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Postpartum Depression and Psychological Well-Being Among Mothers

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Dr. Abha Singh**

Abstract :- *Women are the integral part of National development. From decades women are showing their integrity and ability in all the fields. Their contributions are recognizable and commendable but still Indian women are facing many difficulties in life. These difficulties sometimes trigger to many psycho-socio-problems such as anxiety, tension, frustrations, emotional upsets, mental disturbance and depression. Depression after pregnancy or after birth is called postpartum depression. It is type of clinical depression. This research defined the postpartum depression, symptoms causes or factors and risk factors. Postpartum depression in the DSM-5 is known as "depressive disorder with peripartum onset". Peripartum onset is defined as starting anytime during pregnancy or within the four weeks following delivery. Postpartum depression can include sleep deprivation, anxiety about parenthood and caring for an infant, identity crisis, a feeling of loss of control over life and anxiety due to lack of support from a romantic or sexual partner women recover with treatment such as a support group, counseling or medication. This research found that some views of postpartum depression of mothers during pregnancy and after delivery of child. Thus with above background of this research work was sought to explain the postpartum depression and psychological well-being of mothers. The total 300 mothers in which 150 mothers after delivery of 1st child and 150 mothers after delivery of 2nd child within three months of delivery were sampled from Varanasi, the age range of sample was 25-35. These mothers were administrated on Edinburgh postpartum depression scale (EPDS, Edinburgh,1984) and psychological well-being scale (Sisodia and Chaudhary,1971). Result reveals that there is significant difference between mothers across delivery of child and level of postpartum depression on overall psychological well-being.*

Keyword - Postpartum Depression, Psychological Well - Being, Mother having Children.

Introduction :- Postpartum Depression (PPD) occurs in women soon after giving birth. Postpartum Depression is a term of clinical depression in to Pregnancy and child birth. PPD is a severe form of depression (Major depression) that occurs within the first four weeks after delivery affecting about 15% of women by contrast, a milder condition called the "Baby blues" occurs usually within the first week of delivery, affecting up to 80% of women, and usually resolving themselves without the need for any medical or psychiatric treatment.

Postpartum psychiatric disorders are generally divided into three categories: postpartum blues, postpartum psychosis and postpartum depression. Postpartum blues is a relatively common emotional disturbance with crying, confusion, mood labiality, anxiety and depressed mood. The symptoms appear during the first week postpartum, last for a few hours to a few days and have few negative squeal. At the other end of the spectrum, postpartum psychosis refers to a severe disorder beginning within four weeks postpartum, with delusions, hallucinations and gross impairment in functioning. Postpartum depression begins in or extends into the postpartum period and core features include dysphonic mood, fatigue, anorexia, sleep disturbances, anxiety, excessive guilt and suicidal thoughts (American Psychiatric Association, 1994). The diagnosis requires that symptoms be present for at least one month and result in some impairment in the woman's functioning (O'Hara, 1997). Women who have

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experienced postpartum depression have a 50% to 62% risk for future depressions (Llewellyn, Stowe & Nemeroff, 1997). Other risk factors for postpartum depression include a history of mood disorders, depression symptoms during the pregnancy and a family history of psychiatric disorders (O'Hara & Swain, 1996). Stress factors, such as negative life events, poor marital relationships, having a special needs infant or medically 'fragile' infant, lack of social support, drug abuse, and personal and family psychopathology, have been associated with postpartum depression in some studies, but other studies have found no association (O'Hara, 1997). Postpartum depression tends to be milder than episodes of depression that occur at other times, with lower levels of anxiety, agitation, insomnia and somatic symptoms (Whiffen & Gotlib, 1993). However, the duration seems to be the same in postpartum and non-postpartum depression, and lasts several months (O'Hara, 1997).

It is common for women to experience the "baby blues" — feeling stressed, sad, anxious, lonely, tired or weepy — following their baby's birth. But some women, up to 1 in 7, experience a much more serious mood disorder — postpartum depression. (Postpartum psychosis, a condition that may involve psychotic symptoms like delusions or hallucinations, is a different disorder and is very rare.) Unlike the baby blues, PPD doesn't go away on its own. It can appear days or even months after delivering a baby; it can last for many weeks or months if left untreated.

Mothers need professional treatment for it, as it might not go away on its own. According to American Psychological Association, some 9 to 16 percent of woman experience PPD after childbirth. Any women can get postpartum depression after childbirth, miscarriage, stillbirth, or even adoption of a child. It can happen after just one child or multiple children. The question arise is postpartum depression a recent phenomenon, or has this always happened to mother after child birth?

Mothers may be misdiagnosed with postpartum depression when in actual fact suffering from postpartum onset of panic disorder. Mothers feel that they cannot discuss their depression or other emotional issues with their doctors and nurses in busy clinical situation, professionals do not ask anything about possible emotional disturbance in pre-or post-check-ups. Other barriers to asking for help are language difficulties, embarrassment and stigmatic fear of being found to be an unfit mother. In addition, women have reported distress were a normal part of motherhood.

Psychology Well-Being :- Psychological well-being refers to how people evaluate their lives. According to Diener (1999), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one's life that is when a person gives conscious evaluative judgments about one's satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feeling such as frequency with which people experience pleasant/unpleasant moods in reaction to their lives. The assumption behind this life's as either good or bad, so they are normally able to offer judgments. Psychological well- being is defined as an internal experience of the respondent and their own perception of their lives. We focused both on momentary moods and long term states of their mental well- being. Psychological well - being refers to both a theory and measurement scales designed and advocated primarily by (Ryff & Carol, 1989). In her seminal paper, "Happiness is everything, or is it? Explorations on the meaning of Psychological well-being" She contrasts this with subjective-well-being or hedonic well-being. Ryff attempted to combine different conceptions of well-being from the ancient Greek to the modern Psychological such as theories of Individuation from Carl Jung, Self-actualization from Abraham Maslow and others.

Objectives :- Keeping the above framework the present study has been undertaken in investigate the following objective

1) To assess the effect of postpartum depression on psychological well- being of mothers at delivery of 1st and 2nd child.

Hypothesis

On the basis of available review of literature hypothesis of the study is

1) There would be significant effect of postpartum depression on psychological well- being of mothers at delivery of 1st and 2nd child.

METHODOLOGY

Sample:- The total of 300 mothers in which 150 mothers after delivery of 1st child and 150 mothers after delivery of 2nd child within three months of delivery are sampled from Varanasi. The age range of mothers was 25 to 35 years. At this stage socio economic status, family structure, education and education stream was homogeneously distributed across the samples. The selection of the subjects was depending on their will.

Tools :- To fulfill the objectives of the study related tools were selected-

Postpartum Depression Scale (Edinburgh, 1984) - This scale was constructed and standardized by Edinburgh. There are 10 items in this scale. The responses obtained in the form of tick marks on 10 items of this scale. This scale is four point scale. Item no.1,2,4 score will be given as 0,1,2,3 and item no. 3,5,6,7,8,9,10 score will be given as 3,2,1 and 0. The Edinburgh postnatal depression scale (EPDS) is a widely used depression screening tool, which has been adapted and validated in many languages.

Psychological Well- Being Scale(Sisodia& Chaudhary, 1971) - This scale was constructed and standardized by Sisodia and Chaudhary (1971). There are 50 items with five areas (satisfaction, efficiency, sociability, mental health, and interpersonal relations). There are 10 questions for each area. Every statement is answered with response on a 5 point scale where 'strongly disagree' and 'strongly agree' are the extremes. Strongly disagree is assigned 1 score and strongly agree assigned 5 score. The reliability of the scale was determined by test-retest method and internal consistency method. Test retest reliability was 0.87 and the consistency value for the scale is 0.90. Besides face validity as all the items of the scale are concerned with the variable under focus, the scale has high content validity. The scale was validated against the external criteria and coefficient obtained was 0.94.

Procedure:- The prior consent has been taken from the participants for the administration of the test. Following the official formalities, first of all the details relating to other extraneous variables were circulated, and thereafter, general information regarding the subject was obtained, getting the general information about the subjects (relating to the subjects and their family) following instructions was given to the subject. All the instruction is mention on the question booklet. After getting back the filled questionnaire the investigator examine that respondent have give their answer to each and every question.Further the responses were scored as per the predetermined standard scoring procedure.

Result and Discussion :- After scoring the responses of the inventories as per the predetermined scoring procedure score was analyzed by the Mean, SD and F value. The results and discussion of the present study are as following:

Table - 1: Mean and SD score of mothers after first child delivery and second child delivery on psychological well-being across postpartum depression

Measures	Group -1	Group -2	Mean	SD
Psychological Well-Being	1st child delivery	High PPD	148.82	11.94
		Low PPD	200.02	13.21
	2nd child delivery	High PPD	185.32	19.22
		Low PPD	203.21	5.37

Table - 2: ANOVA table-

Sources	Total S. Sq.	D.F.	MSS	F-Ratio
IV-2(Mother Delivery)	19392.480	1	19392.480	133.048**
IV-1(PPD)	94199.520	1	94199.520	646.284**
Interaction	26885.333	1	26885.333	184.455**
Within	43143.653	296	145.756	

Summary of 2 X 2 ANOVA (vide table – 2) revealed delivery of child ($F = 133.048$, $df = 1/296$, $p=0.01$), postpartum depression ($F = 646.284$, $df = 1/296$, $p=0.01$) and Interaction delivery of child across postpartum depression ($F = 184.455$, $df = 1/296$, $p=0.01$) are found to be respectively significant. Mean score (Vide table – 1) also supported this as psychological well-being on first child delivery of High PPD (M = 148.82, SD = 11.94) is Low than psychological well-being on second child delivery of High PPD (M = 185.32, SD = 19.222) and psychological well-being on first child delivery of low PPD (M = 200.02, SD = 13.21) is low than psychological well-being on second child delivery of low PPD (M = 203.21, SD = 5.37). Result further shows that psychological well-being is high in low PPD mothers in comparison to high PPD mothers on first and second child delivery.

Thus the hypothesis that there would be significant effect of postpartum depression and delivery of child on psychological well-being of mothers is approved. It means that psychological well-being is significantly affected by PPD and delivery of child in mothers. Low PPD in both mothers shows feeling of happiness, adjustment, satisfaction, absence of anxiety and depression and other mental problems with life experiences as the delivery of 1st or 2nd child. But the high PPD score shows the less sense of achievement, utility and stress dissatisfaction. Elaine, Meyer, Cynthia, Garcia Coll, Barry, Lester, Zachariah, Susan McDonogh and William Oh (1993) conducted a study "Family based intervention improves maternal Psychological well-being and feeding interactions of Preterm infants." They found that no significant group differences in family environment during feeding interactions, intervention infants grimaced and gagged less then controls, intervention mothers less frequently interrupted feeding, less frequently simulated infant sucking, smiled more, Vocalized more, demonstrated greater sensitivity to infant behavior, better quality of physical contact and more positive affect.

Conclusion :- Present study shows the difference among mothers across delivery of child and level of postpartum depression. Psychological well-being is high in low PPD mothers than high PPD mothers both on first and second child delivery. Mothers who receive strong support from their families during pregnancy appear to be protected from sharp increases in a particular stress hormone, making them less likely to experience depression after giving birth, by a new study of UCLA (University of California, Los Angeles) life scientists . Mother with support from husbands may be more likely to practice healthy behaviors, which has been shown to contribute both to healthier babies and lower postpartum disturbance. Those mothers who receive family or family members support after childbirth are less likely to have postpartum depression and mothers are feel happiness and better psychological well-being.

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