support. The findings of the study justified the hypothesis (Table I). The Mean score of nuclear family set is lower than the joint family setup which shows that the women living in joint setup receive more social support from their family, friends or spouse are less likely to be sufferer of PPD, as compare to those women living in nuclear family setup who do not have social support. Current findings are supported by several studies suggested that there is a relationship between social support and postpartum depression and the lack of social support is the cause of PPD. Gao, Chan and Mao also confirmed that stress, partner’s depression and social support are significantly associated with postpartum depression. Other researchers also agreed that the mothers with low income and higher social support experience less postpartum depression. Lack of social support from others and a husband’s can lead to develop symptoms of depression among postnatal mothers. Lack of social support, infant's temperament, fear over child care and poor marital status can cause postpartum depression. Study also reveals that the women living in the joint family system receive more social support. The reason to get more social support might be the family and cultural values of Asian culture where mother in laws and other family members support the women and look after baby and mother. In the Pakistani culture social support is provided by the mothers, mother in laws and spouse.

Scrandis found that women with PPD naturally desire to connect with others and in joint family setup they can avail such opportunity easily. Another research supports the findings in Asian cultures, as the new mother has the fear of child handling so she needs to learn child handling from their own mothers, mothers-in-law and elder relatives. The new mother's fear about ‘how I would handle this situation alone’ could be the result of lack of social support. An on line program also suggest that the social support that can be received from friends, family, and even our Internet friends and family.

Husain et al. suggests that there is a higher prevalence rate of postpartum depression in Pakistani women due to lack of social support and stressful life events contribute to PPD. In nuclear family setup all house hold activities are held by a single person so the over burden and new experience of mother with a new born can leads to depression. It confirmed that availability of social support for a mother easing women’s burden and leading to better adjustment to the new demands made on her. Women with marital difficulties or a lack of social support have a greater chance of developing postpartum depression.

Conclusion
Present research indicates that a quite good ratio of women with in the population of Abbottabad and Manshehra District are affecting with PPD in the age of 18-45. Present study found that PPD might affect the mothers who had low social support that may become a risk to develop postpartum Depression. In nuclear family setup women perceived more PPD as compared to joint family system.

References