

Social Support and Postnatal Depression in Pakistani Context

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Social support has been identified as a predictive as well as protective factor for depression in postnatal period by several researchers in the West. The present study attempts to examine and investigate the relationship between the social support and postnatal depression (PND) in a sample of Pakistani mothers using the indigenous measures. One hundred and thirty nine mothers diagnosed for PND were contacted in the hospitals and clinics of Lahore using the purposive sampling technique. These mothers were screened for the prior history of depression and only those having no reported history of depression were included in the sample (N=106). They were further screened for postnatal depression using indigenously developed Postnatal Depression Screening Scale (PNDSS). The indigenously developed Social Support Demographic Performa that measures Instrumental, Emotional and Informational support was also administered. The findings revealed that there is a significant negative correlation between PND and Social Support among Pakistani mothers.

Keywords: Postnatal Depression, Instrumental support, Emotional support, Informational support.

“Becoming a mother is a significant developmental transition, and a woman's adaptiveness involves her biopsychosocial being, family, and the society in which she lives” (Kiehl & White, 2003). Postnatal mood swings are common among majority of new mothers in the early puerperium. These post-delivery mood swings are usually observed as inexplicable crying, exhaustion, irritability, apprehension and poor attentiveness. The condition is referred to as the Postnatal Blues, popularly known as the “Baby Blues”. The condition being self-limiting in nature is the result of postnatal hormonal changes, tiredness, and over whelming and stressful experience of childbirth (Bronkington, 1996). The symptoms reach the peak about four or five days after birth, and then decline rapidly, fading before the tenth day postnatal (Kennerly & Gath, 1989). The extended postnatal blues lasting more than ten days are considered to be the warning signs of the emerging postnatal depression; a common depressive illness that complicates the postnatal period. It affects around twenty percent of postnatal females (GodFroid & Charlot, 1996; Kazmi, 2013). The symptoms include depressed mood, tearfulness, inability to enjoy pleasurable activities, insomnia, disturbed sleep, fatigue, appetite disturbance, suicidal ideation, recurrent thoughts of death, forgetfulness, concentration problems, reduced self-esteem, loss of appetite, severe tiredness, anxiety, guilt, loss of energy, and indecisiveness. Some women experience loss of control over their existence, which can lead to an increased feeling of unease, irritability and outbreaks of anger, inability to cope, and thoughts of suicide (Cox & Holden, 2003; Dennis & Creedy, 2004; Kendall-Tackett, 2005; Wickberg & Hwang, 2003). Anxiety is prominent, including worries or obsessions about the infant's health and well-being and their own abilities of being mother (Brockington, 1996), harming the child

biological and hormonal changes during pregnancy and in postnatal period for the occurrence of Postnatal Depression in new mothers. But the psychosocial factors like gender (Khan & Iftikhar, 2005) and temperament of the new born child (Beck, 1996; Mujeeb & Qadir, 2015), illiteracy, unwanted pregnancy, living in extended family, marital difficulties (Kalyani, Saeed, Rehman, & Mubbashar, 2001), poor social support, lower socio-economic status (Irfan & Badar, 2003; Khooharo, Majeed, Das, Majjed, Majeed, & Choudhry, 2010; Klainin & Arthur, 2009; Rahman & Creed, 2007; Rahman, Iqbal, & Harrington, 2003) and life stress (Reid, 2013) are also shown to be the strong predictive factors for postnatal depression in mothers. The postnatal depression has adverse effects on the mother's life. It compromises her ability to accept her role as a mother and hinders her capacity to care for the newborn (Wisner, Chambers, Sit, 2006). Moreover children of the mothers with postnatal depression are at higher risk of impaired development in infancy and early childhood. In addition these children report more behavioral problems as compared to children of the non-depressed mothers (Chaudron, 2003; Beck, 2006; Earls, 2010).

Researchers have documented social support as one of the most important predictors and protectors of postnatal Depression. They emphasize the role of social support in the prevention of PND in Eastern cultures, which is found rare in Western cultures due to their individualistic nature. Social support refers to the exchange of social resources between the individuals (Stuchbery, Matthey & Barnet 1998) to facilitate each other while contributing to the society at large. It has been defined as interpersonal exchanges designed to meet the needs of one another or perceived availability of such resources (Schetter & Brooks, 2009).

Social support has been categorized into three categories: naming, Instrumental Support (tangible help or assistance with tasks), Emotional Support (feeling loved, cared for and valued) and Informational Support (advice or guidance from experts and elders) (Kitamura, Kijima, Watanabe, Takezaki, & Tanaka, 1999; Orr, 2004).

Research has documented that the three kinds of support are beneficial for the mothers in puerperium. Out of this emotional and instrumental support are documented as indispensable for the prevention of postnatal depression among mothers in puerperium. Asten, Marks, and Oates, (2004) identified that lack of emotional

and instrumental support is linked with low mood and PND. They also noted that the mothers with PND recommended better support from partner and family as the remedy of their disturbance. The presence of social support has been found to buffer against depression, in part by influencing how one copes with stress (Schwarzer & Knoll, 2007). It is also beneficial for the better health outcomes and the wellbeing of the infants (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993). The current study focuses on the relationship of postnatal depression and social support in Pakistani context using the indigenously designed measures. It also attempts to measure the relationship of emotional support, instrumental support and informational support with the incidence of PND separately.

Materials and Method

Sample

The sample of the study constitutes of one hundred and six mothers diagnosed with postnatal depression. The sample was selected with no distinction of primiparous or multiparous mothers using the purposive sampling technique.

Measures

The Postnatal Depression Screening scale (PNDSS): The Postnatal Depression Screening scale (Afzal & Khalid, 2013) was indigenously developed tapping the symptoms manifestation of postnatal depression among Pakistani women. The self-report PNDSS is in Urdu language with the reliability of $\alpha = .89$. This screening scale is comprised of five factors each measuring a separate domain of PND in mothers including Psychological discomfort, Somatic component, Negative feelings (towards child and self), Relationship with self, baby and others, and Anhedonia. The four point rating PNDSS measures the responses on the scale of 0 to 3, where 0 stands for "Never" and 3 stands for "Most of the time". With the cut off score of 30, the lowest score and the highest score on PNDSS can be ranged from 0 to 78 respectively. The high score on this scale showed the higher intensity of Postnatal Depression.

The Social Support Demographic Performa: The Social Support Demographic Performa was designed to identify the presence or absence of social support around the females in the sample on a dichotomous scale. This Demographic Performa of

nine items measured Instrumental (tangible help or assistance with tasks), Emotional (feeling loved, cared for and valued) and Informational Support (advice or guidance from experts and elders) among the sample.

The highest score could be 9 and the lowest score could be 0. The high score showed the high level of support, whereas the low score was the indicative of low level of social support.

Procedure

One hundred and thirty nine mothers diagnosed for PND were contacted using the purposive sampling technique. These females were contacted in the psychiatric units of various public and private hospitals and clinics of Lahore. After ensuring the confidentiality and informed consent, these mothers were screened for the prior history of depression and only those mothers having no reported history of depression were included in the sample. This final sample comprised of one hundred and six mothers (N= 106).

These mothers were further assessed for postnatal depression using indigenously developed self-report PNDSS (Afzal & Khalid, 2013) and Social Support Demographic Performa. The researcher read the statements to the females having no education, low level of education or who had difficulty in reading Urdu language. The collected data was analyzed using the correlational analysis on SPSS- 20.

Results

The relationship between social support, its sub categories and postnatal depression was found strongly negative. The five subscales of PNDSS were also negatively correlated with emotional, instrumental and informational support.

Discussion

Researches in sociology, social psychology and psychopathology have constellated a number of factors associated with the onset of postnatal depression in mothers. However; lack of social support is one of those psychosocial factors which are of significant importance. Current study is an effort to establish the importance of emotional, instrumental and informational support in postnatal period in Pakistani context. This research is unique as it used indigenously measures to assess females for the signs and symptoms of postnatal depression and social support. PNDSS

Table 1

Correlation Matrix of Social Support and Postnatal Depression (N=106).

Variables	1	2	3	4	5	6	7	8	9	10
1.PND	-	.91**	.90**	.94**	.95**	.91**	-.38**	-.83**	-.85**	-.86**
2.Psychological Discomfort		-	.81**	.79**	.79**	.78**	-.28**	-.73**	-.79**	-.80**
3.Somatic Component			-	.80**	.81**	.78**	-.29**	-.75**	-.80**	-.78**
4.Negative Feelings.....				-	.96**	.81**	-.45**	-.80**	-.77**	-.83**
5.Relationship with self/baby/ others					-	.85**	-.43**	-.81**	-.79**	-.82**
6.Anhedonia						-	-.31**	-.74**	-.79**	-.74**
7.Social Support							-	.48**	.39**	.45**
8.Instrumental Support								-	.78**	.76**
9.Emotional Support									-	.71**
10.Informational Support										-

**= $p < .01$. Negative Feelings.....= Negative Feelings towards Self, Child and Others

(Afzal & Khalid, 2013) is based on the clinical manifestations of the diagnosed patients of postnatal depression from various regions of Pakistan. In addition, this study explored the relationship of PND with each of the domain of social support, namely; emotional support, instrumental support and informational support. The separate relationship of PND was explored with each of these three categories.

The findings of this study have indicated that females in postnatal period are prone to develop postnatal depression if they lack emotional support, instrumental support, informational support or social support in general. Lack of each of these domains is indicative of postnatal depression. The study supports the findings of earlier researches on the relationship of social support and postnatal depression. In terms of instrumental support, females with less support from partner and parents as associated factor of PND (Campbell, Cohn, Flanagan, Popper, and Meyers, 1992; Cutrona & Troutman, 1986; O'Hara, 1986; O'Hara, Rehm & Campbell, 1983; Stemp, Turner & Noh, 1986; Watson, Elliott, Rugg, & Brough, 1984). Our study also depicted that females with unavailable instrumental support or unreliable sources for help with childcare reported high levels of PND. On the other hand, females with stronger social support from their partners, parents and significant other in postnatal period depicted lower levels of emotional distress (Stapleton, Schetter, Westling, Rini, Glynn & Hobel, et.al, 2012.)

A woman's social network is important for feedback about her competence as a mother (Mercer 1981; Rubin 1984). If this feedback is missing or is constantly negative than she is likely to experience strong mood swings which can later develop into postnatal depression. Despite associating to a large group of support, women can still experience psychological disturbance due to perceived lack of emotional support. They are more likely to experience loneliness and confusion if they don't find a confidant who can validate their condition and motivate them to get better. This confidant could be their husband, immediate family members, friends or anyone out of the romantic relationship (Bost, Cox, Burchinal, & Payne, 2002; Dennis, 2003). The enacted or received support from a partner surrounding pregnancy, specifically the initial postnatal period predicts better postnatal mental health in women (Beck 2001; Dennis & Ross 2006a, 2006b; Dennis & Letourneau, 2007; Rini, Schetter, Hobel, Glynn, & Sandman, 2006). Our findings also supported the previous studies by illustrating a strong negative correlation between emotional support and PND. It was identified that the females reported a helpful and supportive partner as a reliable source to cope with postnatal depression (Letourneau, Linda, Miriam, Kathy, Cindy, Christina et, al, 2007). Moreover, few females among our sample reported the emotional support from their partners as a source of motivation to come out of their distress and ignore the other psychosocial determinants of PND.

Females having poor information surrounding pregnancy and delivery reported high intensity of PND. Most of the females in our sample were lacking informational support and were found having a diffident attitude regarding issues related to pregnancy and postnatal phase. They were assessed as having insufficient knowledge which affected their psychological state in postnatal phase. Findings of current research are quite similar to Nahas, Hillege, & Amasheh (1999) who reported insufficient knowledge as one of the themes in women's experience of postnatal depression. The results of strong negative correlation between informational support and postnatal depression in the current research have reconfirmed the findings of the earlier researches.

Conclusion

Current research has reconfirmed the importance of social support to buffer against postnatal depression in postnatal mothers. It is also identified that social support benefits the mental health and wellbeing of mothers in postnatal period (Cronenwett, 1985; Dennis & Kingston, 2008; Leahy-Warren, & McCarthy, 2007; MacArthur, Winter, & Bick, 2007; Pridham, & Zavoral, 1988). Like previous researches, it is reconfirmed that lack of emotional, instrumental and informational support is linked with high levels of PND among postnatal mothers. Instrumental (i.e., help with household chores, assistance with baby care) and informational (i.e., information about pregnancy, delivery and physical health) support is viewed as most essential to eradicate postnatal depression in mothers. However, having supportive spouse also helps the mothers cope with their PND symptoms and eliminate the chances of PND (Ri-Hua Xie, Guoping, Koszycki, Walker & Shi Wu Wen, 2009). Therefore it is concluded that females in pureperium without adequate social support are at high risk of developing postnatal depression.

Limitations and Suggestions

The emotional support needs of the mothers were assessed focusing only on the intimate partner as the main source of support provider. Support from the intimate partner might be limited due to their inability to understand the adjustments and requirements of motherhood. However; other sources of emotional support including family members and friends could not be assessed. Emotional support should also be explored out of the romantic relationships. The other family members and friends, particularly female friends and relatives with whom the young mothers have trusting associations should also be studied as the sources of support contributors. Three domains of the social support can be explored in detail to develop social support intervention strategies to prevent and manage PND.

Implications

This study has explored well researched phenomena keeping in view the social support and postnatal depression in indigenous context using the indigenously developed and standardized assessment measures. Moreover, this research has identified the significance of emotional, instrumental and psychological support around puerperium and identified the factors that are important enough to be taken care of while providing the support to postnatal females.

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