

Original Article

Perceived Social Support and Depression Levels of Women in the Postpartum Period in Hatay, Turkey

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INTRODUCTION

Postpartum period is a milestone for the mother and the family. Women and families, especially the ones who experience this situation first time, need information and assistance the most in this period. Accordingly, puerperium has the highest risk in terms of psychiatric diseases and mostly postpartum depression for women.^[1,2] Postpartum depression is one of the highest incidence problems among postpartum mental health disturbances which emerges at the 2–8 weeks of postnatal period, can continue up to 1 year, and has ability to transform to psychosis.^[2-4] The studies conducted in Turkey showed that postpartum depression rates change from 14% to 41%.^[2-6] Prenatal depression and anxiety, maternity blues, previous depression history, low level of income, being not supported by family and relatives during prenatal and postnatal periods, low self-esteem, multiparity, unintended pregnancy, destructive experiences, underage

ABSTRACT

Objectives: Postpartum depression is one of the major problems affecting the mother and baby's health. Inadequate social support system may affect the occurrence of this problem. This study was performed to determine the depression and social support in women at the postpartum period.

Materials and Methods: This study was designed as a cross-sectional study. The research was conducted in Narlıca No. 2 family health center located in the city center of Hatay with 177 women who have given birth at least 2–4 months before and agreed to participate in the study. Edinburgh Postpartum Depression Scale (EPDS), Multidimensional Scale of Perceived Social Support (MSPSS), and Sociodemographic Information Form was utilized for data collection. **Results:** It was determined that women's scores of EPDS and MSPSS were affected by the variables of intended pregnancy and obtained support for infant care ($P < 0.05$). A significant negative correlation ($P < 0.01$) was found between MSPSS and EPDS scales. **Conclusion:** This study concludes that as social support levels increase there is a decrease at postpartum depression risk. It is recommended that planning of interventions should be in accordance with the factors affecting the social support and depression levels at women in the postpartum period.

KEYWORDS: Depression, postpartum, social support, women

maternity, negative relationships in marriage, and problems about child care are reported as important risk factors along with biochemical, hormonal, psychosocial factors with respect to the causes of postpartum depression.^[2,6-8] A woman who experiences postpartum depression may exhibit behaviors like insomnia, attention deficiency, self-deprecation, apathy about self physical appearance, frequent crying, and feel herself desperate and lonely.^[2,9]

Lack of social support is known as one of the important factors that increase the risk of postpartum depression.^[2-5] Social support can be described as a whole of the moral and material supports including helping in child care and house works and emotional

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support provided by those who are near to the mother generally in a stressful situation.^[1,2,7,10,11] Social support which is known as closely related with the individual's mental health decreases anxiety and desperation, and it ensures to tolerate the stress easier by encouraging the individual for trying new strategies to cope with stress.^[12] This type of support decreases the risk of depression in mothers by increasing the feeling of adequateness and strength concerning motherhood role and affects the health of infant in a positive manner.^[7]

It is important that women get social support during maternity and postpartum period with respect to mother and baby health and positive intrafamilial relationships. Some of the studies in this area showed that social support positively affects the orientation of the woman to the motherhood role at maternity and postpartum period, strengthens infant–mother relationship, and is helpful for the relationships with people around.^[2,13] The studies conducted in our country showed mostly in urban centers.^[2-4,13] On this basis, this study aims to increase the quality of care for mother and baby by identifying risky situations in a rural area. Also, this study was performed to determine the perceived social support and depression levels in women at the postpartum period and the effect of the perception of social support on development of depression.

MATERIALS AND METHODS

Study type

This study was designed as a cross-sectional study.

Study sample, setting, and procedure

The research was conducted in Narlıca No. 2 family health center located in the city center of Hatay. The universe of this study was formed by the women who have given birth in the last 1 year in Narlıca. The annual number of births was determined as 375 according to 2012 statistical reports of Narlıca area. The number of women who should participate in sample scope was determined as 173 according to the formula of “Sample Extensivity With Known Number of Individuals in Universe”. The research was conducted with 177 women who have given birth at least 2–4 months ago and agreed to participate in the study.

The research was applied between the dates of 01 December 2013 and 01 September 2014 until sample number has completed. The study data were collected by face-to-face interview method at 2 days of the week (Tuesdays and Thursdays) when women came for their infants' vaccinations.

The average age of women who attend this research is 25.30 ± 5.59 and 35.0% are between the age of 21

and 25 years, whereas the average age of the partners is 30.28 ± 5.89 and 38.4% are between the age of 26 and 30 years. Around 57.1% of women graduated from primary school, whereas 59.3% of their partners are primary school graduates. It was assigned that 88.7% of these women does not work in any job and 73.4% of them live in a elementary family. Marriage age of 61.0% was 18 and over ($\bar{X} = 18.57 \pm 2.52$), 41.2% were married for 1–4 years ($\bar{X} = 6.76 \pm 5.09$), 23.7% had two previous pregnancies, 28.2% had one alive child, and 76.3% gave birth to a child 3 months ago.

Overall, 72.9% of women stated that they got pregnant intentionally, 81.9% stated that the gender of their babies is as they expected, 78.8% of them got support from infant care, 32.6% got support from their own families, and 47.6% from the partner. The questionnaires took nearly 15–20 minutes to be completed. An official permission from the institution and informed written consent of mothers were obtained. Additionally, performing of this study was approved by the Mustafa Kemal University Ethics Committee.

Edinburgh Postpartum Depression Scale (EPDS), Multidimensional Scale of Perceived Social Support (MSPSS), and Sociodemographic Information Form was utilized for data collection. The information form consists of 16 questions about introductory properties of mothers.

Multidimensional Scale of Perceived Social Support

The 12-question MSPSS which has been developed by Zimet *et al.*^[14] at 1998 was used for the subjective assessment of social support. The validity and reliability analyses of the scale was performed by Eker and Arkar at 1995.^[15] MSPSS is a likert type scale which has been organized as 7 graded. The scale has three subfields as family, friend, and special person support which represent the support sources and have four articles each. The 3, 4, 8, and 11 articles measure the family support, 6, 7, 9, and 12. articles measure friend support, and 1, 2, 5, and 10 articles measure a special person's support. A higher grade obtained from the scale represents that perceived social support is at a high level. Cronbach α internal consistency value is 0.95 for the family support subfield, 0.94 for the friend support subfield, 0.91 for the special person support subfield, and 0.94 for the scale in total.^[15] Cronbach α internal consistency value was found to be 0.92 for the family support subfield, 0.92 for the friend support subfield, 0.88 for the special person support subfield, and 0.94 for the scale in total in this study.

Edinburgh Postpartum Depression Scale

Being developed by Cox *et al.*, EPDS is a survey-based scale which was prepared to specify the risk of depression at women in postpartum period, it does not intend to diagnose the depression.^[16] EPDS is a 10-article self-rating scale in likert type with four options. The answers are being graded between 0 and 3, the lowest grade is 0, and the highest grade is 30 in the scale. EPDS was adapted to Turkish by Engindeniz.^[17] The internal consistency coefficient of the scale was determined to be 0.79 at the validity and reliability analysis which was performed by Engindeniz. The women who have a scale grade 12/13 and higher were considered as risk group, whereas the cut-point of the scale was calculated as 12/13.^[17] EPDS Cronbach Alfa internal consistency value was found to be 0.83 and the cut-point was accepted as 13 in this study.

Data evaluation was performed by Statistical Package for the Social Sciences (SPSS) 21.0 Package Software. Parametric tests were used in data assessment. The frequency table of the demographical properties of participants of this study was given. Independent samples *t*-test, one-way analysis of variance, Tukey's HSD test and Pearson correlation analysis were used to evaluate the data. The values lower than <.05 accepted as statistically meaningful.

Limitations of the study

This research is limited with the statements of 177 individuals who have consulted to Narlıca No. 2 family health center between the dates of 01 December 2013 and 01 September 2014 and given birth at least 2–4 months ago and agreed to participate in the study.

RESULTS

It is detected that the social support grades of mothers varies between 12 and 84, the postpartum depression grades varies between 0 and 26 and 34.5% of mothers

are under the risk of postpartum depression in this study. Average scores of mothers who intended to this study for the subfields were found as the following: EPDS average score was 10.30 ± 5.70 , MSPSS total average score was 57.36 ± 24.66 , family support subfield average score was 21.75 ± 8.56 , friend support subfield average score was 17.31 ± 9.86 , and partner's support subfield average score was 18.29 ± 9.28 [Table 1].

The EPDS average scores of mothers with planned pregnancy were found to be lower (9.65 ± 5.79) and statistically meaningful ($P < 0.05$) [Table 2] compared with the ones who have unplanned pregnancy according to their demographical properties. It was found that supported mothers have higher average grades at MSPSS and lower average grades at EPDS, which are also statistically meaningful compared with nonsupported mothers ($P < 0.05$) [Table 2] according to obtained support for child care. A difference is found between MSPSS and EPDS scores of the women according to the identity of supporter person for child care. It is determined that women who get support from their partner have statistically meaningful results ($P < 0.05$) [Table 2] according to Tukey's HSD test results. Any statistically meaningful relationship ($P > 0.05$) between the risk of postpartum depression and age of women and their partners, education levels, working status, marriage

Table 1: Mother's average scores for MSPSS and EPDS

Scales	Mean±SD	Minimum-maximum
MSPSS subfields		
Family support	21.75±8.56	4-28
Friend support	17.31±9.86	4-28
Special person's support	18.29±9.28	4-28
MSPSS total	57.36±24.66	12-84
EPDS	10.30±5.70	0-26

MSPSS=Multidimensional Scale of Perceived Social Support; EPDS=Edinburgh Postpartum Depression Scale; SD=standard deviation

Table 2: Mother's average scores for MSPSS and EDPS according to demographical properties

Demographical properties	N=177, n (%)	MSPSS mean±SD	Statistics	EPDS mean±SD	Statistics
Intended pregnancy					
Yes	129 (72.9)	59.47±23.08	$t=1.875^*$	9.65±5.79 ^a	$t=-2.537^*$
No	48 (27.1)	51.70±27.97	$P=0.062$	12.06±5.12 ^a	$P=0.012$
Receiving support for infant's care					
Supported	141 (78.8)	62.86±21.51	$t=6.253^*$	9.41±5.36 ^a	$t=-4.134^*$
Nonsupported	36 (21.2)	37.26±25.10	$P<0.001$	13.55±5.80 ^b	$P<0.001$
Supporters (n=141)					
Partner	67 (47.6)	63.28±22.03	$F=11.727^{**}$	8.00±4.38 ^a	$F=6.547^{**}$
Mother's family	46 (32.6)	62.59±22.69	$P<0.001$	10.69±5.45 ^a	$P<0.001$
Partner's family	28 (19.8)	60.78±20.04		9.29±5.57 ^a	

*Independent sample *t*-test; **one-way ANOVA; a low-risk group; b high-risk group. MSPSS=Multidimensional Scale of Perceived Social Support; EPDS=Edinburgh Postpartum Depression Scale; SD=standard deviation

Table 3: The relationship between MSPSS and EPDS scales of mothers

EPDS and MSPSS	EPDS and MSPSS				MSPSS total
	EPDS	Family support	Friend support	Special person's support	
EPDS					
<i>r</i>	1				
<i>P</i>					
Family support					
<i>r</i>	-0.318	1			
<i>P</i>	<0.001*				
Friend support					
<i>r</i>	-0.263	0.605	1		
<i>P</i>	<0.001*	<0.001*			
Special person's support					
<i>r</i>	-0.339	0.647	0.801	1	
<i>P</i>	<0.001*	<0.001*	<0.001*		
MSPSS total					
<i>r</i>	-0.343	0.832	0.911	0.921	1
<i>P</i>	<0.001*	<0.001*	<0.001*	<0.001*	

R=Pearson's Correlation; * $P < 0.001$. MSPSS=Multidimensional Scale of Perceived Social Support; EPDS=Edinburgh Postpartum Depression Scale

age, number of previous pregnancies, number of alive children, and gender of infant was not detected.

Considering the relationship between women's EPDS and MSPSS total and subfield scores, a weak connection in negative way was detected between family support ($r = -0.318$, $P < 0.001$), friend support ($r = -0.263$, $P < 0.001$), partner support ($r = -0.339$, $P < 0.001$) in EPDS and MSPSS total score ($r = -0.343$, $P < 0.001$) [Table 3].

DISCUSSION

A risk is detected for postpartum depression at 34.5% of the women when EPDS score average and cut-point of women who attend to the study are accepted as 10.30 ± 5.70 and 13, respectively [Table 1]. Previously, some studies in which EPDS was applied in our country showed that there is a postpartum depression risk in the range of 14%–35.5%.^[5-7,18-21] Postpartum depression risk which had been reported as 4.9% in Nepal, 8% in Australia, and 15.4% in Mexico varies according to countries when international studies examined.^[22-24] The MSPSS total score average was found as 57.36 ± 24.66 and varied between 12 and 84 in this research [Table 1]. Bingöl and Tel^[7] stated in their study that social support scores of mothers have changed between 16 and 84 and social support score average was $65.39 + 13.27$. A variety of studies showed that MSPSS score averages were found in the range of 47–72.^[2,13,21,25,26] It is seen that the EPDS scores change in a wide range when the results of studies about postpartum depression incidence levels are examined. The main reason for this variation in results is estimated as the different time intervals

chosen for studies after maternity and different cut-point selections.

The EPDS average scores of mothers with planned pregnancy were found to be lower (9.65 ± 5.79) and statistically meaningful ($P < 0.05$) [Table 2] compared with the ones who have unplanned pregnancy when the EPDS and MSPSS average scores of women examined according to their demographical properties. Accordingly, other studies stated that EPDS average scores of mothers with planned pregnancy were found to be lower compared with the ones who have unplanned pregnancy.^[7,20,21,27-32] Planned pregnancy can be considered as an indicator of feeling prepared for motherhood for women. Furthermore, unplanned maternity can be a new stress factor as it places new burdens for the family in social and economical manners and causes changes in life style. It can be said that this result is expected in this study.

It was found that supported mothers have higher average grades at MSPSS and lower average grades at EPDS which are also statistically meaningful compared with nonsupported mothers ($P < 0.05$) [Table 2] according to obtained support for child care. Moreover, it is determined in this study that women who get support from their partner have lower average grades at EPDS and higher average grades at MSPSS which are statistically meaningful ($P < 0.05$) [Table 2]. Yıldırım *et al.*^[2] did not detect a meaningful relationship between the presence of a supporter for child care at house and postpartum depression, likewise Efe *et al.*^[31] did not state a meaningful relationship between the presence of supporters for infant's care at house and postpartum

depression. On the contrary, Yağmur and Ulukoca^[21] had stated positive results for both postpartum depression and social support scores at women who get help from their partner and other family members compared with the ones who does not in their study. Azar *et al.*^[33] stated that postpartum depression risk increases for the individuals who have insufficient family support. Arslantaş *et al.*^[29] reported in their study that women who have weak relationships with their partner and family have 4.6-fold more postpartum depression risk. Likewise, there are other studies reporting higher depression risk for women who get insufficient support from their partner and family.^[13,34] These studies which are being such as to support the results of this study show that obtaining social support during postpartum period decreases the risk of postpartum depression significantly.

A weak connection ($P < 0.05$, Table 3] in negative way was detected between women's EPDS and MSPSS total and subfield scores. Several studies on this topic showed that there is an important connection between depression and social support; depressive symptoms decrease with the increase in social support.^[2,21,25,32,33] These results reveal that social support is an important factor at pursuance and enhancement of psychosocial wellness condition of women at postpartum period.

Consequently, it was determined that women at postpartum period carry the risk of postpartum depression in high levels (34.5%), postpartum depression scores decrease with planned maternity, and obtained support for child care and there is a negative correlation between social support and depression scores, in another words, as social support levels increase there is a decrease at postpartum depression risk. It is suggested in accordance with the results obtained during this study that women at postpartum period should cooperate with their partner, family, and close friends, they should be provided training and consulting services for their orientation to the postpartum period and health professionals should develop knowledge, skills, attitude, behavior, and awareness related with this problem. In addition, it is suggested to carry out qualitative and experimental studies in a larger sample, considering the influencing factors.

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Conflicts of interest

There are no conflicts of interest.

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