

Post Partum Depression and Social Support. An Exploration of Experiences of New Mothers with Postpartum Depression in Tirana

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Abstract: *The main purpose of this study was to make an exploration of the experiences of new mothers with postpartum depression symptoms. This study focuses on the perceptions of new mothers of the relationship they have with themselves, the newborn, and their close family members. The study evaluates the importance of social support in development of postpartum depression and facing stressful psychosocial factors. The study was conducted in Tirana and the target group was made of new mothers, six weeks to one year after birth. The Edinburgh Postpartum Depression Scale (EPDS) was used to assess post partum depression. Significant Others Scale (SOS) was used to assess social support. In depth interviews are used to obtain information on the experiences of women with PPD. Results of the study showed lack of information related to PPD. Interviews provided a lot of information related to the situation of new mothers with PPD and the factors that may have affected their condition. Such are: child health, financial problems, problems with the spouse, and lack of social support. Social support as one of the main variables in the study presented was an important factor in the development of PPD. The study showed a connection between lack of social support and PPD. This study revealed skepticism of new mothers with PPD symptoms to seek specialist help and to talk about their problems with people outside of the family. The study confirmed the fact that post partum depression is currently a problem for new mothers.*

Key words: *Post partum depression, new mother, social support*

Introduction

Unfortunately not all women consider the period after birth as an exciting and beautiful experience. When a child is born a woman's life experiences major changes. While many women can experience joy and happiness, other may experience feelings of loss, uncertainty and fear.

What is postpartum depression?

Although postpartum depression is often described as a series of difficulties that occur in post-natal period (first year after birth), we refer specifically to not psychotic, unipolar depression (Beck, 2006).

Postpartum Depression (PPD) is a depression episode that begins within 6 months after birth and matches the criteria of DSM - IV for major depression without psychotic consequences (APA, 1994). The prevalence of PPD is about 8-35% depending on the method used for evaluation (Milgrom et al., 2006). PPD occurs when there is an increase in demands on a new mother due to the child development. Children whose mothers are experiencing PPD may exhibit behavioral problems, cognitive and emotional problems (Cooper & Murray, 1998). Lack of diagnosis of PPD can affect the mother, her child, family, and society through social dysfunction, illness, and death or treatment costs. (Mrazek & Haggarty, 1994).

According to researches there are four factors that are consistently associated with PPD: lack of social support in particular that of the spouse (Collins et al., 1993), previous history of depression or other emotional problems (Wilson et al., 1996), problems during the process of birth and child health problems (Campbell & Cohn, 1991), and stressful life events (Hickey et al., 1997).

However none of the above factors can be used to predict which women will develop PPD.

Some studies showed that unemployment and unwanted pregnancy are associated with risk of developing PPD (Lane et al., 1997). Biological factors associated with the change of hormone levels after birth may also

contribute to the risk of developing PPD (Susman and Katz, 1988), however the data indicate that the biological factor is not a significant factor for predicting PPD (Harris, 1994).

PPD is not associated with family history of depression or other emotional problems (Troutman and Cutrona, 1990), age, number of previous children or marital status (Paykel et al., 1980, Hopkins et al., 1984). PPD related studies are mainly done in Western countries; few are made in developing countries. The lack of studies on psychological problems in developing countries is a gap in the evaluation of global situation (WHO, 1998: Global Forum for Health Research, 2000).

Currently no study on the PPD is done in Albania, as in many other developing countries. Mainly the focus is placed on medical care and little is done to meet the psychological and social needs of new mothers.

The purpose of the study

The main purpose of this study was to make a deep exploration of the experiences of new mothers with postpartum depression symptoms, focusing on new mothers' perceptions of the relationship they have with themselves, the newborn and their close family members. The study evaluates the importance of social support in development of postpartum depression and facing stressful psychosocial factors.

The results from this study will serve to build another study in a larger population that will contribute to better understanding of this problem. Better understanding of the problem, factors that affect women's experiences with PPD will serve for early identification of symptoms and early treatment of mothers, children, and families.

Definitions

With *social support* we will understand the new mother's perception of emotional and physical support from family members (spouse, parents) or other significant persons close to her (ex, assistance in child rearing, assistance in home works, emotional support, proximity and frequency of social contact with spouse, parents, friends and family members).

Methodology

Methods

Edinburgh Postnatal Depression Scale (EPDS) is used for PPD screening. EPDS is one of the best standardized questionnaires used to assess PPD (Cox et al., 1987). Built with 10 self report questions, EPDS has shown high levels of reliability and validity.

The Significant Others Scale (SOS) (Power *et al.*, 1988) was used to elicit information on the perceived form and function of social support. It looks at actual and ideal levels of social support for a range of key relationships in a person's life.

In-depth interviews are also used to get extended information about the experiences of women with PPD.

Sample

Ten women from Tirana that after using the EPDS resulted with signs of PPD became part of the study. They were new mothers, 23 to 43 years old, six weeks to 1 year after birth. Participants were recruited in child counseling centers in Tirana, maternity hospitals, and maternity health centers.

Procedure and Data Collection

New mothers 6 weeks to a year after birth have initially completed EPDS, then 10 of them who had signs of PPD filled the SOS questionnaire and were interviewed.

Questionnaires and Interviews are done in private rooms, suitable for the participants and the researcher after the informed consent was taken from participants. Questionnaires and Interviews were recorded transcript and coded to preserve the anonymity of the respondents.

Analysis

After transcription, data obtained were analyzed literally and then some problems and major issues were identified. The main issues were divided into common categories of group ideas. All data received from each interview were compared with each other and three main categories were identified that are shown in the results.

Results

The results are the product of in-depth interviews and the questionnaire of social support.

The following main categories were identified from the data analysis of the interviews and the questionnaires: 1) Perception of self, 2) Factors that may have influenced the development of PPD, 3) Mother perception of Social Support, 4) Facing the situation.

Perception of self

What participants reported for the period after birth is a situation where they feel empty, unhappy, uneasy, left aside, lonely, haunted, blaming themselves for the situation where they are and feeling guilty about the fact that they are not properly taking care for the newborn.

All respondents expressed hesitation to meet people, even close friends and family. E said: "I have no desire to meet anyone; I don't want them to think I am crazy."

Also there is a lack of desire to go out and to engage in recreational activities. All participants had a low self esteem and did not like their appearance. D says : "I have been very beautiful before, do not look at me now that I am so ugly."

Two of the participants had had suicidal thoughts.

Feelings of failure make them not to take the initiative because they think it will not accomplish anything. This situation is characterized by a loss of interest for individual achievement in the future, as may be returning to work.

The interviewed mothers had not heard about postpartum depression before and how PPD is treated, this condition was unexpected for them.

Two of the participants even though they had other children before, they have experienced PPD for the first time.

Factors that may have influenced the development of PPD

Participants in the study reported various factors that might have influenced their situation.

Some of the factors mentioned during the interview were, relationship with the husband, financial problems, problems with the child rising, problems with the child health etc.

One of the respondents reported worse relationship with her husband at the end of pregnancy, and an unplanned pregnancy. Some of the respondents indicate a difficult financial situation in their families.

On see of the interviewees sees the problem to the health of the child, who was born premature. The new born and his mother stayed at the hospital for three weeks and yet the child survival was not sure by the doctors.

Almost for all the interviewed women inability to care for the newborn and to control negative emotions make them feel guiltier.

None of the interviewed women or their close family members has had mental health problems before.

Social support

The husband and the mother are two main sources of support for new mothers.

It is noticed in almost all cases the lack of support from family members especially the husband, the element that aggravates their situation.

The participants in the study see the support from the spouse as the most significant and the most important source of support.

Emotional support from a mother may be unique due to their lived experience of motherhood and having mothered the new mother.

Other important people for their support are other women as sisters or friends. Friends that have children by themselves can be a source of information support.

In all cases the perceived support is lower than the desired support.

Often the presence of other persons in the home appears more as a source of stress and fatigue than a contributing factor in passing over the situation.

Elements of social support are: emotional support, practical support and informational support.

The husband is a source of the practical and emotional support. Mother is a source of practical and emotional support and friends provide emotional support of information.

Facing the situation:

The last category reflects the ways the respondents have faced their situation.

Only one of the respondents sought specialist help to cope with the situation where she was. Although all the others were referred to centers where they could receive special assistance they refused to do so.

They refused to get help because they were afraid their problems could not be understood and they will be prejudged. Some of them are afraid that people will think they are not able to raise their child.

B says that she doesn't want to go to the specialist because she is afraid that people will think she is crazy.

M says: "I do not have time to think about myself". She was very involved in child rearing, and other commitments. "I feel that something is wrong but I cannot do anything about it right now."

Even they refused to receive the specialist assistance they were looking for support from their husbands, their mothers, friends and other new mothers. They all agreed the real source of strength to cope with this situation was the small child.

Discussion

The study presented extended information on the perceptions and experiences of women with PPD about the situation, psychosocial factors that have influenced this situation the ways of coping with PPD and sources of social support.

Post partum depression was presented by the participants as an unexplored land that wasn't expected to be so full of surprises, anxiety, and fear.

The study showed lack of knowledge and information regarding PPD. A dominant factor that is mentioned by all respondents is being unprepared about the situation they were in.

Interviewed presented a broad framework of the situation where they were and factors that may have affected their condition. Such were: child health, financial problems, problems with spouse, and lack of social support. Hormonal changes as variable was not taken in consideration in this study. The literature suggests that there are many factors, but not a dominant one that can determine the PPD.

Social support as one of the key variables in the study presented as an important factor in the development of PPD. The study showed a link between lack of social support and PPD.

Skepticism to seek specialist help and to talk about their problems with people outside the family is noted during this study. This can be a cultural factor but also is an element that speaks for the stigma against mental health problems.

Conclusions

- PDP is a problem and affects the everyday life of women who experience it and their family.
- The main causes of PPD are the lack of social support, child health, financial problems, and marital problems.
- There is skepticism to seek specialized help
- More should be done in Tirana to inform new mothers about the problems associated with PPD and the need for treatment.
- Another study in a larger population will contribute to better understanding of this problem and to address solution. Better understanding of the problem, factors that affect women's experiences with PPD will serve for early identification of symptoms and early treatment of mothers, children and families.

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