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**Research Paper** 



# Psychological Wellbeing, Postnatal Depression and Attachment among Primiparous and Multiparous Women

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# **ABSTRACT**

The aim of the study was to understand the impact of parity and childbirth on the psychological wellbeing, postnatal depression and attachment among primiparous and multiparous women. A quantitative study was carried out in a total of 60 participants, consisting 30 primiparous and 30 multiparous women selected through convenient sampling. The Ryff Psychological Wellbeing scale, Edinburgh Postnatal Depression Scale and Maternal postnatal Attachment Scale were used for data collection. Result indicated that there is no significant difference in psychological wellbeing, postnatal depression and attachment among primiparous and multiparous women. A significant positive correlation between attachment and psychological wellbeing was obtained among primiparous women and significant negative correlation between attachment and postnatal depression was obtained among multiparous women. The study concludes that adequate care must be given to all pregnant and postpartum women without differentiating parity. Future trials are required to get more broad results.

**Keywords:** Parity, Psychological Wellbeing, Postnatal Depression, Attachment, Primiparous Women, Multiparous Women

Pregnancy and childbirth are special events in women's lives and indeed in the lives of their families. These embarks another beautiful phase in a woman's life, 'motherhood' which is a roller coaster of emotions. When a child is born it also marks the 'birth of a mother', giving birth to a new identity that can be as demanding as giving birth to a baby. Becoming a mother is an identity shift, and one of the most significant physical and psychological changes a woman will ever experience. Becoming a parent is perhaps one of the most important life events one will ever go through. The childbearing period encompasses experiences that have profound and long-lasting effects on women, babies, and families.

Primipara has been defined as a woman who had been pregnant with a foetus that attained a weight of 500 g or a gestational age of 20 weeks, irrespective of whether the infant was born

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alive or stillborn and whether it was a single or multiple births. Postpartum psychological health is more critical, especially in primiparous women. A primiparous woman is a woman who is pregnant for the first time. A woman who has given birth for the first time to an infant or infants, alive or stillborn. Multiparity is defined as the production of two or more young at a birth or the condition of having borne a number of children. Medically, multiparous is defined as producing many or more than one at a birth or having experienced one or more previous parturitions. A multiparous woman (multip) has given birth more than once.

Becoming a mother is physically and emotionally intense and is one of the most significant physical and psychological changes a woman will ever experience. Postpartum women not only have to begin recovering from child birth but also have to provide ongoing care to needy infant. And women likely spend most of their pregnancy and postpartum period learning how to care for their baby and less likely to care about themselves. As transition into parenthood is a period with great biological psychological changes, women are most likely to develop mental health difficulties. Psychological wellbeing of the mother is believed to be important for the baby. Maternal psychological wellbeing plays an important role in the infant's emotional, physical and cognitive development. Postnatal depression is one of the most common complications that should be taken care of and prevented because of its negative effects on the mother and baby. The maternal mood across the transition from pregnancy to postnatal period should be the focus of research and clinical attention because the disturbance of maternal mood during this period may affect developmental outcome in the child. Attachment is another important factor that positively affect the abilities and further development of the children. Therefore, these are the areas of concern that must be taken care of.

There are several factors like socioeconomic status, personality factors, quality of the marital relationship, family support and the child's characteristics that affect the psychological well-being, postnatal depression and attachment in women after childbirth. Less attention has been dedicated to parity as an influence factor on these. The birth of a first child presents parents with a new set of challenges (namely the experience of pregnancy and birth and the performance of a new role as a caregiver). And the birth of second or third child may also have equally significant and demanding challenges. It can be as complex as the birth of a first child, or even more.

The purpose of the study is to compare the difference in primiparous and multiparous women and thereby examine the effect of parity on psychological well-being, postnatal depression and attachment in mothers.

# **REVIEW OF LITERATURE**

Bassi et al. (2016) carried out a study "Psychological Well-Being and Depression from Pregnancy to Postpartum among Primiparous and Multiparous Women" in a sample of 81 women during pregnancy and postpartum to explore the impact of parity and childbirth on both women's perinatal depression and psychological well-being. The Edinburgh Depression Scale and the Psychological Well-being Scale were used for collecting the data. Results showed significant negative correlations between depression and psychological well-being dimensions. ANCOVA and mixed ANOVA analyses showed that depression levels did not differ between primiparous and multiparous women, or between pre- and postpartum assessments.

Hung (2007) conducted a study "The Psychosocial Consequences for Primiparas and Multiparas" to differentiate among various postpartum stressors and to compare women's postpartum stress, social support, and mental health status in relation to parity differences. A total of 435 primiparas and 426 multiparas were recruited for the study. The Hung Postpartum Stress Scale, the Social Support Scale, and the 12-item Chinese Health Questionnaire were used. Compared with multiparas, the mean scores of primiparas were higher for postpartum stress, concerns about negative body changes, concerns about maternal role attainment, as well as for measures of social support, family support, and friend support. Multiparas had higher scores than primiparas regarding concerns about lack of social support. The mental health status of the two groups did not differ significantly by parity. The primiparous women and multiparous women experienced unique postpartum stressors. The results suggested that it is important to identify specific postpartum stressors for primiparas and multiparas when providing supportive interventions.

Salari et al. (2013) conducted a study "Comparing Postpartum Stressors and Social Support Level in Primiparous and Multiparous Women" to compare postpartum stressors as well as social support level between primiparous and multiparous women. This descriptive comparative study was conducted on 400 primiparous and multiparous mothers. Data were collected using modified Hung questionnaire of postpartum stressors, Helen questionnaire of anxiety and Hopkins social support questionnaire. The results obtained showed significant difference between two groups. And was concluded that postpartum stressors are different for primiparous and multiparous women and the level of stress and also social support for primiparous women was higher and that primiparous women need instructions for neonatal care skills, and the families of multiparous women need advice on increasing their support.

Yoshida et al. (2019) studied "Influence of parity and mode of delivery on mother-infant bonding: The Japan Environment and Children's Study" to measure the effect of environmental factors on children's health with the use of data from the Japan Environment and Children's Study by investigating mother-infant bonding at 1 year old according to parity and mode of delivery. A total of 82,540 participants, including 36,662 primipara mothers and 45,878 multipara mothers, were analysed in the study. The Mother-to-Infant Bonding Scale Japanese version (MIBS-J) was used for the study. The results showed Mother-to-Infant Bonding Scale Japanese version (MIBS-J) score was higher (worse) in primipara than multipara. Primipara mothers also had higher anger and rejection scores than multipara mothers. The study concluded that primipara mothers showed worse motherinfant bonding than multipara mothers, regardless of mode of delivery and that Caesarean delivery itself appears to have little effect on mother-infant bonding.

# **METHODOLOGY**

# **Objectives**

The main objectives of the study were:

- To examine whether there is a significant difference in psychological well-being, postnatal depression and attachment among primiparous and multiparous women.
- To examine whether there is a significant relationship between psychological wellbeing, postnatal depression and attachment among primiparous women.
- To examine whether there is a significant relationship between psychological wellbeing, postnatal depression and attachment among multiparous women.

# Hypotheses

- There is a significant difference in psychological well-being, postnatal depression and attachment among primiparous and multiparous women.
- There is a significant relationship between psychological well-being, postnatal depression and attachment among primiparous women.
- There is a significant relationship between psychological well-being, postnatal depression and attachment among multiparous women.

# **Participants**

Participants selected for the present study are, primiparous women and multiparous women. The age range of the participants are between 20-35 years. The study was conducted in a total of 60 women of which were 30 primiparous women and 30 multiparous women. The participants were of different age, educational qualification and localities. Women who have given birth in the recent year were selected.

# Tools used for data collection:

- The Demographic Data Sheet: Demographic data is statistical data collected about the characteristics of the population. For this study, a personal data sheet was developed and used for the collection of data. Personal details like name, age, parity and mode of delivery are included in the data sheet.
- The Ryff Scale of Psychological Well-Being (RSPWB): Well-being is assessed with a modified 18 item version of Ryff's Scales of Psychological Well Being. Items are positively worded are flipped so that higher ratings on all individual items indicate greater well-being. The total score is the mean of the ratings, with a higher score relating to greater well-being. Reverse-scored items are worded in the opposite direction of what the scale is measuring. Higher scores mean higher levels of psychological well-being. The test-retest reliability coefficient of RPWBS was 0.82 and had satisfactory validity.
- Edinburgh Postnatal Depression Scale (EPDS): The Edinburgh Postnatal Depression Scale (EPDS) is one of the most widely used screening instruments for assessing symptoms of perinatal depression and anxiety. This self-reporting instrument was originally developed in the United Kingdom by Cox, Holden and Sagovsky in 1987. The scale consists of 10 short statements. Responses are scored 0, 1, 2 or 3 according to increased severity of the symptom. Items marked with an asterisk (\*) are reverse scored. The total score is determined by adding together the scores for each of the 10 items. EPDS was found to have a high level of test-retest reliability for total scores The EPDS was found to have satisfactory sensitivity and specificity, and was also sensitive to change to change in the severity of depression over time.
- Maternal Postnatal Attachment Scale (MPAS): The Maternal Postnatal Attachment Scale- MPAS (Condon & Corkindale, 1998) was developed as a self-report measure to assess the affective aspect of the mother-to-infant bonding. This questionnaire contains 19 items. Items in brackets () are reverse scored. To ensure equal weighting of all questions it is recommended that response options be recoded to represent a score of 1 (low attachment) to 5 (high attachment) for every question. Moderate internal consistency, test-retest reliability and convergent validity have been reported (Riddell, 2006).

#### Data collection

The purpose of the research was to study the psychological well-being, postnatal depression and attachment among primiparous women and multiparous women. Primiparous women are those who have given birth for the first time whereas multiparous women are those who have given birth more than once. The tools used for the research were Ryff Scales of Psychological Well-being, Edinburgh Postnatal Depression Scale and Maternal Postnatal Attachment Scale. The questionnaires were distributed to the participants using the survey administration app called Google forms and was send via E-mail and WhatsApp. The participants were asked to fill-up the forms. After the data collection, each response sheets were scored and suitable statistical techniques were used for analyzing the data.

### RESULTS AND DISCUSSION

Table 1: Mean, standard deviation and t value of psychological wellbeing, postnatal depression and attachment among primiparous and multiparous women.

Variable	Primiparous women		Multiparous women		t value
	Mean	Standard deviation	Mean	Standard deviation	
Psychological wellbeing	88.76	14.37	89.96	10.47	.369
Postnatal depression	12.13	5.36	11.86	4.99	.199
Attachment	82.49	9.95	82.90	6.79	.188

Table 1 shows that there is no significant difference in psychological wellbeing, postnatal depression and attachment among primiparous and multiparous women as the obtained t values are not significant. This indicates that each birth process is different and a new experience and that both first time or primiparous mothers and multiparous mothers are prone to postnatal depression and subsequent births do not reduce the risk of postnatal depression. The findings of the study of Bassi et al. (2016) shows that after childbirth. primiparous women reported higher values of environmental mastery and self-acceptance than multiparous women. In addition, levels of self-acceptance and personal growth increased from pregnancy to postpartum among primiparous women, while no differences were detected over time in the scores of all the psychological well-being dimensions among multiparous women and depression levels did not differ between primiparous and multiparous women, or between pre- and postpartum assessments. The finding that there is no significant difference in attachment is contradictory to the finding of Jasemi et al. (2019) who found that multiparous mothers have less attachment to infants despite their higher ability for understanding maternal-infant cue perception compared to primiparous mothers.

Figure 1: The mean score of psychological wellbeing, postnatal depression and attachment among primiparous and multiparous women.

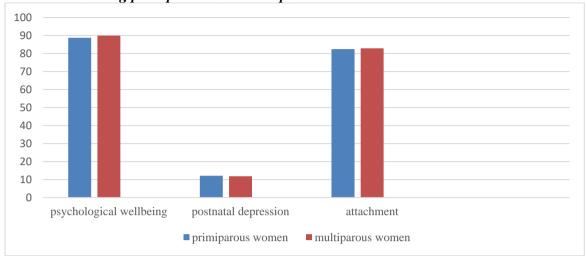


Table 2: Correlation coefficient of psychological wellbeing, postnatal depression and attachment among primiparous women

Variables	Psychological wellbeing	Postnatal depression	Attachment
Psychological wellbeing	1		
Postnatal depression	336	1	
Attachment	.468**	264	1

<sup>\*\*</sup>correlation is significant at the 0.01 level.

Table 2 shows that there is a negative correlation between postnatal depression and psychological wellbeing, a significant positive correlation between attachment and psychological wellbeing and a negative correlation between attachment and postnatal depression. A significant positive correlation between attachment and psychological wellbeing shows that when the mother infant attachment increases it positively affects the mother's psychological wellbeing or the other way. Attachment and postnatal depression shows a negative correlation. This result is in line with the findings of the study of Ohara et al. (2017) in which depressive mood was correlated with bonding failure among women after delivery.

Table 3: Correlation coefficient of psychological wellbeing, postnatal depression and attachment among multiparous women.

Variables	Psychological wellbeing	Postnatal depression	Attachment
Psychological wellbeing	1		
Postnatal depression	501**	1	
Attachment	.350	607**	1

<sup>\*\*</sup>correlation is significant at the 0.01 level.

Table 3 shows that there is a significant negative correlation between postnatal depression and psychological wellbeing, a positive correlation between attachment and psychological wellbeing and a significant negative correlation between attachment and postnatal depression among multiparous women. A significant negative correlation between postnatal depression and psychological wellbeing among multiparous women indicates that postnatal depression is associated with reduction in psychological wellbeing or the other way round. This finding is consistent with the findings of Bassi et al. (2016) who in their study observed significant negative correlations between depression and psychological well-being dimensions. There is a significant negative correlation between attachment and postnatal depression suggesting a reduction in attachment in the context of postnatal depression. In case of multiparous mothers, when their attachment with the infant is interrupted or negatively affected due to certain other responsibilities, lack of care and support, there is a proneness to postnatal depression. The findings of previous study conducted by Tsuchida et al. (2019) showed moderate relationship between postpartum depression and mother-infant bonding.

# CONCLUSION

Although the primiparous mothers are considered more susceptible to the postpartum stressors as it is a new experience or transition, a child will always bring challenges for a mother, whether it is the first child or not. Each pregnancy, birth process and child has their singularity, and thus, appropriate care must be given for all pregnant and postpartum women, without differentiating parity.

#### Limitations

- The study did not include other socio demographic details such as economic status, living area, education and occupation.
- The sample size was limited to 60. A large sample would give wider scope for generalizing the result.
- The data was collected through online method, so that the reliability of response is questioned.
- More variables could have been studied. The study is limited to just three variables.

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# Conflict of Interest

The author(s) declared no conflict of interest.

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