

## Postpartum Depression Among Working and Nonworking Women

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### ABSTRACT

The study examined postpartum depression among working and non-working women. For this purpose, 100 working and 100 non-working women were randomly selected. The tools used for the research study are Edinburgh postnatal depression scale (EPDS) and Julkunen Family Support Scale. The findings of the study revealed that the rate of suffering from postpartum depression is higher in working women than in non-working women. Another finding reports that the more the number of children the less would be the chance of occurring postpartum depression among women. The correlation analysis result suggests that Lack of spouse and family support is positively associated with postpartum depression. The mode of delivery affects postpartum depression and the independent sample t-test result showed c-section mothers suffer more from postpartum depression. Working women are responding more positively to treatment than non-working women.

**Keywords:** Postpartum depression, Non-working women, Working women, Family support, EPDS

When a child is born in a family, he/she may bring out a lot of emotions, from happiness and joy to fear and anxiety among new mothers. And also, it can lead to postpartum depression. According to the DSM-5 postpartum depression is a form of major depression that begins within four weeks after delivery. A rapid decrease in hormones leads to chemical changes in the woman's body after delivery. When a woman is pregnant, the female reproductive hormones increase tenfold in her body, but after delivery, the level of hormones comes to normal like before pregnancy. Besides hormonal changes, more changes like social and emotional changes just after pregnancy create a risk of having postpartum depression.

50-75% of new mothers experience the (baby blues) after their delivery. Among them, 15% develop a more severe and longer-lasting depression i.e. postpartum depression. The term (baby blues) causes confusion with postpartum depression in some cases. But these two things are not actually the same. The (baby blues) last up to 2 weeks after delivery. Yet in the case of postpartum depression, the time period varies which occurs after a few days of delivery and continues for more than two weeks. But in both cases, the symptoms may

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overlap. The common symptoms are hopelessness, sadness, worthlessness, irritability, anxiety, mood swings, etc.

### *Causes And Risk Factors*

There is no specific cause of postpartum depression but sometimes physical and emotional changes may contribute:

- **Hormones:** After delivery, the sudden decrease in the hormones estrogen and progesterone plays a role in the occurrence of postpartum depression. Some other hormones produced by the thyroid gland also decrease and make the new mother feel exhausted, dull, and depressed.
- **Lack of sleep:** Lack of sleep makes the new mother unable to handle even minor problems.
- **Anxiety:** The feeling of how to take care of the newborn creates anxiety among mothers.
- **Self-Image:** A woman after delivery may feel less attractive, struggle with her sense of identity, not get time for herself, and sometimes feel that she has no control over her own life. These types of feelings can lead to the occurrence of postpartum depression.

Some notable points that can increase the chances of postpartum depression include:

- A history of psychiatric illness of the mother
- Age at the time of pregnancy
- Low socio-economic status
- Number of children
- Having twins or triplets
- Lack of social support
- Marital conflict
- Family history of mood disorder

### *Types of Postpartum Depression*

- **Baby blues-** It affects 50-75% of mothers after delivery. The symptoms usually begin 3-5 days after delivery and last up to 2 weeks. The symptoms of (baby blues) are hopelessness, sadness, worthlessness, irritability, anxiety, mood swings, etc. It doesn't require any kind of treatment.
- **Postpartum depression-** Postpartum depression may start after a few days or even after a month of delivery. Here one can have similar feelings like (baby blues), sadness, anxiety, hopelessness, etc. But these feelings are stronger than (baby blues). Postpartum depression keeps a woman from refraining from doing the everyday household chores. When one's everyday functioning is affected; she must consult with a healthcare provider so that the doctor can screen for symptoms of depression and will treat her accordingly.
- **Postpartum psychosis-** It is a very serious mental illness that can happen quickly, within the 1<sup>st</sup> 3months after delivery. In this disorder women can lose touch with reality, have delusions, and auditory hallucinations. Other symptoms like insomnia, restlessness, feelings of anger, and strange feelings are common for postpartum psychosis. Women with Postpartum psychosis need immediate treatment and medication.

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### *Postpartum Depression Complications*

Postpartum depression if not treated can weaken a mother's bond with the child and affect other members of the family. It can also affect one's work life.

- **Mother:** If not treated postpartum depression can continue for months and even result in depressive disorder. Even with treatment postpartum depression increases a mother's risk of major depression in the future.
- **Father:** Chances of getting depressed in a father is very much proportional when a new mother gets depressed just after her parturition. Whether or not their partner is affected, new fathers are already at a high risk of depression.
- **Children:** Sleeping disorders, irregular eating habits, excessive irritation, and crying with delay in language development are common in children having undiagnosed and nontherapeutic postpartum depressed mothers.

### *Postpartum Depression Prevention*

If a woman has a family history of depression she should first consult with her doctor during the initial stage of pregnancy. Then only a doctor can observe one's depressive symptoms and prescribe medication accordingly. And after delivery, the doctor may suggest an early postpartum check-up to find out the depressive symptoms of the mother. If the symptoms are diagnosed earlier, the treatment can start at the right time and the patient will recover soon.

### *Treatment of Postpartum Depression*

Treatment of postpartum depression depends upon its type of symptoms and severity. Treatment includes anti-anxiety or anti-depressant medications, psychotherapy, and counseling. A mother who breastfeeds her baby can also take medication for the treatment of depression under the supervision of a doctor. Proper treatment of postpartum depression can help the mother to create an affectionate bond with her baby.

## **REVIEW OF LITERATURE**

Akbar Mohammadi et al. (2011) designed a study to compare postpartum depression in working and non-working women and the correlation of postpartum depression with social support and marital adjustment. The Beck depression questionnaire and Philips social support questionnaire were completed by 300 women who were selected through a multistage clustering random method. The result of the study revealed high depression scores in non-working women. 52% of depression variance after delivery is explained by marital adjustment and social support.

A study by Abdulbari Bener et al. (2012) conducted "postpartum depression in a fast-developing country" by using a cross-sectional design. 1379 mothers participated in this study. Through EPDS symptoms of postpartum depression were assessed. The study found that mothers who are housewives, above 35 years, and have low education were significantly at high risk of postpartum depression. There are other risk factors like poor marital relationships, financial difficulties, and lack of family support have been identified for developing postpartum depression.

Tasneem Kathree and Inge Petersen (2012) tried to understand the experiences of Indian women of South Africa diagnosed with postpartum depression symptoms. 10 women with low economic status were interviewed using the Edinburgh Postnatal Depression Scale. The study used multiple case study qualitative methods to understand their experiences within a

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biopsychosocial framework. The result showed that interpersonal issues, financial crises, and lack of social support provoked feelings of depression in women during the postnatal period.

F Tuna Burgut et al. (2013) investigated the relationship between complications in mothers and postpartum depression among postpartum women. 1379 postpartum women were taken as a sample. The result showed the prevalence of postpartum depression was 17.6 in the postpartum women. The risk factors of postpartum depression included many types of socio-demographic risk factors such as education, occupation, consanguinity, and access to transportation. History of unplanned pregnancy, infertility, and other medical complications of the mother were found to be risk factors for postpartum depression.

Kalsoom et al. (2013) designed a study to explore postpartum depression among working and non-working women in Pakistan. The Urdu-translated version of the Edinburg postpartum depression scale was administered to measure postpartum depression among women along with a demographic sheet to gain information about participants including age, educational qualification, income, number of children, etc. The sample consists of 30 working women and 30 non-working women. Here from the study postpartum depression was found to be significantly higher among non-working women.

Maryam Amidi Mazaheri et al. (2014) did a cross-sectional study by taking 133 women. According to the degree of scale, 3 categories emerged: Mild, moderate, and severe depression. The result revealed that 73 mothers had mild depression (10-19), and 56 had moderate depression (20-29). There was a significant correlation between factors related to depression such as maternal qualification, economic status, unwanted pregnancy, and mother's professional history ( $P > 0.05$ ) with postpartum depression. In the regression analysis, the variables are maternal qualification, economic status, unintended pregnancy, mother's profession, mode of delivery, and history of miscarriage. And 27.7% variance illustrates the postpartum depression. Between these factors, the predictive variables of mother's education, economic status, unintended pregnancy, mother's professional history and, mode of delivery, and premenstrual sickness were significant; the prediction of unintended pregnancy was more than other variables.

Poomalar GK and Bupathy Arounassalame (2014) designed a cross sectional study by taking 254 women to find out the prevalence and risk factors of postpartum depression among them. Details regarding sociodemographic characteristics, gender preferences, support of partner, and relationship with family members were collected. To examine risk factors associated with postpartum depression Chi-square test was used. Out of numerous factors analyzed type of marriage, stressful life events, addiction in the husband, past history of psychiatric illness, and number of children were significantly associated with postpartum depression.

Mohammed N Salem (2017) aimed to evaluate the factors influencing the happening of postpartum depression amongst puerperal women in Sohag City, Egypt. 658 Women within 6 weeks after delivery were taken as samples for the study. This study used a pretested questionnaire and the Edinburg Postnatal Depression Scale for screening out postpartum depression in new mothers. A woman with an EPDS score  $> 13$  was considered to have postpartum depression. Out of 658 women who participated in the study 47 had an EPDS score  $> 13$ , giving a prevalence of 7.14% of postpartum depression. Those women who gave

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birth to a girl child or who had medical illness in their babies were significantly more likely to suffer from postpartum depression.

Masumeh Rahimi et al. (2019) designed a study to predict sleep disorders and postpartum depression based on the social support provided for employed women referred to health centers in Shiraz, Iran from 2018-19. 90 working mothers were assessed 4 weeks after childbirth. Statistical analysis was used with Pearson's simple correlation coefficient and multivariate regression. Regression analysis showed a significant correlation between social support, postpartum depression, and sleep disturbances in participants. The social support dimension can predict about 17% of the variance in postpartum and sleep disturbance among women. There was not a significant correlation between social support and postpartum depression.

Rashidul Azad et al. (2019) designed a cross-sectional study to evaluate the burden and risk factors of Postpartum Depression among 376 women. The prevalence of Postpartum Depression was 39.4% within the first year after delivery. Continuity of career after delivery, career loss during pregnancy, history of miscarriage, unintended pregnancy, lack of money to manage pregnancy, and partner violence were identified as risk factors. The result of the study revealed that the rate of Postpartum Depression was high among the women.

Saurav Basu et al. (2021) conducted a cross-sectional study from January to June 2019 at a primary care clinic in Delhi, India, to estimate the burden of postpartum depression in women having an infant child. For screening depression in 210 participants Edinburgh postnatal depression scale was used. 61 among them were detected with postpartum depression. On multivariate analysis, women reporting low and medium levels of perceived social support had significantly higher odds of having postpartum depression.

Shraddha Lanjewar et al. (2021) examined the prevalence and covariates of postpartum depression among 240 postnatal mothers who attended postnatal check-ups or immunizations. By using the Edinburgh Postpartum Depression Scale postpartum depression was assessed among new mothers. For estimating the Social Support Index, support from respondents' husbands and other family members was assessed. Shift of attention from mother to child was assessed for Attention Shift Index. Out of 240 participants, 63 scored >13 on the EPDS scale and diagnosed with postpartum depression. A strong statistical association was found between social support with postpartum depression and unadjusted models, partner support, and attention shift from mother to child with postpartum depression.

### ***Statement of the Problem***

Today, wide changes have occurred in the lives of women. They are now free to choose their own lives, their careers and future. Women are becoming self-dependent now. As they are becoming career-oriented, when it comes to marriage, family, and child-rearing it becomes a stress to them. When a working woman gives birth to a child she remains under pressure for multiple reasons. Similarly, when a woman marries at an early age due to family pressure but actually at that time, she is not mentally prepared to take on such responsibilities, so after delivering a baby, she feels more depressed than a mature woman. Some other issues like when the partner and the in-laws are not that much supportive then also a new mother remains anxious and depressed. If the anxiety and depression lasts more than 2 weeks then it will lead to postpartum depression which is a profoundly serious issue of concern.

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### *Rationale of the Study*

We live in such a society where being a mother makes a woman complete. So, there is a constant challenge for all married women to be mothers. But the scenario has changed to some extent nowadays. In some cases, after delivery, some mothers are suffering through postpartum depression. So, to analyze the causes of postpartum depression the investigator is interested in this study. Another reason for focusing on this study is, as we know working women must maintain a balance between their work life and their personal life. So, working women take more stress than non-working women. To investigate whether there are any significant differences with regard to the occurrence of postpartum depression in the case of working and non-working women the study is designed. The findings of the study may be useful in the prevention of postpartum depression in women.

### *Objectives*

1. To determine the prevalence and identify the risk factors of postpartum depression.
2. To identify if there are any differences in the occurrence of postpartum depression between working and non-working women.
3. To find out the impact of family support and the number of children on the occurrence of postpartum depression in women.
4. To study the relationship between familial support and postpartum depression.
5. To find out if delivery mode has any impact on postpartum depression or not.
6. To ascertain the treatment procedure for postpartum depression.

### *Hypotheses*

- H<sub>1</sub>. Lack of spouse and family support would be positively associated with postpartum depression.
- H<sub>2</sub>. The rate of suffering would be higher in the case of non-working women than working women.
- H<sub>3</sub>. The rate of suffering would be higher in the case of c-section mothers than in normal delivery mothers.
- H<sub>4</sub>. Working women would respond more positively to treatment than non-working women.
- H<sub>5</sub>. The more the number of children the less would be the chance of postpartum depression.

## **RESEARCH DESIGN AND METHOD OF STUDY**

The study follows a quantitative method.

The research design is descriptive and analytical in nature.

**Geographical data-** sample has been drawn from Cuttack and Bhubaneswar, the two major cities of Odisha. Here the two cities Cuttack and Bhubaneswar were chosen because Bhubaneswar is the capital of Odisha and many of the famous educational institutions are situated in Cuttack and Bhubaneswar from where the samples have been collected. The best health facilities are available in the two cities; therefore, most of people opt for these cities to work and live.

**Data collection-** Both primary and secondary sources of data collection have been used for the proposed research work.

**Primary Data-** Primary data have been collected from the respondents with the help of self-structured questionnaires and face-to-face interview

**Secondary Data-** Secondary Data have been collected from different sources like Magazines, journals, websites, books, newspapers, and online resources.

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**Tools-** The Edinburgh postnatal depression scale (EPDS) and Julkunen family support scale have used in this study.

### RESULT

**Table 1**

		Independent Samples Test							
		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Significance		Mean Difference	Std. Error Difference
						One-Sided p	Two-Sided p		
PPD	Equal variances assumed	16.081	<.001	-2.379	198	.009	.018	-1.121	.471
	Equal variances not assumed			-2.530	129.296	.006	.013	-1.121	.443

The result table shows the independent sample t-test to find out the differences between working and non-working women on the occurrence of postpartum depression.  $P < .001$  is less than our chosen significance level, we can reject the null hypothesis and go for accepting the alternative hypothesis and conclude that the occurrence of postpartum depression for working and non-working women is significantly different.

**Table 2**

**Independent Samples Test**

		Levene's Test for Equality of Variances		t-test for Equality of Means					
		F	Sig.	t	df	Significance		Mean Difference	Std. Error Difference
						One-Sided p	Two-Sided p		
Depression	Equal variances assumed	32.476	<.001	-4.976	198	<.001	<.001	-2.170	.436
	Equal variances not assumed			-5.341	163.965	<.001	<.001	-2.170	.406

The result table shows the independent sample t-test to find out the differences between c-section and normal delivery women on the occurrence of postpartum depression.  $P < .001$  is less than our chosen significance level, so we can reject the null hypothesis and go for accept the alternative hypotheses, and conclude that the occurrence of postpartum depression for c-section and normal delivery women is significantly different.

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**Table 3**  
**Correlations**

		<b>Depression</b>	<b>Family support</b>
Depression	Pearson Correlation	1	-.849**
	Sig. (2-tailed)		<.001
	N	200	200
Social support	Pearson Correlation	-.849**	1
	Sig. (2-tailed)	<.001	
	N	200	200

\*\**. Correlation is significant at the 0.01 level (2-tailed).*

This table shows the correlation between depression and family support. The result revealed that there is a negative correlation between depression and family support ( $r=-.849$ ) and the value is found statistically significant at 0.05 level. This indicates the depression level increases as family support decreases.

**Table 4**  
**Model Summary**

<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Std. Error of the Estimate</b>
1	.851 <sup>a</sup>	.723	.721	1.633

a. Predictors: (Constant), Children, family support

The result table shows the correlation of the coefficient is ( $R=.851$ ). The R square is .723. The model consists of family support and a number of children which can explain 72.3% of total variance in the occurrence of postpartum depression in women.

**Table 5**

### Coefficients

<b>Model</b>	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients</b>		<b>Sig.</b>
	<b>B</b>	<b>Std. Error</b>	<b>Beta</b>	<b>T</b>	
(Constant)	12.589	.453		27.780	<.001
Children	-.941	.289	-.226	-3.262	.001

a. Dependent Variable: depression

The result table shows the influence of the independent variable on the dependent variable. The number of children has a negative influence on the occurrence of postpartum depression ( $B=-.226$ ) which is statistically significant at 0.05 level ( $sig=.001$ ).

## DISCUSSION & CONCLUSION

One of the objectives of the present study was to find out if there is any difference in the occurrence of postpartum depression between working and non-working women. The findings revealed that the rate of suffering would be higher in the case of non-working women than in working women. This finding goes with the study by Kalsoom et al. (2013). Another finding reports that the more the number of children the less would be the chance of occurring postpartum depression among women. This result was the same as the study done



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by Poomalar GK and Bupathy Arounassalame (2014). Another finding of the study was that lack of spouse and family support would be positively associated with postpartum depression. This finding was at par with the study conducted by Tasneem Kathree and Inge Petersen (2012). One more finding of the study was the type of delivery that affects postpartum depression. It goes with the research study by Maryam Amidi Mazaheri et al. (2014). Another objective was to determine the prevalence rate and the risk factors of postpartum depression. The finding of the study regarding the prevalence and risk factors goes with the study by F Tuna Burgut et al. (2013).

To conclude, the study was carried out to find out if there were any differences in the occurrence of postpartum depression between working and non-working women. The result of the study suggested that the suffering rate was higher in the case of non-working women than in working women. The more the number of children the less was the chance of occurring postpartum depression among women. Lack of spouse and family support was positively associated with postpartum depression. Types of delivery affected postpartum depression; the study result showed that 'c-section' mothers were suffering more from postpartum depression. Working women responded more positively to treatment than non-working women.

### *Future Suggestions and Remedial Measures*

Generally, despite multiple contacts with medical professionals during the postpartum period, patients and their caregivers often overlook postpartum affective illness. Too often postpartum depression is dismissed as a normal or natural consequence of childbirth. In fact, women commonly report the persistence of depressive symptoms for many months before the initiation of treatment. Although symptoms of depression may remit spontaneously, many women still remain depressed one year after childbirth.

Screening of all mothers during the antepartum and postpartum period must be indicated. Screening women for depression disorders or depressive symptoms during pregnancy may also help to identify those women at higher risk for postpartum depression. Women at high risk of postpartum depression should be identified before delivery. This includes women with a previous episode of postpartum depression and women with a history of either unipolar or bipolar disorder. Women who experience depression during pregnancy should also be considered at high risk of postpartum depression.

In addition to monitoring, women with a history of recurrent depression or a history of postpartum depression may benefit from prophylactic treatment with an antidepressant medication. If antidepressants are not used during pregnancy, they may be initiated shortly before or immediately after delivery to reduce the risk of recurrent illness.

### *Suggested Treatment Procedure*

- **Psychotherapy-** As it is the process of treating mental disorders through the use of verbal and psychological techniques, a psychotherapist can help the client having postpartum depression to eliminate or control the disturbing thoughts within the mother so that she can lead a normal day-to-day life.
- **Counseling-** In the counseling session a counselor can help the mother to reduce or control the meaningless emotions and behavior patterns that create disturbances in her day-to-day life.

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- **Antidepressants-** Antidepressants can also be useful in treating postpartum depression. Maximum antidepressants can be taken during the period of breastfeeding with very little risk of side effects to the child. A mother can benefit too by using antidepressants during her postpartum depression.
- **Other medicines-** When required, other medicines may be added to the treatment procedure. For example, if one has postpartum depression which includes severe anxiety or insomnia, an anti-anxiety medicine may be recommended for a short period of time. Brexanolone (Zulresso) is the first drug approved by the U.S. Food and Drug Administration, particularly for postpartum depression in women. Brexanolone decreases the rapid drop of certain hormones after delivery which may lead to postpartum depression.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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