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Psychosocial Factors Associated with Postpartum Depression among Women in Pakistan

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ABSTRACT

Depression is a state of low mood with lack of concentration and energy that affects the behavior, thoughts, feelings and sense of well-being of a person. Depression is a common and widespread health problem which affects women in their postpartum period. A mother with postpartum depressive symptoms feels helpless, hopeless, sadness and anxiety. The main purpose of the study was to investigate the psychosocial factors of postpartum depression among women. The primary data was collected in the rural areas of District Faisalabad, Punjab, Pakistan. The data were collected from 400 respondents (mothers age 15-44 years, having a child up to the age of one year). The multistage sampling technique was used for the selection of the final sample. A well designed interview schedule was used to collect the responses from the respondents. Both the univariate and bivariate (chi-square and gamma test) analysis was used to evaluate the responses and its association with the level of depressive symptoms. Edinburgh Postnatal Depression Scale (EPDS) was used to check the level of postpartum depression among women. The result of quantitative study indicated that most of the mothers (40.8 percent) had severe depressive symptoms. Among the sample, antenatal depression, stressful life events, conflict with family members, lack of emotional/social support and financial problems have been reported repeatedly. In addition, crying episode, anxiety, irritation, tiredness, eating disorder and sleeping disorder during pregnancy and after childbirth were observed more frequently in most of the postpartum mothers. According to the bivariate results, harsh attitude of the husband and mother in-law; violence by husband; stressful life events and lack of social support; and experiences of crying, anxiety, irritation, tiredness, eating disorder and sleeping disorder during pregnancy and after childbirth having the association with the prevalence of postpartum depression at 0.000 percent level of significance.

KEYWORDS: Postpartum, Postpartum mothers, Depressive symptoms, Factors, Antenatal depression, Stressful life events, Social support.

INTRODUCTION

The mental state of an individual is influenced by the psychological factors as well as societal related factors. Psychological factors based on individual mental level, while social factors are experienced by an individual from his society. These two notions are merged into a single term known as psychosocial. It means that the physical body is affected by both the social and psychological factors. The effects of social factors are identified by psychological understanding [1]. In simple words, psychosocial factors consist of personality and the incidence of any psychiatric disorder influenced by environmental factors. These factors either increase the risks of developing the depressive disorder in an individual or may decrease the risks (protective factors). Generally, examples of psychosocial factors include marital status, social support, social conflict, disruption, loneliness and living or working environment. In developing countries, social setup is an important cause of basic health inequalities among women. In this context, beliefs and attitudes towards the maternal place her on higher risks of postpartum depression [2]. Furthermore, depression can occur due to hormonal changes, childbirth process and the personal ability to deal with psychosocial stressors [3].

Postpartum depression (PPD) is defined as "any non-psychotic depressive illness occurring during the first postpartum year" [4]. A postpartum is a period starting immediately after childbirth and continued for about 1 year. Postpartum depression is the most common complication of childbearing, affecting approximately 15-20 percent of women that represents a considerable maternal health problem [5]. A number of risk factors contributing in the development of postpartum depression; and the psychosocial factors can be hypothesized a leading cause of postpartum depression. It has devastating effects on mothers, infants and their families. The studies concluded that postpartum depression occurs due to family conflict, lack of social support, lack of attachments with baby and intimate partner, low mood, childcare anxiety and sleeplessness [6,7]. Postpartum depression is common in Pakistan with a prevalence rate of 28 percent to 63 percent, placing it among the highest in Asia [8]. By another, almost 1/3rd of women suffered from postpartum depression, the majority of

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them are moderately or severely depressed [9]. A number of risk factors have been explored, but the actual psychosocial factors of postpartum depression among Pakistani women are not tacit. Thus, the main purpose of this study is to identify the psychosocial factors and its relationship with postpartum depression among women in the rural areas of Pakistan.

Theoretical Framework

The theoretical framework explains a number of factors that contribute in the development of postpartum depression. In the present study, Beck's theory of postpartum depression [10] and Sullivan's theory of interpersonal theory [11] are applied to understand and support the postpartum depression among women. Here, the theoretical model of postpartum depression is built up on the basis of these theories.

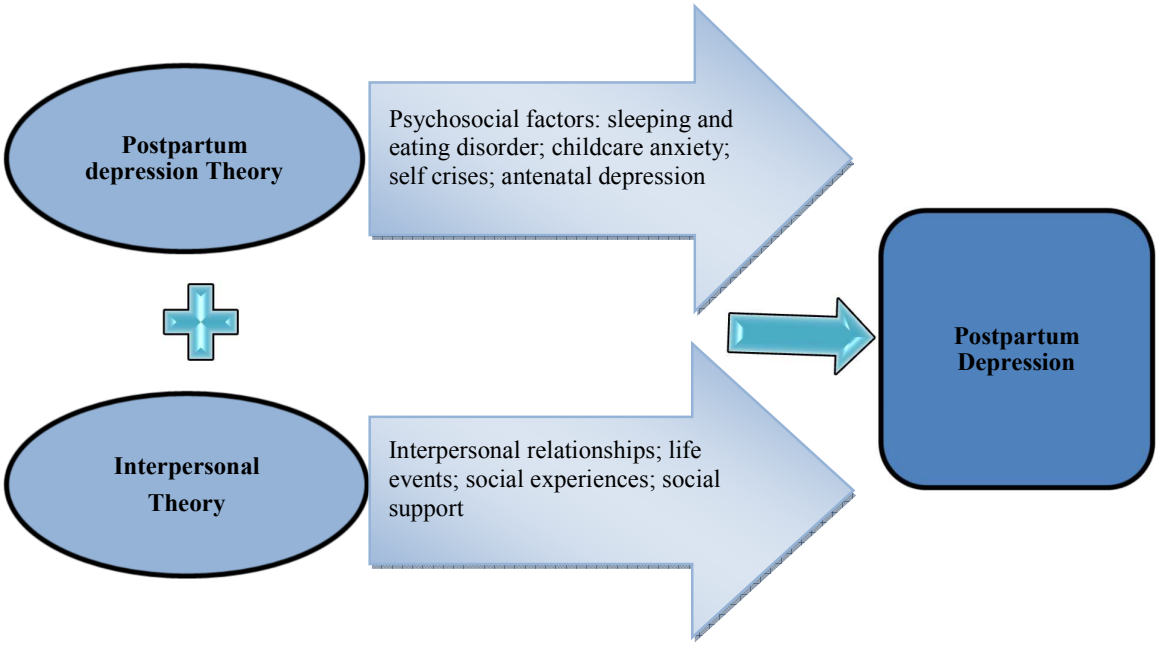

Figure 1: Theoretical Model of Postpartum Depression
Source: Beck, 2002; Sullivan, 1953

Conceptual Framework

The study covered six psychosocial independent variables to examine the relationship between contributory factors and dependent variable (postpartum depression among women). These variables were attitudes of husband, mother-in-law and doctors, violence (verbal and physical), stressful life events, social support, experiences and feelings during pregnancy and within the first two weeks after delivery.

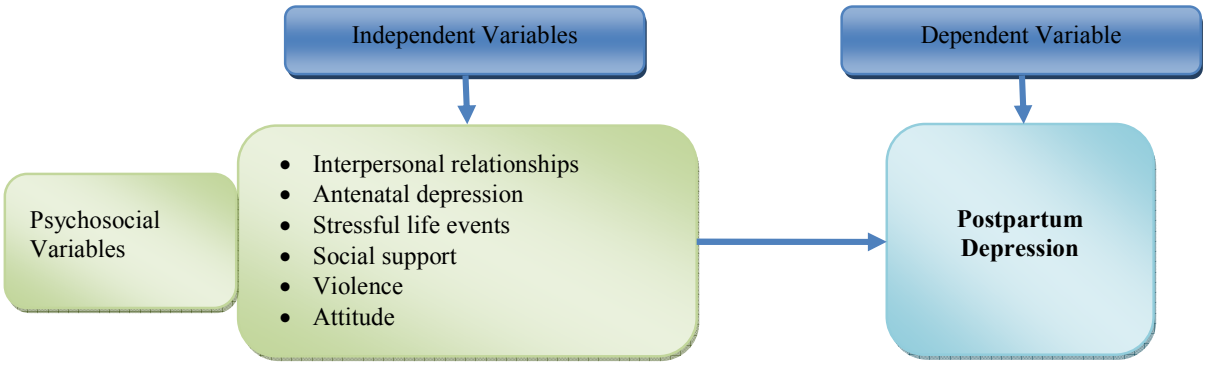

Figure 2: Conceptual Model of postpartum depression

Objectives of the study

1. To identify the contributing factors of postpartum depression among respondents
2. To check the level of postpartum depression among respondents
3. To explore the relationship between psychosocial factors and postpartum depression

Hypothesis of the study

1. An association between attitude of husband, in-laws and doctors towards respondents and prevalence of postpartum depression
2. An association between violence and prevalence of postpartum depression
3. An association between history of stressful life events and prevalence of postpartum depression
4. An association between social support and prevalence of postpartum depression
5. An association between experiences and feelings of the respondents during pregnancy and prevalence of postpartum depression
6. An association between experiences and feelings of the respondents within the first two weeks after delivery and prevalence of postpartum depression

LITERATURE REVIEW

Literature review focuses on a specific topic of interest, including a critical analysis of different researches and its relationship. Its aim is to provide a base for research work, develop the scope of the research and enhance the importance of the research work. A number of studies have been done on the topic of postpartum depression in relation to psychosocial factors, for example, Field [12] concluded that the prevalence rate of postpartum depression was approximately 20 percent among mothers. The associative risk factors were the psychosocial factors contributing in the etiology of postpartum depressive symptoms, including social support, sleep disturbance, prenatal depression and early childhood experiences (maltreatment, attachment and sexual abuse). Naveed and Fouzia [13] also concluded in the same line, explained that lack of social support, interpersonal relationship, self-neuroticism and anxiety plays an important role in the development of postpartum depression. In the context of Pakistani culture, the woman is responsible for the birth of a female child. In most of the families, the attitude of husband and in-laws is changed when they come to know that woman is going to give birth to a female baby. Her spouse and in-laws stop supporting woman, which makes her life unhappy, more disturbed that leads to the symptoms of postpartum depression.

According to Yount & Smith [14] poor social support, frustration, patriarchal kinship, difficulty in order to adapt motherhood and physical or psychological violence are the important factors in contributing postpartum depression. Some other key factors were the sex of the baby, poor relations with in-laws, death of husband, polygamy and women's dependency on family. Furthermore, the study hypothesized that decreased in the symptoms of postpartum depression may relate to the positive relations with mother-in-law. A study by Kalar et al. [15] revealed that almost 1/3 of the women had a high risk of postpartum depression. Whereas, the strongest predictive risk factors were poor family relationships, cesarean delivery, infant health, the number of female children and lack of social support.

LaCoursiere et al. [16] evaluated psychosocial factors to determine the prevalence of postpartum depression. A number of psychosocial risk factors were found to be common among the study sample including financial problems (49.1 percent), self-emotional behavior (35.0 percent), husband's negative attitude (19.8 percent), previous history of depression (16.7 percent), history of abuse (11.7 percent), and traumatic (10.3 percent). Setse et al. [17] concluded that a significant number of women experienced the symptoms of postpartum depression from diverse cultures. The prevalence rate among these women is found to be 7 percent to 50 percent, having the effect on women's own health and their infants. According to these, the risk factors for postpartum depression were pregnancy complications, maternal age, partner' behavior with the incidence of violence, family relationships and insufficient social support. Adrienne [18] found that low energy level, restlessness and anxiety were major characteristics of depression. The non-postpartum mother can be differentiated from postpartum depression symptoms by reporting sadder mood, more suicidal ideation, and more reduced interest.

METHODOLOGY

The cross-sectional based survey was conducted to meet the criteria of study objectives. The quantitative method was used to identify the psychosocial factors contributing in the development of postpartum depression among women. The area of the study was District Faisalabad, Punjab, Pakistan. The target population was the postpartum mothers age 15-44 years, having a baby up to one year of age in the rural areas of District Faisalabad. To gather the requirements of the representative population, four rural towns were selected conveniently from District Faisalabad. A sample of 400 respondents (mothers) was selected through multistage sampling technique. Firstly, four union councils were selected randomly from each rural town.

Secondly, 25 respondents were selected randomly from each selected union council. The data were collected through well designed interview schedule. The data were analyzed through univariate and bivariate analyses by using SPSS (Statistical Package for Social Sciences). The association between the predicting variables and response variable was checked by the chi-square test at the 0.05 percent level of significance. Also, the positive and negative relationship was checked by the gamma test. The level of postpartum depression among women was examined by applying the Edinburgh Postnatal Depression Scale (EPDS). This scale has been proven to be an effective method to identify the risk for "postpartum" depression. The scale (self-reported) contains about 10-questions, each question has four-point ranging from 0 – 3. The selection of response was based on how a respondent has felt in the past 7 days. Generally, the scores in the range of 10 - 30 are indicating the symptoms of depression [19,20,21]. For the present study, postpartum depression was categorized into three levels to see the level of postpartum depression as well as for maximum variations in the responses. These categories are described as follows:

Table: 1 Levels of Postpartum Depression

Severity	Score range	Symptoms of PPD	Screening
Mild / not depressed	0 – 9	No signs and symptoms	Normally remains untreated
Moderate / minor depressed	10 – 12	May present positive symptoms	Requires attention for further screening
Severe / major depressed	13 or above	Frequently present positive symptoms	Needs an appropriate assessment and possible interventions immediately

Source: Montazeri et al. (2007), Pallant et al. (2006), Cox et al. (1987)

RESULTS AND DISCUSSION

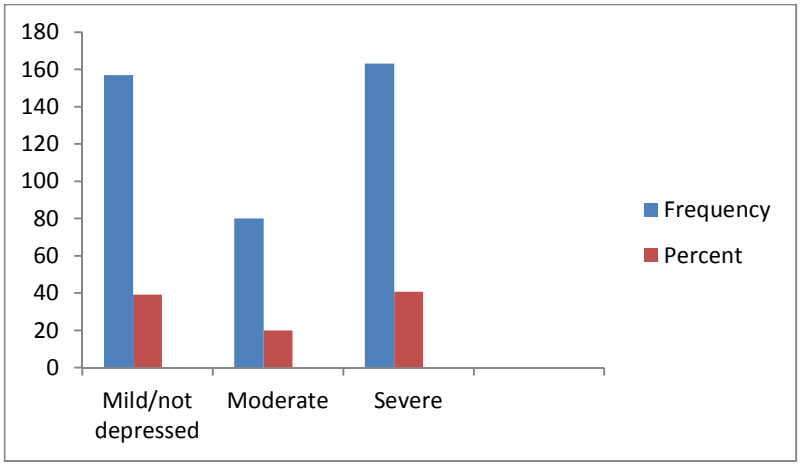

Figure 3: Prevalence of postpartum depression among respondents

The symptoms of postpartum depression of respondents were screened by using the EPDS (Edinburgh Postnatal Depression Score). The distribution of the mothers, according to their symptoms of postpartum depression shown that 40.8 percent of the respondents have severe depressive symptoms; and 20.0 percent of them have moderate depressive symptoms. Whereas, 39.3 percent of the women have no depressive symptoms in their postpartum period.

Table 2: Association between psychosocial factors and the prevalence of postpartum depression

*Dependent Variable: Postpartum depression				
	Chi-square statistics		Gamma statistics	
Independent Variables	Value	Sig. Level	Value	Sig. Level
Attitude (harsh, normal, good)	59.734	0.000	-0.455	0.000
Violence (verbal, physical)	70.177	0.000	0.538	0.000
Stressful life events (in-laws home environment, financial problems, health problems, death of any relative)	86.706	0.000	0.568	0.000
Social support (husband, in-laws, friends)	26.419	0.000	-0.384	0.000
Pregnancy experiences/feelings (crying, sleeping and eating disorder, anxiety, shame or guilt, irritation, feeling tired, perform activity slowly	48.121	0.000	0.456	0.000
Experiences/feelings within the first two weeks after delivery (crying, sleeping and eating disorder, anxiety, shame or guilt, irritation, feeling tired, perform activity slowly)	59.428	0.000	0.513	0.000

The researcher used the cross-tabulation to check the association between dependent and independent variables, in order to accept or reject the hypotheses. Whereas, the value of chi-square shown the relationship between these variables; and the value of gamma explains the positive or negative relationship between these variables. The significant association is determined at 0.05 level of significance.

According to the results, the value of chi-square (59.734) indicated the existence of an association between the attitude and the incidence of depression in the postpartum period; whereas, the gamma value (-0.455) verified a strong negative relationship. It means that those women who faced harsh attitude were more likely to be more depressed in the postpartum period than those who faced good attitude. Violence in the form of either verbal or physical has adverse effect on women' psychological and physical health. In the context of Islam, violence against women by their husband is prohibited [22]. But in contrast to Islamic preach, intimate partner violence against women is common in Pakistan, which has adverse effects on women' mental health status. As the value of chi-square (70.177) shown a significant relationship (P=0.000) between the violence and postpartum depression and the value of gamma (0.538) indicated a strong positive relationship. Regarding the stressful life events, the value of chi-square (86.706) and gamma statistics (0.568) confirmed the existence and positive relationship between the predicting and response variable. It means mother with lower incidence of stressful life events were not depressed during their postpartum period. In the present study, the reported stressful life events were financial problems, the husband and mother-in-law had a pressure to be pregnant in the first year of marriage, in-laws home environment, health problems, change home, death of love ones and relationship changing.

Social support in the child care is helpful for mothers in adjusting to their new situation. Low social support is associated with postpartum depression and other related psychological issues. The value of chi-square (26.419) shown a significant association (P = 0.000) and gamma value (-0.384) indicated a strong negative relationship between social support and symptoms of depression. Evidence also supported by the theoretical model, as theory illustrated a strong positive association between stressful life (self-crises) event, lack of social support and the development of postpartum depressive symptoms among women [10,11]. If support is provided to mothers by their intimate partner, obviously they felt more security and love [23,24].

In reference to the relationship between respondent's feelings and experiences during pregnancy and the prevalence of postpartum depression; chi-square value (48.121) shown a significant association (P = 0.000) and the gamma value (0.456) depicted a strong positive relationship between these variables. Women who experienced the problems of crying, sleeping or eating disorder; and felt irritated, anxiety and tiredness to a great or some extent during pregnancy were depressed severely in the postpartum period.

Chi-square value (59.428) shown a significant association (P = 0.000) and the gamma value (0.513) proved a strong positive relationship between women's feelings and experiences within the first two weeks after delivery and postpartum depression. Others, concluded that baby blues or mild depressive symptoms (sadness, irritability, crying, poor concentration) are common due to hormonal changes; and the most frequent symptoms of depression can include low mood, change in appetite, anxiety, and suicidal thoughts [10,25].

CONCLUSION

Based on survey results, it is concluded that women who faced verbal or physical violence by their husbands, have more the symptoms of postpartum depression in terms of moderate or severe. The insufficient social support and stressful life events are identified as a strong positive predictor of the development of depression. In Pakistan, social support is affected by the traditional cultural values and misconception of health care practices. Negative thinking including desperate and suicidal thought occurs due to child care anxiety, irritation and stress. It may happen due to the maternal health complications and low level of social support during pregnancy or in the postpartum period. The continuity of these problems may elevate the risks of depression; and these are known to be the symptoms of postpartum depression, if it has gradual incidence. It was observed that women who attain professional help and have social support, tend to feel more relaxed and safety during their postpartum period. On that basis, it is suggested that a mother's care is essential for her physical and psychological well-being because a supportive relationship is helpful to change the maternal depressive mood. Furthermore, it is necessary to access a previous history of anxiety, stress or depressive symptoms of the antenatal period, because the previous history of depressive symptoms is known to be a strong risk factor for postpartum depression.

RECOMMENDATIONS

Based on the study findings, it is recommended that:

1. The government should appoint a psychologist at hospitals for counseling and creating awareness about the antenatal and postpartum related psychological issues.
2. It is necessary to eradicate all the types of violence against women, because violence was found to be a strong predictor for the depressive symptoms.

3. Gender based workshops and seminars should be organized, where the awareness should be provided about the effects of violence against women.
4. Women should visit to the doctors or at least discussed with lady health workers on feeling fatigue, weakness, anxiety, stress, shortness or rapid heartbeat, dizziness or loss of concentration. Because all are the strongest contributory factors of postpartum depression, if these problems occur during pregnancy or after a childbirth.

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