

Original article:

A Study of Social Support among Non-Depressed and Depressed Mothers after Childbirth in Jahrom, Iran.

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Abstract:

The purpose of this study was to evaluate the social support provided for non-depressed women and women with postpartum depression referring to health centers in Jahrom. **Method:** In order to achieve the mentioned goal, three health care centers randomly selected. 60 referring women who had the required criteria were selected by convenience sampling method and were divided into two groups of postpartum depression (30) and non-depressed (30) people. For evaluation of social support, the Phillips Social Support scale was used, and Edinburgh Postpartum Depression Questionnaire was used to evaluate postpartum depression. Data were analyzed by T-test. **Results:** The results showed that there was a significant difference between the non-depressed and those with postpartum depression in terms of social support (P = 0.03). These findings are remarkable in that they can be used to prevent the progression of treatment for postpartum depression. **Conclusion:** It is necessary to implement social and behavioral interventions in order to encourage and educate families, friends and kinship networks in order to provide socially desirable support for mothers, as well as cultural interventions in order to modify the morbidity of men to reduce postpartum depression.

Keywords: Postpartum depression; social support; health centers

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Introduction:

Postpartum period, like pregnancy, is associated with some mental and physical changes in mothers. Mothers in this period experience a range of mental disorders from very mild to psychotic¹. One of the mental disorders that is experienced by some mothers during postpartum period is postpartum depression disorder. This disorder is a subset of major depressive disorder².

According to the Manual for the Preparedness and Diagnosis of Mental Disorders (DSM IV),

postpartum disorder is distinguished not only from the point of nature but also from the time frame in the first 4 weeks after delivery. It includes various forms of postpartum dysfunction, usually occurring in a short period of a few hours to one week after delivery³.

The prevalence pattern of postpartum depression in Iran follows a pattern of developing countries, which is about three times more than developed countries^{4,5}. The pathology of postpartum depression is very complicated. Epidemiologic studies focus on a

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range of risk factors such as: prenatal stressors, psychosocial stressors, depression, unwanted pregnancies, and lack of proper social support during pregnancy. Ana (2008) believes that it was Tannous (2008) emphasized for the first time that lack of social support could be fatal⁶.

Social support is the acquisition of information, material aid, health plan or advice, emotional support from people who are interested or valued and part of a person's social network, such as a spouse, relatives, friends and also, contact with religious institutions⁷.

Cobb (1976) considers social support to be the kind of love and attention of members of the family, friends and others who the patient has. Holander considers social support to be palpable answers that one receives from others; these responses can be as confirmation or recognition of the person's deeds and confirming his attitudes by others⁸.

Many researchers believe that mental support should be made during pregnancy and immediately after delivery, since during this period the likelihood of the occurrence and recurrence of mental disorders is very high⁹. Unfortunately, in our country, due to cultural factors, the most attention is focused on the newborn, and the mother is deprived of the necessary attention, therefore, this is one of the reasons for the prevalence of postpartum depression in our country¹⁰. It should be noted that the lack of recognition of depression often occurs in primary care centers where most medical services are offered¹¹. Considering postpartum depression as a family and social disadvantage and due to the multifactorial nature of the disease, such as lack of appropriate social support, it is necessary that postpartum depression be quickly identified in health centers by the adoption of educational and support measures, and that an effective step be taken in order to prevent, treat and ultimately reduce depression after getting pregnant and prevent complications.

Therefore, the awareness of the health staff about the extent of women's access to social support during pregnancy and about postpartum depression can help provide better care because they are in fact the first line of care provided to mothers.

Therefore, in order to minimize the effects of postpartum depression on the family, its prevention and timely treatment, as well as the necessity of paying attention to factors affecting the development of this disorder, the researcher aimed to compare the social support in non-depressed women and women with depression after childbirth.

Method:

Research Outline:

The present study is a descriptive cross-sectional study.

Statistical population of the research:

The research population included all mothers who visit the health centers of Jahrom city 6-12 weeks after delivery.

Samples and sampling method:

To select the sample, at first three health centers were selected randomly. To select subjects, firstly, by referring to the files in each center, people who had the criteria for entering the research were selected through available sampling.

The criteria for choosing individuals were: aged 20 to 40, the passage of 6 to 4 weeks from delivery, having a healthy baby and being interested in participating in the study. Subjects were divided into two groups: women with postpartum depression (30) and women who were not afflicted with depression (30 people). So, the total number of subjects in the study was 60 in total.

Tool and process of data collection:

1-4-1 Edinburgh Standard Depression Questionnaire (EPDS) was developed by Cox¹² 10 items for the diagnosis of postpartum depression¹³.

The content validity of this questionnaire in Persian language in Iran has been confirmed in various studies. In the study of Montazeri et al.¹⁴, the reliability of the questionnaire was determined using Cronbach's alpha ($\alpha = 0.77$) and test retest (0.8).

This questionnaire consists of 10 multiple-choice questions; each question being answered based on the nature of the response from 0 to 3 points. The cut-off score in this study is 12, and those who score equal to or above 12 are recognized as depressed and scores below 12 as the normal group.

1 -4- 2 Phillips Social Support Scale:

The questionnaire was developed by Wake, Phillips, Holly, Thompson, Williams and Stewart¹⁵. The questionnaire has 23 questions that cover three areas of the family environment, friends and others. Scoring this test is in a two-choice fashion (right and wrong). Its reliability was reported 0.89 by internal consistency method of and 0.83 by open test (after 3 weeks)¹⁶.

Procedure:

Considering ethical considerations and getting the introduction letter, the researcher will go to the selected health centers personally, and after introducing himself and getting permission of the responsible authorities will go through the following steps.

At first, the samples were selected based on their inclusion criteria and easy and accessible sampling method and written informed consent was obtained. Afterwards, the researcher referred to the selected individuals and after introducing himself presented them with a brief explanation of the study objectives. Then, demographic information and Social Support Questionnaire and Edinburgh Depression were completed by them.

Method of statistical analysis of data:

To investigate the results of this study, we used the SPSS version 19 software and for data analysis we used descriptive and analytical statistics (T test).

Ethical clearance: The study protocol was reviewed and approved by the Human Research Ethics Committee (HREC) of Jahrom University of Medical Sciences, Jahrom, Iran.

Research findings:

In this study, 60 subjects were present in two groups: postpartum depressed³⁰ and non-depressed women³⁰. Their average age was 28.1 and 29.4, respectively. Of these, 53.3% had a son in the group of depressed women and 43.3% had a son in the non-depressed women group. In terms of delivery method, in both depressed and non-depressed groups, 66.7% and 40% had normal delivery.

Based on the results, the results of Philips Social Support test in the two groups of depressed and non-depressed women were 23.7% and 3.7% of the subjects were low and 56.7% and 93.3% of subjects enjoyed social support; respectively. The average social support in the depressed women group was 15.9% in the non-depressed group was 19.4%. After statistical analysis, there was a significant difference between the two groups in terms of social support.

Discussion and Conclusion:

As mentioned in the definition of social support, social support is the acquisition of information on the material contributions of the design, or the health advice and emotional support by those who are interested or valued and are part of the social network of the individual, like a spouse, relatives and religious institutions.

Azimi Lolly et al.¹⁷ in a study to determine the prevalence of postpartum depression and some of its related factors in women referring to health centers in Sari concluded that there is a relationship between postpartum depression and stressful life events in over the past year, family support, the health status of the child, the ability to care for the child and the presence of the disease in the present birth. And the prevalence of depression and psychiatric disorders

during pregnancy is high (30%) and reduces after delivery (22%).

Mousavi et al. in their study under the title of Prevalence of postpartum depression with some psychosocial factors of women concluded that the existence of psychological support by the spouse and family decreases the chance of postpartum depression¹⁸.

In a study conducted by Aghapour and Mohammadi aimed at comparing the postpartum depression of workingwomen and housewives and its relationship with social support and marital adjustment on 300 people in Tabriz Maternity and Maternity Hospitals, the findings revealed a 28 percent increase in postpartum depression and high mean depression scores in housewives. The findings also found that about 52 percent of variance in postpartum depression was explained by marital adjustment and social support¹⁹. Hadiizadeh Talasaz, Bahri and Tavakolizadeh (2004) in a study entitled comparing postpartum depression and emergency cesarean section among women in their first pregnancy, showed that there was a significant relationship between postpartum depression and mental health²⁰.

Therefore, according to the results of some studies, there is a relationship between social support and postpartum depression. This means that women who have more social protection will greatly reduce the chance of postpartum depression, although more research is needed in this regard.

In order to determine the prevalence and factors affecting postpartum depression, Shabani et al. (2008) in a study on 470 mothers whose deliveries were 2 weeks to 6 months ago, concluded that the prevalence of postpartum depression is 1.22 and also that there is a significant relationship between postpartum depression and husband's education, unwanted pregnancy, history of psychiatric disorders, disastrous events, abortion history, social support, fear of pregnancy period and childbirth, marital dissatisfaction, and wife's job²¹.

Masoudnia (2008) conducted a study to evaluate the relationship between perceived social support and postpartum depression disorder on 140 mothers who had been hospitalized for 5 weeks at Maternity Hospital in Shahid Motahari Hospital in Yazd. The results of the research showed a significant negative correlation between postpartum depression and perceived social support (P <0.001), the family support component (P <0.001). Support by others (P <0.001) and support by friends (p <0.05). Overall, socio-demographic variables (age and sex) and

social support in this model explain 16.6 percent of the number of depressions²²⁻²³.

In sum, studies on the psychosocial factors affecting the incidence of postpartum depression in women can be summarized as follows: concerning the psychological factors, there is a close relationship between postpartum depression and interaction with the spouse, recent one-year disturbing events and the severity of postpartum depression. Also, in the context of the relationship between social factors, there is a relationship between the adequacy of income for living expenses, the type of relationship with the spouse's family, the type of communication with your family, the level of social communication and the rate of postpartum depression.

Therefore, behavioral and social interventions are needed to encourage and educate families, friends and kinship networks in order to provide socially desirable social support for mothers, as well as cultural interventions to modify the sense of patriarchy among men to reduce postpartum depression.

It is also necessary to pay particular attention to the planning of care during pregnancy and postpartum, as well as screening for mental disorders, especially in vulnerable groups. Therefore, it is necessary to emphasize the protective role and impact of family support on the education and counseling of families, especially wives.

Table 1: Frequency distribution and descriptive statistics of respondents in terms of social support variable

(Social Support Subscale)

Groups	Answers	Real percent	Percent	Abundance
Depressed women	Low	29.2	23.3	7
	medium	70.8	56.7	17
	High	-	10	3
	Unanswered	-	10	3
	Total	100	100	30
	Average	15.9		
	Standard deviation	6.2		
Non-depressed women	Low	3.6	3.3	1
	medium	96.4	93.3	27
	High	-	-	-
	Unanswered	-	6.7	2
	Total	100	100	30
	Average	19.4		
	Standard deviation	3.8		

Table 2: Mean of social support and its subscales in two groups of depressed and non-depressed women

Marital Satisfaction Subscale	Groups	Number	Standard Deviation	Average
Family Support	Depressed women	24	2.5	5.4
	Non-depressed women	28	1.3	6.7
	Total	52	2	6.1
Friends' Support	Depressed women	24	2.2	5
	Non-depressed women	28	1.8	5.7
	Total	52	2	5.4
Others' Support	Depressed women	24	2.5	5.5
	Non-depressed women	228	1.5	6.9
	Total	52	2.1	6.2
Social Support	Depressed women	24	6.2	15.9
	Non-depressed women	28	3.8	19.4
	Total	52	5.3	17.8

Table 3: Determination of the difference between social support and depression in two groups of depressed and non-depressed women

Average	Standard deviation	T value	Degree of freedom	Significance level	social support	Depression
19.1	3.1	1.8	22	03.	Weak social support	Depressed women
9	2.4				Strong social support	
4	2.1	862.	26	396.	Weak social support	Non-depressed women
5.8	2.1				Strong social support	

Conflict of interest: None

Author's contribution:

Study conception and design (MK, FP), statistical expertise, analysis and interpretation of data and supervision (SP,EP), manuscript preparation (MK), supervision, administrative support and critical revision of the paper (MK, FM).

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