Annals of Social Sciences and Perspective

ISSN (Print): 2707-7063, ISSN (Online): 2788-8797
Volume 4, Number 1, Jan-June 2023, Pages 159-169
Journal homepage: http://assap.wum.edu.pk/index.php/ojs

Feeling Scarred Without a Reason: Post-Partum Anxiety and Social Support in a Sample of Women at Government Sector Maternity Hospitals from Sargodha Pakistan

Tauqeer Ahmed lak[1], Mussarat Hussain[2*], Umair Ahmed[3]

[1]Lecturer, Department of Sociology & Criminology, University of Sargodha. tauqeer.ahmad@uos.edu.pk
[2]Lecturer, Department of Sociology & Criminology, University of Sargodha.
[3]Assistant Professor, Department of Sociology, Government College University, Lahore.umair.ahmad@gcu.edu.pk
*Corresponding Author's Email Address: mussarat.hussain@uos.edu.pk

ARTICLE DETAILS

History:

Received: December 31, 2022
Accepted: June 01, 2023

Keywords:

Postpartum Depression
Women Health
Social Support
Pakistan

DOI:

10.52700/assap.v4i1.251

ABSTRACT

Postpartum depression is the most common problem that women face when they are of reproductive age, and it is a serious general health issue. The present study evaluated the impact of social support on postpartum depression among 320 women. By utilizing the purposive sampling technique, an interview schedule was taken as a tool based upon demographic queries asked of the respondent's continued with the Edinburgh postnatal depression 10-item scale (EPDS) and perceived social support (PRQ85-Part 2). The results of the hypothesis were found to be significant at the alpha level. Analysis revealed that direct support was found to be negatively connected with postpartum depression. It explicitly demonstrates that an increase in social support, especially from the husband, can decrease postpartum depression in women, and a decrease in the levels of social support was found to be a prominent factor behind postpartum depression.

1. Introduction

The postpartum period initiates immediately after the delivery of the mother. Conversion of women into motherhood is a troublesome period that includes noteworthy changes in the mental, social, and physical aspects. It expands the susceptibility for the development of psychological instability. Postpartum depression is regarded as a miserable sign rising in the first year of the postnatal period. It is characterized by behavioral problems, a lack of pleasure, a lack of livelihood, a smaller amount of physical energy, and very little or weak confidence. They are constantly thinking about harming themselves or having thoughts of self-destruction that may lead to suicide (Shitu, Geda, & Dheresa, 2019). Postpartum despair is an acute well-being problem for numerous new mothers and has undesirable biological and mental problems for children. Postpartum despair (PPD) involves many miserable signs and

conditions that women go through in the first year in which a baby is born (Turan et al., 2014).

The World Health Organization (WHO) indicated that it is spreading continually and will be the 2nd primary reason for illness by 2020, mainly in women living in middle-, high-, and low-income countries. It may become a significant chronic illness in the coming years, and it is predicted to become the first major illness by the year 2030 (World Health Organization, 2012). Globally, facts and figures revealed that around four hundred and fifty million individuals are highly prone to neural and psychological disease and ranked depression the 4th primary reason for illness and early demises in 2020 and onwards. Sadness can be projected to be the second-most common reason for incapacity regardless of financial rank or racial or cultural clusters of people, with sadness likely to happen twice as often in females as compared to males. Worldwide, about 10% of pregnant women and 13% of women who just had a baby are experiencing mental health issues. It is more common in less developed countries, where 15.5% of women develop psychological disease throughout gestation. More than that, almost nineteen percent later, it continued to disturb and badly affect the happiness of new mothers, offspring, spouses, and other close relatives (Fantahun, Cherie, & Deribe, 2018).

Societal help is described as undertaking a defensive job against depression. The role of social help has been quite captivating as a potential defensive factor for coping with the troubles emerging from the numerous difficulties that parenthood brings (Stewart, Robertson, Dennis, Elegance, and Wallington, 2003). Getting social support through companions and family members during depressing times is believed to be a defensive factor against the development of depression, and a few earlier investigations regarding this have assessed the role played by social care in decreasing postnatal unhappiness (Beck, 2001).

Seeking help for postpartum depression has not been studied quantitatively in low-income countries. Qualitative investigation shows that sociocultural aspects and causal factors such as economic troubles and less satisfied marital relations might be obstacles to help-seeking for post-partum depression. Former qualitative research expressed that if women left their house during the postpartum period, they would be exposed to being attacked by evil spirits. They also emphasized problems like marital poverty and dissatisfaction as barriers to help-seeking from professional healthcare departments (Shitu, Geda, & Dheresa, 2019).

Only 40% of females with depression seek professional help, and a large proportion of women do not get treatment for their depressing signs (Mirsalimi, Ghofranipour, Noroozi & Montazeri, 2020). It is perceived that due to the lack of awareness of that kind of depression, this situation becomes a barrier to seeking professional help (Fonseca, Gorayeb, & Canavarro, 2015).

Moreover, evidence regarding reasons behind postnatal despair shows that unhappiness in the post-delivery period and a lack of mothers intelligence are also related to the undernourishment that results in their infant's growth problems. (Guo et al., 2013) Postpartum depression is a widely recognized complication of mothers and also associated with difficulties in both mother-child relationships that might lead to extreme difficulties for infants, for example, more proneness to diseases, delayed developmental delays, and poor growth. Therefore, the present study examines the influence of the social support women are receiving and other concerning aspects linked with postpartum despair in new mothers.

2. Research Methodology

The universe of the present study was postpartum mothers who are living in the area of Sargodha city. The sample size of the present study was comprised of 320 postpartum mothers from Sargodha, Pakistan. A multistage sampling technique was utilized to select the respondents required for the present study. Government Mola Bahsh Hospital in Sargodha and the private National Hospital in Sargodha were randomly selected through simple random sampling, and using a convenient sampling technique, mothers were approached from the postnatal wards of the hospitals for data collection.

2.1. Data Collection

In this research, data were collected through an interview schedule. An interview schedule is regarded as a set of queries that are enquired about by a researcher and filled up on the spot in face-to-face communication with the other person. The present study interview schedule was based on demographic and background characteristics questions. The Edinburgh scale, which included ten questions about postpartum despair, was used to assess postnatal despair in women who had recently given birth (Cox, Holden, & Sagovsky, 1987). The present study evaluated social support queries in terms of perceived and received social support. These questions were asked regarding perceived and received societal help. PRQ85-Part 2 was utilized (Brandt & Weinert, 1981) and measured by utilizing a seven-point Likert scale that starts from 7 (labeling it strongly agree) to 1 (labeling it strongly disagree) relevant to the question asked. The queries were translated into the Urdu language for the ease of the respondents. The present study used IBM SPSS Statistics 23 for data analysis. A univariate analysis of each variable was conducted, and social support and postpartum depression variables were computed for linear regression analysis.

2.2. Ethical Considerations

To take responses from the respondents on the questionnaire, the consent of the health centers' responsible person was taken. Approval was obtained from the medical superintendent of the Mola Bahsh hospital in Sargodha and the National Hospital in Sargodha by getting signatures on the earlier approved letter from the head of the department of sociology and criminology at the University of Sargodha. Moreover, the topic and objectives of the research undertaken were well clarified and explained to every respondent.

5. Results and Interpretations:

Table 1: Socio-Demographic characteristics among women in the postpartum period, in government Mola bakhsh hospital and National hospital Sargodha, Pakistan (n=320).

Characteristics	Frequency	Percent
Age in years		
18 - 27	184	57.5
28 - 37	124	38.8
38 - 47	12	3.8
Marital status		
Married	315	98.4
separated	4	1.3
widow	1	0.3

Residence		
village	202	63.1
City	118	36.9
No of children		
No one	12	3.8
One	110	34.4
Two	68	21.3
Three or more	130	40.6
Education		
Uneducated	112	35.0
primary	84	26.3
Middle	46	14.4
Matric	46	14.4
Intermediate	14	4.4
Graduate	16	5.0
MPhil	2	0.6
primary support		
Husband	182	56.9
parents	42	13.1
friends	2	0.6
Relatives	94	29.4
Monthly income		
15,000 to 25,000	266	83.1
26,000 to 36,000	32	10.0
37,000 to 47,000	6	1.9
48,000 to 58,000	6	1.9
59,000 or above	10	3.1
Occupation		
Student	2	0.6
Housewife	304	95.0
Govt or private employee	14	4.4

The above table data illustrated that mostly (57.5%) females responded that they were in the first category of 18 to 27 years old, while a lesser number of females (3.8%) responded that they were ranging in the category of 38 to 47 years old. Meanwhile, Fantahun, Cherie, and Deribe (2018) found that their study included (22.3%) women ranging in age from "15–24" and (66.3%) women ranging from "25-34". Whereas the above table shows that most of the respondents (98.4%) were women, a lesser number of them (1.3%) were separated. Corrigan, Kwask, and Groh (2015) discovered that their study included 57.4% married, 34.4% separated, and 1.6% divorced participants.However, Fantahun, Cherie, and Deribe (2018) asserted that their study included 85.1% of women who were married among the respondents and 14.9% of women who were unmarried.

Data illustrate that the majority of the respondents (63.1%) were women who were living in the village, while 36.9% lived in cities, according to the responses of the females. Meanwhile, Azale, Fekadu, and Hanlon (2016) found that their study included 94.3% of women living in rural areas and 5.7% of women living in urban areas. However, (Kim, Connolly, & Tamim, 2014) discovered that their study included (17.9%) women who lived in rural areas (37.4%) women who lived in urban, population 499,999, and (44.7%) women who

lived in urban, population 500,000.In contrast, (Wassif et al., 2019) discovered in their research that (19.4%) of women lived in rural areas, (59.6%) in urban areas, and (21.0%) in semi-urban areas. Data demonstrates that most of the females (40.6%) were having three or more children (3.8%) were having no children (34.4%) were having one child (21.3%) were having two children. While Corrigan, Kwask, and Groh (2015) found that their study included 16.4% of women who were having one child, almost twenty-two percent of females were having two children, twelve percent of women were having three children, almost two percent of females were having four other children, and almost five percent of females were having five other children, while only 3.3% of women were having seven or more children, according to their study.

Data demonstrates that (35.0%) women were uneducated, (26.3%) got primary education (14.4%), got middle education (14.4%), were matriculated (4.4%), were intermediately matriculated (5.0%), were graduates, and (0.6%) were MPhils. While Turan et al. (2014) asserted that in their study, 88.1 percent of women got primary or less education and 11.9 percent got more than primary education, Meanwhile, another study conducted by Azale and colleagues found that their study included 80.0% of women who got no formal education and 20.0% of women who had formal education (Azale, Fekadu, & Hanlon, 2016).

Data shows that 56.9% of women's primary support was their husband, 13.1% said that their primary support was their parents, 0.6% said that friends, and 29.4% said that their primary support was their relatives, so the majority of respondents primary support was their husband. Meanwhile, Roth (2004) confirmed that in their research, 72.4% got their spouse's support (15.5%), responded that they got significant other's support (8.6%), responded that they got parent's support (1.7%), responded that they got friend's support (1.7%), and responded that they got relative's support.

Data in the above table shows that (83.1%) respondents monthly income was ranging from 15,000 to 25,000 and (10.0%) respondents monthly income was ranging from 26,000 to 36,000, while (1.9%) responded that their monthly income was 37,000 to 47,000, (1.9%) told that their home's monthly income was 48,000 to 58,000, and (3.1%) responded that their monthly income was 59,000 or above. Moreover, Madeghe, Kimani, Vander Stoep, Nicodimos, and Kumar (2016) confirmed that in their research, 18.5% of women's monthly income was less than $5,000, 78.5% of women's monthly income was between $5,000 and $10,000, and 3.0% of women's monthly income was above $10,000. While the data in the above table shows that (0.6%) women were students, (95.0%) were housewives, and (4.4%) were government or private employees, the majority of the respondent's (95.0%) were housewives. However, Fantasy, Cherie, and Deribe (2018) asserted that their study included (54.5%) women who were employed and (45.5%) women who were unemployed.

Table 2: EPDS (Edinburgh postnatal depression scale) responses among women in the postpartum period, in health centers of government Mola bakhsh hospital and National hospital Sargodha, Pakistan (n=320).

Characteristics	Frequency	Percent
Experienced laugh and see the funny side of things		

As much as I always could	**138**	**43.1**
Not quite so much now	48	15.0
Not so much now	110	34.4
Not at all	24	7.5
Looked forward with enjoyment to things.		
As much as I ever did	**174**	**54.4**
Rather less than I used to	48	15.0
Definitely less than I used to	48	15.0
Hardly at all	50	15.6
Blamed yourself unnecessarily.		
yes most of the time	**132**	**41.3**
yes sometime	76	23.8
Not very often	20	6.3
No, never	92	28.8
Been anxious or worried for no good reason.		
No, not at all	**124**	**38.8**
Hardly ever	24	7.5
Yes, sometimes	114	35.6
Yes, very often	58	18.1
Felt scared or panic for no good reason		
Yes a lot	**132**	**41.3**
Yes sometimes	86	26.9
Not much	54	16.9
Not at all	48	15.0
Things have been on top of you		
yes most of the time	**136**	**42.5**
yes sometimes I have not been coping as well as usual	62	19.4
No, most of the time I have coped quite well	60	18.8

No, I have been coping as well as ever	62	19.4
Difficult to sleep		
Yes, most of the time	**150**	**46.9**
Yes, sometimes	50	15.6
Not very often	18	5.6
No, not at all	102	31.9
Felt sad or miserable		
Yes, most of the time	**136**	**42.5**
Yes, quite often	80	25.0
Not very often	10	3.1
No, not at all	94	29.4
So unhappy you have been crying		
Yes most of the time	**126**	**39.4**
Yes, quite often	28	8.8
Only occasionally	44	13.8
No, never	122	38.1
Thought of harming your self		
Yes quite often	68	21.3
Sometimes	20	6.3
Hardly ever	24	7.5
Never	**208**	**65.0**

The above table demonstrates that 43.1% of women responded that they laugh most of the time and look at the humorous side of things as they always do. And a smaller number of respondents (7.5%) responded not at all. Nonetheless, Fantasy, Cherie, and Deribe (2018) reported in their study that (63.8%) women responded that they laugh most of the time and see the humorous side of things (16.5%), 8.6% are not so much now, and 11.2% are laughing most of the time.Meanwhile, the data shows that the majority of the respondents (54.4%) are women and that they are seeking more amusement in their lives than they ever have, while a lesser number of respondents (15.0%) picked the option less than they ever have. While the majority of respondents (41.3%) were women, they reported feeling guilty unreasonably often when things went wrong most of the time, while a small number of respondents (6.3%) reported feeling guilty not very often.Meanwhile, Ali, Mahmud, Khan, and Ali (2013) found in their research that postpartum despair and nervousness have numerous undesirable consequences on mother and child well-being for a longer period of time and can be prolonged to the stage of adulthood.

While the majority of the respondents (38.8%) were women, they said that they became nervous without any reason, while a small number of respondents (7.5% picked the option hardly While the majority of the respondents (38.8%) were women, they said that they

became nervous without any reason, while a small number of respondents (7.5% picked the option "hardly ever"). Meanwhile, 35.6% of respondents responded that they have been anxious or worried for no good reason sometimes, and 18.1% of respondents responded that they became nervous without any reason very often. Likewise, Fantahun, Cherie, and Deribe (2018) stated in their study that (51.6%) women became nervous without any reason, not at all (11.2%) picked the option, barely (28.3%) females were sometimes, and 8.7% responded yes, they became nervous without any reason very often. Data shows that the majority of the respondents (41.3%) who are women say they have felt frightened many times for not very serious reasons.

While (42.5%) women responded that they cannot understand the situation many times they have not been able to manage the situation at all, whereas a lesser number of respondents (18.8%) responded that they can understand the situation well and responded no for the statement, Fantasy, Cherie, and Deribe (2018) stated in their study that (4.0%) women responded that they cannot understand the situation most of the time they have not been able to manage at all, and (62.8%) responded they can understand the condition as well as ever. Whereas the majority of the respondents (46.7%) who were women responded that they are sad and have trouble sleeping many times, a small number of respondents (5.6%) responded that they are not very often sad and have trouble sleeping. While women made up the majority of respondents (42.5%), a smaller proportion of respondents (3.1%) reported feeling depressed or unhappy on a regular basis. While the majority of respondents (39.4%) were women, they reported being so unhappy that they cry most of the time, while a smaller number of respondents (8.8%) chose the option "I don't know." Yes, they have been so unhappy that they cry quite often. Nevertheless, Fantahun, Cherie, and Deribe (2018) stated in their study that (2.9%) women responded that they have been so unhappy that they cry most of the time (6.6%) picked the option yes, quite often, (24.1%) were only occasionally, and (63.3%) responded that no, never. While the above data shows that the majority of the respondents (65.0%) were women, they responded that they thought of harming themselves quite often, whereas a smaller number of respondents (6.3%) picked the option that they thought of harming themselves sometimes.

2.3. Results of the Hypothesis

Table 3: Linear regression major results of hypothesis one:

Variable	Coefficient	t	Sig.
postpartum depression (constant)	1.676	9.283	.000
Social support	.125	3.411	.001
Linear regression major results of hypothesis two:			
Variable	**Coefficient**	**T**	**Sig.**
postpartum depression (constant)	2.427	43.990	.000
Primary support	-.071	-3.107	.002

Linear regression analysis was used to test two hypotheses about the link between social support and postpartum depression in women. The results of the ANOVA showed that the p-value of significance was 0.001, which was less than 0.05. Postpartum despair was also significant at a p-value of 0.000, whereas the coefficient for social support was 0.125. It states that if societal support increases, postpartum depression will also increase, which is not a desirable condition for accepting the hypothesis.

Whereas the other hypothesis found a linear relationship between direct support and postpartum depression, the results of the ANOVA showed that the p-value of significance (0.002) was less than the predetermined level of significance. So, it is assumed that it can predict the outcome variable. The coefficients of these estimates indicated that there would be a (-.071 unit) decrease in postpartum despair for every unit increase in direct support. The above table states that there is a negative relationship among these two variables, and the coefficient given in the above table for the primary support is also significant at a p-value of less than 0.05. However, Kazmi and colleagues found that postpartum despair could distress the mothers who had a lack of social support in their study. It can become a significant risk factor for postpartum depression among new mothers (Kazmi et al., 2013). However, Azale, Fekadu, & Hanlon (2016) asserted in their study that the leading cause of postpartum depression among (60.0%) respondents was psychosocial. An uncooperative spouse and overthinking were found to be associated with postpartum depression. Furthermore, Lake (2004) asserted in their research that social resources might be very significant for the psychological health of females in postpartum due to the high strain of motherhood and childrearing. Whereas Shitu, Geda, and Dheresa (2019) found that, in their study, each of the five women suffered from postpartum depression. They also found out that low social support was the primary cause associated with postpartum depression.

3. Discussion & Conclusion

The results of all the hypotheses in the present study were found to be significant at the p-value. Results revealed a significant linear association between postpartum despair and social support, whereas direct support was negatively connected with postpartum depression. It explicitly demonstrates that an increase in social support can decrease postpartum depression in women. A decrease in the levels of social support was found to be a prominent factor behind postpartum depression. Direct support, especially from the husband, was found to be 56.9% in the present study. Similarly, Fantahun, Cherie, and Deribe (2018) found in their study that 83.2% of women got their husbands support, while 16.8% did not. Nevertheless, Azale, Fekadu, and Hanlon (2016) asserted in their study that the leading cause of postpartum depression among (60.0%) respondents was psychosocial. An uncooperative spouse and overthinking were found to be associated with postpartum depression. In addition, Kazmi and colleagues (2013) found that postpartum despair could distress the mothers who had a lack of social support in their study. It can become a significant risk factor for postpartum depression among new mothers.

4. Recommendations:

- Family members of postpartum women should be given information about mental health literacy as it relates to postpartum depression.
- Females themselves should be given awareness regarding postnatal despair.
- Early identification and treatment can alleviate the chances of postpartum depression among women.

- Nurses and other professional healthcare providers must be familiar with identifying risk factors in a mother who might develop postpartum depression.
- In the future, there will be a need for a prospective study to know the actual occurrence in the overall general population of childbearing women in Pakistan.

References

Azale, T., Fekadu, A., & Hanlon, C. (2016). Treatment gap and help-seeking for postpartum depression in a rural African setting. BMC psychiatry, 16(1), 196.

Beck, C. T. (2001). Predictors of postpartum depression: an update. Nursing research, 50(5), 275-285.

Brandt, P. A., & Weinert, C. (1981). The PRQ--a social support measure. Nursing research, 30(5), 277–280

Corrigan, C. P., Kwasky, A. N., & Groh, C. J. (2015). Social support, postpartum depression, and professional assistance: A survey of mothers in the Midwestern United States. The Journal of perinatal education, 24(1), 48-60.

Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. The British journal of psychiatry, 150(6), 782-786.

Fantahun, A., Cherie, A., & Deribe, L. (2018). Prevalence and Factors Associated with Postpartum Depression Among Mothers Attending Public Health Centers of Addis Ababa, Ethiopia, 2016. Clinical practice and epidemiology in mental health: CP & EMH, 14, 196.

Fonseca, A., Gorayeb, R., & Canavarro, M. C. (2015). Women′ s help-seeking behaviours for depressive symptoms during the perinatal period: Socio-demographic and clinical correlates and perceived barriers to seeking professional help. Midwifery, 31(12), 1177-1185.

Guo, N., Bindt, C., Te Bonle, M., Appiah-Poku, J., Hinz, R., Barthel, D., ... & Schlüter, L. (2013). International CDS Study Group: Association of antepartum and postpartum depression in Ghanaian and Ivorian women with febrile illness in their offspring: a prospective birth cohort study. Am J Epidemiol, 178(9), 1394-1402.

Kazmi, S. F., Khan, M., Tahir, R., Dil, S., & Khan, A. M. (2013). Relationship between social support and postpartum depression. Ann Pak Inst Med Sci, 9(4), 191-194.

Kim, T. H., Connolly, J. A., & Tamim, H. (2014). The effect of social support around suon postpartum depression among Canadian teen mothers and adult mothers in the maternity experiences survey. BMC pregnancy and childbirth, 14(1), 162.

Lake, N. J. (2004). Postpartum depression in women: antepartum and postpartum factors.

Madeghe, B. A., Kimani, V. N., Vander Stoep, A., Nicodimos, S., & Kumar, M. (2016). Postpartum depression and infant feeding practices in a low income urban settlement in Nairobi-Kenya. BMC research notes, 9(1), 506.

Mirsalimi, F., Ghofranipour, F., Noroozi, A., & Montazeri, A. (2020). The postpartum depression literacy scale (PoDLiS): development and psychometric properties. BMC Pregnancy and Childbirth, 20(1), 1-13.

Roth, C. A. (2004). A survey of perceived social support among pregnant women in the intermountain region (Doctoral dissertation, Montana State University-Bozeman, College of Nursing).

Shitu, S., Geda, B., & Dheresa, M. (2019). Postpartum depression and associated factors among mothers who gave birth in the last twelve months in Ankesha district, Awi zone, North West Ethiopia. BMC Pregnancy and Childbirth, 19(1), 435.

Stewart, D. E., Robertson, E., Dennis, C. L., Grace, S. L., & Wallington, T. (2003). Postpartum depression: Literature review of risk factors and interventions. Toronto: University Health Network Women's Health Program for Toronto Public Health.

Turan, B., Stringer, K. L., Onono, M., Bukusi, E. A., Weiser, S. D., Cohen, C. R., & Turan, J. M. (2014). Linkage to HIV care, postpartum depression, and HIV-related stigma in newly diagnosed pregnant women living with HIV in Kenya: a longitudinal observational study. BMC Pregnancy and childbirth, 14(1), 400.

Wassif, O. M., Abdo, A. S., Elawady, M. A., Abd Elmaksoud, A. E., & Eldesouky, R. S. (2019). Assessment of Postpartum Depression and Anxiety among Females Attending Primary Health Care Facilities in Qaliubeya Governorate, Egypt. Journal of Environmental and Public Health, 2019.

World Health Organization. (2012). Depression: A Global Crisis. World Mental Health Day, October 10 2012. World Federation for Mental Health, Occoquan, Va, USA.