



Assessment of Relationship between Post-Partum Depression on Mothers and Family Support in Selected Hospitals in Ondo State, Nigeria

*Owolabi, A. G¹. , Aluko, J .O², Elemile, M. G¹. Adewoyin, R. F¹

¹Department of Maternal and Neonatal Health Nursing, Faculty of Nursing Science, University of Medical Science, Ondo, Nigeria.

²Department of Nursing Sciences, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin, Ilorin, Nigeria.

Corresponding Author: Owolabi, A. G

Corresponding Email: aowolabi@unimed.edu.ng

Abstract

In developing countries especially in Nigeria, it has been found out that most mothers are faced with the challenges of taking care of their infants alone without the involvement of informal structural or family support which in turn can lead to anxiety, stress, desperation, conflict and adverse effect on the mother's health. This study therefore investigated the effect of post-partum depression on Mothers and their family support in selected hospitals in Ondo State, Nigeria. The study adopted a cross sectional descriptive design to assess effect of post-partum Depression on Mothers and their family support in selected hospitals in Ondo State . The target populations were mothers that brought their babies for immunization at six weeks at the selected Hospitals. A self- structured questionnaire and beck's inventory tool were used to collect information from mothers. The study employed a convenient sampling technique because mothers that brought their babies for immunization at six weeks in these selected hospitals are at risk of post-partum depression and are accessible to participate in the study. The sample size for this study was one hundred and seventy six mothers (176). Findings revealed that seventy-six percent (75.6%) of the respondents were between the ages of 18-34 years. The study also reveals a significant association between the participants' relationship with their spouses' families and their actual level of depression .Sixty two percent (62.1%) objected that the support they receive from their spouses is not adequately enough. The study concludes that as family support increases and there is adequacy of support there is reduction in the risk of post-partum depression . Family support may enable midwives to move beyond more traditional forms of post-partum care to explore innovative ways of providing and facilitating access to supportive resources to mothers and families. There is a need to follow -up mothers in their environment to enhance proper monitoring education and communication this will help to normalise maternal anxiety, stress and fatigue.

Keywords: *Post-partum Depression (PPD), Family/ Social Support, Mothers, Hospitals*

Introduction

According to Tambag, Turan, Tolun and Can, (2018) post-partum period is a milestone for mothers and their families, a time of mixed

feelings hence, mothers need assistance the most at this period, and they should not be left alone to face the challenges and hurdles in taking care of their infants as puerperium has

the highest risk of mental issues and depression for mothers. Lack of support is known as one of the important factors that increase the risk of post-partum depression. Family support can be described as a whole of the moral and material support including helping in child care and house chores and emotional support provided by families and friends. This will, in turn, enhance the mental health of mothers and decreases anxiety and desperation. It also helps mothers to tolerate the stress of taking care of their infants and provides the feeling of adequacy and strength of motherhood. It also helps mothers to explore new strategies to cope with stress and relax. (Tambag, Turan, Tolun & Can, 2018)

Decreasing levels of social support after pregnancy are a significant risk factor of post-partum depression, particular significance is spouse support, the readiness of loved ones to lean on during the post-partum period, and the woman's relationships with her biological parents (Pope, 2000), but not essentially the size of her social connection. International and national policy documents suggested that support is necessary for maternal and infant well-being and facilitates women's adaptation to motherhood. In previous research, mothers in the post-partum period have reported that help received from their partners and mothers, both with household chores and infant care, to be of great importance to them (Leahy-Warren, McCarthy & Corcoran, 2011). Providing support for mothers in caring for their infants during post-partum period is an important concern for midwives in the community because research has shown that social support can facilitate women's transition to motherhood (Negrón, Martin, Almog, Balbierz & Howell, 2014). A research was conducted in Ireland with first-time mothers exploring the relationship between social support and confidence in infant care practices at 6 weeks post-partum. Findings revealed mothers' receiving positive affirmation with caring for their infant had a significant influence on their confidence. (Glavin & Leahy-Warren, 2013). Mothers revealed that the sources of this type of

support were their partner and family members including visiting midwives. (Adewuya & Abiodun, 2010). Therefore, midwives must facilitate the identification of individual mother's sources of support and continue to provide them with information that is relevant and appropriate hence this study tend to answer the following hypotheses raised:

1. There is no significant association between participants' relationship with their spouses and their levels of depression.
2. There is no significant association between participants' relationship with their families and their levels of depression.
3. There is no significant association between adequacy of supports received from husbands and their levels of depression.
4. There is no significant association between participants' relationship with their spouses' families and their levels of depression.

Methods and Materials

The study adopted a cross-sectional descriptive design to assess the effect of post-partum depression on family support in some selected hospitals in Ondo State. These hospitals exist in the key settlements in Ondo State to deliver health care services to various groups of people within the states and outside and are fairly equipped and staffed with manpower. The target populations were mothers that brought their babies for immunisation at six weeks. The study employed a convenient sampling technique because mothers that brought their babies for immunisation at six weeks in these selected hospitals are at risk of post-partum depression and are accessible to participate in the study. The Sample size for this study was determined using Leslie Kish (1965); therefore, the sample size for this study was 176. A space of eight weeks was used to collect information from the participants. Two weeks was used for each selected hospital. Each facility gives immunisation to babies at six weeks twice in a week as a routine. Participants were given health education at the beginning to get them prepared for the

questionnaires. Informed consent was obtained from each participant, privacy and confidentiality were ensured, and the questionnaires were translated in Yoruba for better understanding. Hypotheses were raised and data was analysed using the Statistical Package for Social Science (SPSS), Descriptive statistics such as frequency counts, percentages were used to provide answers for the research questions while chi-square was used to answer the hypotheses raised.

Ethical Consideration

The Ethical clearance for the conduct of this study was given by the Ondo State Health Research Ethics Committee (OSHREC) in the Ondo State Ministry of Health with the Clearance number OSHREC/09/03/2018/041

Result

Socio-demographic Characteristics of Participants

A total of 176 participants were recruited for the study. Socio-Demographic variables revealed that 75.6% of the respondents were between the ages of 18-34 years, which was the major reproductive age for women, and 75.0% of them were Christians. 73.9% were married, while 54.0% of them have their highest level of education as

college/university. More so, 51.7% of them were self-employed.

Table 2: Hypotheses Testing

Hypothesis 1: There is no significant association between participants' relationship with their spouses and their levels of depression.

The findings of the study reveal that significant association exists between the participants' relationship with their spouses and their actual level of depression. Therefore, the null-hypothesis (H0 1) was rejected. , women who experienced a poor relationship with their respective spouses experienced a higher level of post-partum depression. This implies that the weaker the relationship of women with their spouses, the more severe their level of post-partum depression.

Hypothesis 2: There is no significant association between adequacy of supports received from husbands and their levels of depression. The findings of the study reveal that there was no significant association between the adequacy of supports received from husbands and their actual level of depression. Therefore, the null-hypothesis (H0 2) was not rejected.

Table 1: Socio-Demographic Characteristics of The Post-Partum Women (N = 176)

| Socio-Demographic Characteristics | Frequency | Percentage |
|-----------------------------------|-----------|------------|
| Age group | | |
| 18 -34 years | 133 | 75.6 |
| 35 - 50 years | 43 | 24.4 |
| Religion | | |
| Christianity | 132 | 75.0 |
| Islam | 34 | 19.3 |
| Traditional | 4 | 2.3 |
| Others | 6 | 3.4 |
| Marital status | | |
| Single | 15 | 8.5 |
| Married | 130 | 73.9 |
| Cohabiting | 27 | 15.3 |
| divorced/separated | 1 | 0.6 |
| Widowed | 3 | 1.7 |
| Ethnic group | | |
| Yoruba | 123 | 69.9 |
| Igbo | 13 | 7.4 |
| Hausa | 4 | 2.3 |
| Ebira | 12 | 6.8 |
| Delta | 1 | 0.6 |
| Others | 23 | 13.1 |
| Level of education | | |
| None | 18 | 10.2 |
| Primary | 17 | 9.7 |
| Secondary | 46 | 26.1 |
| College/university | 95 | 54.0 |
| Occupation | | |
| Student | 14 | 8.0 |
| Self-employed | 91 | 51.7 |
| Formal employment | 43 | 24.4 |
| Unemployed | 28 | 15.9 |

Hypothesis 3: There is no significant association between participants’ relationship with their spouses’ families and their levels of depression.

The findings of the study reveal that there was no significant association between the participants’ relationship with spouses’ families and their actual level of depression. Therefore, the null-hypothesis (H0 4) was not rejected .

Hypothesis 4: There is no significant association between participants’ relationship with their families and their levels of depression.

Similarly, Table 4: the findings of the study reveals that a significant association exists between the participants’ relationship with their families and their actual level of depression. Therefore, the null-hypothesis (H0 4) was rejected. Women who experienced a poor relationship with their respective

families experienced a higher level of post-partum depression. This implies that the weaker the relationship of women with their

families, the more severe their level of post-partum depression.

Table 2: There is No Significant Association between Participants' Relationship with their Spouses and their Levels of Depression.

| Relation ship with husband | Minimal depression | Mild depression | Moderate depression | Severe depression | Chi-square | df | p value | Remark | Decision |
|-----------------------------------|---------------------------|------------------------|----------------------------|--------------------------|-------------------|-----------|----------------|---------------|-----------------|
| Poor | 56 (58.9%) | 14 (42.4%) | 19 (70.4%) | 17 (81.0%) | 9.357 | 3 | 0.03 | Significant | Reject H0 |
| Good | 39 (41.1%) | 19 (57.6%) | 8 (29.6%) | 4 (19.0%) | | | | | |

Table 3: There is No Significant Association between Participants' Relationship with their Families and their Levels of Depression.

| Relatio nship with family | Minimal depression | Mild depression | Moderate depression | Severe depression | Chi-square | df | p-value | Remark | Decision |
|----------------------------------|---------------------------|------------------------|----------------------------|--------------------------|-------------------|-----------|----------------|---------------|-----------------|
| Poor | 54 (56.8%) | 12 (36.4%) | 19 (70.4%) | 14 (66.7%) | 8.430 | 3 | 0.04 | Signific ant | Reject H0 |
| Good | 41 (43.2%) | 21 (63.6%) | 8 (29.6%) | 7 (33.3%) | | | | | |

Table 4: There is No Significant Association between Adequacy of Supports Received from Husbands and their Levels of Depression.

| Adequacy of partners' support | Minimal depression | Mild depression | Moderate depression | Severe depression | Chi-square | df | P-value | Remark | Decision |
|--------------------------------------|---------------------------|------------------------|----------------------------|--------------------------|-------------------|-----------|----------------|-----------------|------------------|
| Not adequate enough | 59 (62.1%) | 20 (60.6%) | 17 (63.0%) | 16 (76.2%) | 1.630 | 3 | 0.65 | Not Significant | Do not reject H0 |
| Adequately enough | 36 (37.9%) | 13 (39.4%) | 10 (37.0%) | 5 (23.8) | | | | | |

Table 5: Table 5: There is no Significant Association between Participants’ Relationship with their Spouses’ Families and their Levels of Depression.

| Relation ship with husband's family | Minimal depression | Mild depression | Moderate depression | Severe depression | Chi-square | df | p-value | Remark | Decision |
|-------------------------------------|--------------------|-----------------|---------------------|-------------------|------------|----|---------|-----------------|------------------|
| Poor | 48 (50.5) | 13 (39.4) | 13 (48.1%) | 14 (66.7%) | 3.966 | 3 | 0.28 | Not Significant | Do not reject H0 |
| Good | 47 (49.5%) | 20 (60.6%) | 14 (51.9%) | 7 (33.3%) | | | | | |

Discussion of Findings

The study revealed that more than half of the respondents were between the ages of 18-34 years, which is the major reproductive age for women, Yoruba ethnic group form the major participants of the study with more than half of the participant (69.9%) this is in line with a study reported by Danasabe & Elias (2016), in their study among post-partum women in a clinical setting in the north-central of Nigeria. The result of this study is in line with the global findings that post-partum depression cut across ethnic groups and nations, In general nearly half of the mothers do not have formal education and have just secondary school this might be responsible for the level of awareness of PPD and may, in turn, leave a consequence on the health of the mothers and families.

More so, almost half of the participants are self-employed, and a little percentage are unemployed and was recorded that they find it difficult to meet their basic needs which could be a predictor for post-partum depression. This is also consistent with a study by Duffy, 2013 on employment status and its effect on the post-partum mothers in Libya. He reported that employment status is a strong predictor of post-partum depression.

The findings of the study reveal that a significant association exists between the participants’ relationship with their spouses and their actual level of depression. Therefore, the null-hypothesis (H0 1) was rejected. Mothers who experienced a poor relationship

with their respective spouses experienced a higher level of post-partum depression. This implies that the weaker the relationship of women with their spouses, the more severe their level of post-partum depression. The lack of satisfaction in the marital relationship is a well-documented risk factor for post-partum depression. Authors from Africa, Asia and Europe have stated a significant association with this factor and post-partum depression (Hapgood & Wright, 2013). As far as childbirth is concerned, the marital partner plays a major role. A conflict with the partner is an obvious risk factor for post-partum depression. This correlates with findings by recent studies by Cohen (2010) and Chibanda (2014). There is evidence for a strong relationship between these factors and post-partum depression because of differences in interpersonal relationships between the woman’s mother, her spouse, the new family friends, inadequate emotional and material support from the spouse (O’Hara & Swain 2010). Further to that, this sample comes from a culture predominantly paternal where a woman follows the husband she marries. This implies that she has to drop her biological family to go and settle with a family of creation.

Similarly, the findings of the study reveal that a significant association exists between the participants’ relationship with their families and their actual level of depression. Therefore, the null-hypothesis (H0 2) was rejected. Women who experienced a poor relationship with their respective families experienced a

higher level of post-partum depression. This implies that the weaker the relationship of women with their families, the more severe their level of post-partum depression. This significance may also be compared with what other studies in India have also suggested that poor relationship ones families especially due to one's choice of marriage is predictive of post-partum depression (Pope, 2002). Hollen, (2010) also report the significance of social support and support from ones family as a predicting factor for post-partum depression.

The findings of the study revealed that there was no significant association between the adequacy of supports received from husbands and their actual level of depression. Therefore, the null-hypothesis (H0 3) was not rejected. 62.1% objected that the support they receive from their spouses is not adequately enough ,it is significant because the majority of the spouses are not employed which could be the reason for the high rate .there is a significant association between adequacy of support receive from spouse and level of depression. this corroborates with a study by Cohen 2010 among Uganda women, the relationship between the level of support received from spouse and the level of depression was high because the majority of the participant's spouses are into petty trading and the women are not allowed to fend for themselves.

The findings of the study also revealed that there was no significant association between the participants' relationship with spouses' families and their actual level of depression. Therefore, the null-hypothesis (H0 4) was not rejected. Therefore, a conflict with the partner families is an obvious risk factor for post-partum depression. This has already been objected by Hagood & Wright 2010. in Pakistan.

Conclusion and Recommendations

The findings of this study reinforce the concept of social support as an essential component of the well-being of mothers in the post-partum period.it was identified that

spouses and relatives are major providers of support to mothers. It was concluded from the study that mothers do not receive adequate support needed throughout post-partum period and beyond even from close relatives, and It is sadder that this neglect has led to diverse consequences such as anxiety, stress, separation and divorce, long-standing conflict between the families, child neglect and improper upbringing to mention a few. Family support has a great effect on the well-being of the mothers and should be taken as a global concept . It was recommended that Midwives and health care providers have a leading role to play to educate, follow up of mothers during the post-partum period. Social services should be informed on conflict resolution, child neglect and any form of abuse, also some taboos and culture that affect the corroboration of family support to Mothers should be given attention. In conclusion, Mental Health should be inculcated in the well-being of Mothers to encourage proper assessment of Mothers in the post-partum period and during child-birth,

Conflict of Interest

The Authors hereby state that there was no conflict of interest in the conduct of the study.

Acknowledgement

The authors wish to acknowledge the Management and Staff of the selected hospitals for this study for creating an enabling environment for the conduct of this study.

References

- Adewuya, Y. A (2010) Socio-demographic and obstetric risk factors for post-partum depressive symptoms in Nigerian women. *Journal of Psychiatric Practice*, 11(5): 353- 358.
- Barclay L, Everitt L, Rogan F, Schmied V, Wyllie A (1997) Becoming a mother— an analysis of women's experience of early motherhood. *Journal of Advanced Nursing*. 25(4):719-28.

- Chibanda,. (2014) Group problem-solving therapy for postnatal depression among HIV-positive and HIV negative mothers in Zimbabwe: *Journal of the International Association of Providers of AIDS Care* .335-341.
- Cohen, J. (2010). *Statistical Power Analysis for the Behavioural Sciences*. Revised edition New York: Academic Press.
- Danasabe & Elias (2016).post-partum depression among Hausa ethnic women in Abubakar Tafawa Balewa University Teaching Hospital, North-East Nigeria. *Semantic Scholar*. 154-157
- Emmanuel, Creedy, St John, Gamble, & Brown, (2008). Maternal role and development following childbirth Among Australian women following childbirth. *Journal of Advanced Nursing* 64(1):18-26
- Glavin & Leahy- Warren ,(2013).Postnatal depression is a public health nursing issue:perspectives from Norway and Ireland.*Nursing Research and practice*.2331-133
- Häggman- Laitila, (2003). Families' Experience of Support provided by Resources- Oriented Family Professionals in Finland.<https://doi.org/10.1177/1074840705278488>.
- O'Hara, M . W, Swain, A .M. (2010). Rates and risk of post-partum depression-A meta-analysis. *International Journal of Revised Psychiatry*. 8(6):37-54
- O'Hara (2012). Controlled prospective study of post-partum mood disorders: psychological environmental, and hormonal variables. *Journal of Abnormal Psychology* 100, 63–73.
- Hapgood, C. C. & Wright, J. J. (2013). Maternity blues: phenomena and relationship to later post partum depression. *Australian and New Zealand Journal of Psychiatry*, 22, 299-306.
- Hollen, P. (2010). Parents' perceptions of parenting support systems. *Pediatric Nursing Journal*. 8(5): 309-313.
- O'Hara, M., & Swain, A. (2013). Rates and risk of post-partum depression: meta-analysis. *International of Revised Psychiatry* (8). 37- 54.
- Pope S. (2004). Depressive mood in early pregnancy: prevalence and women at risk in a Swedish national sample. *Journal of Reproductive and Infant Psychology*. 21, 113–123.
- Pope, S., (2000). *Postnatal Depression: A Systematic Review of Published Scientific Literature*. National Health and Medical Research Council, Canberra.
- Leahy-Warren, McCarthy & Corcoran (2011).First-time mothers: social support,maternal parental self-efficacy and postnatal depression .*Blackwell Publishing limited,Journal of Clinical Nursing*.2,6
- Negron, Martin, Almog, Balbierz & Howell (2014).Social support during the post-partum period: Mothers' views on needs expectations, and mobilisation of support .*Maternal and child health journal*.18(4):34-37
- Plews, Bryar, & Closs, (2005) Family Support ;Enhancing informal support in post-partum Mothers. *NewYork Academic Press*,
- Shaw, Levitt, Kaczorowsk, & Wong, (2007)Systematic review of literature on post-partum care: effectiveness of post-partum support to improve maternal parenting, mental health, quality of life and physical health . *University post-partum Research Group*.
- Tambag H., Turan Z, , Tolun S & Can R , (2018.)Perceived social support and depression levels of women in post-partum period in hatay, Turkey. *Nigerian Journal of Clinical Practice*.10.4103/njcp_285_17