Relationship between social adjustment and marital satisfaction with postpartum depression

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ABSTRACT

Postpartum depression is the greatest torment of women which have negative consequences on social relations and infant development. Unless the depression is detected timely during the pregnancy period, it could have significant negative effect on mother and child interaction.

The present study examined the association between social adjustment and marital satisfaction with postpartum depression.

Keywords: social adjustment, marital satisfaction and postpartum depression

1. Introduction

Depression is the most prevalent disease of the current century Lavar (2002).Because of the difference in their employed methods and measuring tools, different studies on the prevalence of the disorder in different countries have reported different findings. Mothers who suffer from postpartum depression can experience malfunctioning in terms of social activities, housekeeping tasks and their individual performance (Posmontier 2008, Detichiet .al. 2009).

Considering the fact that mother is the primary focus of the child's social environment in her first year of life, timely detection and treatment of mother depression is of great importance (Stroebe et. al., 1998). Marital problems, stressful events, unemployment, inadequate social support,

unintended pregnancies, feeding child with powder milk and negative attitude toward pregnancy Ghubash&Abou–Saleh, 1997) the mother's Physical health, the relationship with spouse, expecting for son, young age at marriage, lack of access to adequate medical services (Namazi, 1999) and giving birth to a daughter while they want a son (Chandaran et.al., 2002) are among the risk factors regarded for postpartum depression. In a research using the Beck Inventory in Kerman, the prevalence of postpartum depression was reported as 31.1% while the administration of the same questionnaire reported the prevalence of disorder as 6.2% in Canada. The prevalence of disorder was measured by means of Edinburg questionnaire in the following regions: Iran and Turkey (Inandy et. al., 2002), Canada (Robertson et. al., 2001) and Northern Carolina (Evans et. al., 2000). The prevalence of disorder in these areas was reported as follows: 35.1%, 27%, 20% and 35% respectively.

Postpartum period especially the six-week period after the childbirth is the most vulnerable time for women to develop mental disorder (Boley, 1999). In their study, Gotlibet. al. reported a low degree of marital satisfaction and a higher mental stress in women suffering from postpartum depression whereas in Anton et. al. study with a focus on marital adjustment and postpartum depression no significant relationship was observed (Gotlib et. al., 1989).

Katona (1983) in a study using diagnostic criteria (according to diagnostic and statistical manual of mental disorder,4th .ed.) reported the prevalence of 5.3 per cent for major depression in the third trimester of pregnancy and prevalence of 8.1 percent for major depression in the first two months after the delivery. He also points that the depression assessment during pregnancy and the periods after the delivery is associated with normal physiological changes.

Villent(1977) believes that a successful marriage can have psychologically beneficial effect. It can help one to overcome his/her childhood unpleasant experiences. However, marriages differ from one another in terms of quality. And this can in return affect sexual function. Gurinet. al. (1960) reported that 24 per cent of those individuals seeking specialized assistance attribute their problems to poor marital functioning. In order to predict postpartum depression, Katrona (2002) put five sets of psychological-social variables into the multivariable regression formula. The findings turned out to be in line with those of Aharaet. al. (2002). According to the study, the depression during pregnancy was found to be strongly correlated with postpartum depression.

Dolatianet. al. (2006) set out a study whose aim was to determine the relationship between the type of delivery and postpartum depression among the pregnant women attending the ShahidBeheshti health centers in 2005. Their findings revealed that the rate of postpartum depression prevalence was 20.3%. Among the sample 13.6% of women belonged to the natural delivery group and 27.6% belonged to caesarian section group whose scores in postpartum depression Edinburg's questionnaire were greater than 12. These women were vulnerable to postpartum depression.

In a study by Khodadadiet. al. (2008), the relationship between postpartum depression and a number of social-psychological effects of postpartum depression was investigated. The data were collected from the mothers attending *Rasht* health centers. The results of the study revealed that 16 per cent of the sample suffered from postpartum depression. In Kiani'set. al's (2010) study, they focused on 100 pregnant women with gestational age of 37-42 referring to health centers and its two affiliated centers in Astara in 2005. Their findings revealed reverse correlation between marital satisfaction and depression in the last month of pregnancy after the delivery. Marital satisfaction scores in depressed and non-depressed groups showed no significant differences.

Khorramiradet. al. (2010) examined the data received from 300 mothers who had passed 6-12 weeks after their delivery. Prevalence of depression was determined as much as 23.7% by means of Edinburg's Postnatal Depression Scale. In investigation of risk factors between postpartum depression and the following factors a meaningful relationship was observed: Unwanted pregnancy, child deformity, marital dissatisfaction, poor economical status, lack of social support, experiencing a trauma during the previous year, having the record of depression in life, having the record of postpartum depression preceding deliveries and having a record of depression during the last pregnancy. Considering these facts into account,the current study seeks to find answers to the following questions:

Question No 1: Is marital satisfaction variable predictive of postpartum depression?

Question No 2: Is the social adjustment predictive of postpartum depression?

Question No 3: Is depression variable predictive of postpartum depression?

Population statistical samples and sampling

The current study is a descriptive – correlational research. All pregnant women referring to the *Shiraz* gynecologists and obstetricians constitute the population of the study. Using available sampling method and consulting ten medical centers, 100 pregnant women who were in their two to three months of pregnancy were selected as the sample of the study. All pregnant women going to obstetricians and gynecologists in Shiraz constituted the population of the study. By means of available sampling, data were collected from a sample of 100 women in their two or three months of pregnancy who attended ten medical centers. They were asked to fill out the following three questionnaires: social adjustment questionnaire developed by Weissman and Paykel (1974), Enrich Marital Satisfaction Scale (1993) and

Edinburgh Postnatal Depression Scale (1987).

Pickel and Wissmann's Social Adjustment Scale

Social Adjustment Scale has been developed as a scale for the assessment of drug therapy and psychotherapy in depressed patients.Theoretical basis and content terms used in the testing of structured and scaled interview to assess maladjustment was done by Weissmanand paykel (1999). Average reliability of retest was reported as 80%. The alpha coefficient in a study performed in Japan was 73%.

Enrich Marital Satisfaction Questionnaire

This questionnaire has been developed by Elsonet. al. in the US in 1998. The abridged form of this questionnaire consists of 47 questions which surveys about the following 12 subscales: Distorted ideal, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure, sexual relation, children, family and friends, role egalitarianism and religious orientation.

Edinburgh Depression Questionnaire

Edinburgh Depression Questionnaire consists of 10 questions with a four-point scale. It assesses individuals' mental status during the last 7 days. The ten-item questionnaire was developed by Cox in 1987 to diagnose postpartum depression. It is also considered as a developed tool for

screening postpartum depression (Verdouxet.al. 2002). In Montazeriet. al.'s (2007) study, the reliability of the questionnaire was determined as 77% by Cronbach's alpha and 8% by retest method (Montazeri et. al.'s 2007). In Mazhari and Nakhai the questionnaire was reported to be reliable and valid its sensitivity was determined as 95.3% and its specificity was determined as 87.9% (Mazhari&Nakhai, 2007).

2. FINDINGS

Q No 1: Is marital satisfaction variable predictive of postpartum depression?

As Table 1 indicates, the adjusted coefficient of determination has been calculated as 0.635. It means that marital satisfaction has been able to predict 63.5% of changes of postpartum depression variable.

Question No 2: Is the social adjustment predictive of postpartum depression?

In order to test the third hypothesis of the study, simple linear regression was used whose results are given in Table 4.5.

Question No 3: Is depression variable predictive of postpartum depression?

As Table 3 shows the adjusted coefficient of determination has been calculated as 0.404. It means that depression variable has been able to predict 40.4% of changes of postpartum depression variable.

3. CONCLUSION

The results showed that marital satisfaction is postpartum depression. It seems that the observed discrepancy between the results of the different researches carried out in this area is attributable to such cultural and religious differences and also the differing attitudes of the population from whom the data had been gathered. The differences that exist in different lifestyles which itself is the results of different cultural norm can impact on rate of marital satisfaction.The rate of postpartum depression in women who have higher marital satisfaction is lower.

The second research question asked whether or not social adjustment is predictive of postpartum depression. It could be said that social adjustment variable is predictive of postpartum depression

in the sense that for a standard deviation increase in social adjustment, postpartum depression can be reduced to a standard deviation of 0.762.In other words, postpartum depression in those women who possess high level of social adjustment is lower compared to those women who lack this. The reason underlying this fact is that people who have higher social adjustment prefer to be with other people than to be lonely (Karue& Sheer 1996).

The third research question asked whether or not depression is predictive of postpartum depression. According to the findings of the study, depression variable is predictive of postpartum depression in the sense that for a standard deviation increase in the variable depression, postpartum depression can be reduced to a standard deviation of 0.640.

This study revealed a direct and meaningful relationship between depression and postpartum depression. High depression during pregnancy can lead to higher depression in the postpartum period, and vice versa. In order to provide a reason for this phenomenonit can be said that the depression during pregnancy exacerbates at delivery which is considered as the period in which women experience the highest level of depression. The results of this study showed that marital satisfaction, social adjustment and depression are predictive of postpartum depression

Considering the prevalence of postpartum depression and its serious risks on the health of mothers, children and families, special attention to planning, prenatal and postnatal care and screening for mental health disorders is strongly felt especially in high-risk groups.

4. RESULTS AND DISCUSSION

Generally speaking, it can be said that several factors are responsible in development of postpartum depression. These contributing factors in different studies have been of different nature which they may be attributable to cultural and social differences in the various communities. Postpartum depression exerts detrimental effects on both mother and the family. Therefore, by pinpointing the risk factors we are in a better position to identify women vulnerable of postpartum depression. Planning on prenatal and postpartum care and also screening in terms of mental disorders specifically among the vulnerable groups should be carefully observed. The protective and influential roles of families about training and consulting families especially the women's husbands must be emphasized.

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Table 1: Regression model of marital satisfaction and depression

The probability	F Statistics	Adjusted coefficient of determination	The coefficient of determination	T Statistics	Standardized regression coefficient	Predictor variable
0.000	173.266	0.639	0.635	-13.163	-0.799	Marital satisfaction

Table 2: Social adjustment regression model based on postpartum depression

The probability	F Statistics	Adjusted coefficient of determination	The coefficient of determination	T Statistics	Standardized regression coefficient	Predictor variable
0.000	140.033	0.588	0.584	-11.834	-0.767	Social adjustment

Table 3: Depression regression model based on postpartum depression

The probability	F Statistics	Adjusted coefficient of determination	The coefficient of determination	T Statistics	Standardized regression coefficient	Predictor variable
0.000	67.994	0.410	0.404	8.246	0.640	Depression