Perceived Partner Support During Postpartum Period and its Relationship with Anxiety and Depressive Symptoms Among Postpartum Women

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Abstract:-
Background:Postpartum depression is a highly prevalent disorder and previous research reveals that it is associated with several factors. Many studies highlighted the importance of partner support and its benefits during pregnancy and postpartum period.
Objective: This study aims to identify the perceived partner support among postpartum women and also to identify its relationship with anxiety and depressive symptoms.
Methods: A total of 69 postpartum women who are in their first month of postpartum were included as study participants. Tools used for the study were, a Sociodemographic proforma, Edinburg postnatal depression scale, Perinatal anxiety screening scale and a Partner support scale. Data was analysed using descriptive and inferential statistics. Results: The study revealed that majority (49.27%) of the postpartum women were experiencing mild-moderate level of anxiety. Majority of them (39.13%)had a depression score between 10-12 and 27.53% of them had a score of above 13.It was also found that 34.75% of women felt good and 65.20% of them felt very good support from their partners. There was a significant negative correlation(-.314, p<0.01) between perceived partner support and postpartum depressive symptoms whereas anxiety and perceived partner support did not show any significant correlation. Conclusions: This study highlights the importance of involving husbands or partners routinely in antenatal women's visits and perinatal care

Keywords:- *Perceived Partner Support, Anxiety, Postpartum Depression, Postpartum Women.*

I. INTRODUCTION

The birth of a baby, representing an important transition period in the lives of women, causes various changes and also brings about a great number of psychological problems in their lives. Postpartum depression is a highly prevalent disorder and previous research reveals that it is associated with several factors.Mental health during pregnancy and postpartum is considered as anemerging concern. The consequences of depression during the postpartum period are considerably more deleterious than at another time because a woman faces the added responsibility of caring for her new-born infant. The demands of infant care alone are new and require time for adjustment. For a woman suffering from PPD, the whole experience of motherhood becomes overwhelming.[1,2]Studies found that the following factors were the strongest predictors of postpartum depression: depression during pregnancy, anxiety during pregnancy, experiencing stressful life events during pregnancy or the early puerperium, low levels of social support and having a previous history of depression.[3,4,5,6]The long term consequences of postnatal depression suggest the need for appropriate intervention toprevent depression Early identification and interventions of postpartum depression are critical for many reasons. Maternal depression has been found to increase the risk for preschool and school age children developing behaviour problems and for negatively impacting a child's cognitive and emotional development.[7]One recent United Kingdom (UK) survey of 3,000 mothers and 2,000 grandmothers suggests that today, 70% of new mothers turn to their partners for emotional support, compared. with only 47% in the 1960s. Cox et al found perceived support by the baby's father in a sample of young and highly disadvantaged mothers strongly correlated with lower rates of depression.[8] another Italian study which explored the role of expectations of partner support in postpartum depressive symptoms in new mothers revealed that as many as 55.7% (n=39) of new mothers presented postpartum depressive symptoms, which were predicted by low expectancy confirmation concerning partner support [odds ratio (OR) 3.02; 95% confidence interval (CI) 1.25–8.10].[9]Among these factors, the importance of partner relationship is especially highlighted and the variables that may affect this relationship negatively are one of the most important risk factors. Itwas alsofound that partner support has an effect on women experiencing PPD that is measurable and statistically significant. The results indicate that women experience a more rapid recovery and are also more appreciative of their partner's contribution to the relationship when the partner is supportive.[10]So the present study aims to assess perceived partner support among postpartum women and also to identify its relationship with anxiety and depressive symptomsamong postpartum women.

> *Objectives of the study*
1. To identify perceived partner support, postpartum depressive symptoms and anxiety among postpartum women in selected hospital, Bangalore
2. To find the relationship between perceived partner support and postpartum depressive symptoms among postpartum women in selected hospital, Bangalore
3. To find the relationship between perceived partner support with the level of anxiety among postpartum women in selected hospital, Bangalore.

> *Variables:1*
1. **Study Variables:**The variables under study were perceived partner support, postpartum depressive symptoms and anxiety among postpartum women in selected hospital, Bangalore
2. **Sociodemographic and clinical variables:** it includes age, education, occupation, type of family, income, gravida, para, type of delivery, mode of delivery and history of depression.

II.   MATERIALS AND METHODS

Participants

The researcher 's aim was to determine the relationship between perceived partner support with depressive symptoms and anxiety among postpartum period, so a descriptive correlational design was found to be appropriate. The target population was the postpartum women at their first month after delivery and attending the well-baby clinic. The accessible population was postpartum women attending the well-baby clinic of Koshy's hospital, Bangalore. The sample was obtained from those women who attended the well-baby clinic of Koshy's hospital, Bangalore. A total of 80 women who met the eligibility criteria were recruited for the study. All women who were married and living with husband and in the first month of postpartum were included. Out of 80 women 69 completed the questionnaire. An informed consent was obtained from the participants prior to data collection.

> *Measures*

The following tools were used to measure the variables.

Part- 1: A tool to assess the sociodemographic and clinical variables
Part- 2: It includes the following tools to measure the main study variables

1. **Edinburg postnatal depression scale(EPDS)** was used to measure postnatal depression among women. It is a standardized scale to measure depression during pregnancy and postpartum. It consists of 10 statements each with 4 possible responses. The mother identifies the response that is closest to her feeling during the past week. The maximum score is 30. If the mother score 13 or above are likely to be suffering from postpartum depressive illness.
2. **Perinatal anxiety screening scale**(PASS) was used to measure the anxiety among pregnant women. The PASS is a valid and reliable 31-item self-report instrument.

Each item has got 4 options. A cut-off score of 26 is recommended to differentiate between high and low risk for presenting with an anxiety disorder.

3. **Perceived partner support scale**was used to measure partner support. This scale was prepared by the investigator by identifying the 4 aspects of support such as instrumental support, informational support, emotional support and general support based on literature review. It is a 4-point scale including all 4 sections of support such as instrumental support, information support, emotional support and general support. Total number of 15 questions were included, and the total score was 60.Validity of the tool was ascertained with 7 experts from the field of nursing and statistics. Test-retest reliability was done and it was found reliable.

III.   DATA ANALYSIS

The description of socio-demographic and clinical variables was done using frequency and percentage distribution. Mean, standard deviation and spearman rho correlation coefficient was calculated to describe the major study variables and the relationship between the variables.

IV.   RESULTS

Table:1Distribution of demographic characteristics
N=69

Characteristics	Frequency	Percentage%
Age		
<30	42	60.9%
30 yrs and above	27	39.1%
Education		
Upto higher high school	10	14.5%
Higher secondary	13	18.8%
Graduation /diploma	31	44.9%
Postgraduation and above	15	21.7%
Occupation		
Housewife	55	79.7%
Working	14	20.3%
Family		
Nuclear	59	85.5%
Joint family	9	13%
Extended family	1	1.4%
Annual Income		
Upto 1 lakh	12	17.4%
1-4 lakhs	29	42%
5-8 lakhs	26	37.7%
>9 Lakhs	2	2.9%
Type of delivery		
Full term	57	82.6%
Preterm	12	17.4%
Mode of delivery		
Normal delivery	33	47.8%
Caesarean delivery	30	43.5%
Forceps/vacuum	6	8.7%

| Any history of depression		
Yes	4	5.8%
No	65	94.2%

Descriptive and inferential statistics were done to analyse the data. Table 1 depicts the distribution of sample based on their demographic characteristics. Among the sample majority42(60.9%) of them were less than 30 years of age. It was found that the majority31(44.9%) of them had upto graduate level of education and 10 (14.5%) of them had only upto high school education. Majority 55 (79.7%) of the antenatal mothers were housewives and only 14(20.3%) were working. Most of the mothers 59 (85.5%) were belonging to nuclear family. There were 29 (42%) of them with income between 2-4 lakhs and 26 (37.6%) with an income of 4-8 lakhs per annum. Majority 57 (82.6%) of them had full term delivery and also 33 (47.8%) of them underwent normal delivery and 30 (43.5%) of them underwent caesareansection. Majority of them 65 (94.2%) did not had any history of depression whereas 4 (5.8%) had previous history of depression.

**Figure :1 distribution of subjects based on their perinatal anxiety scores**
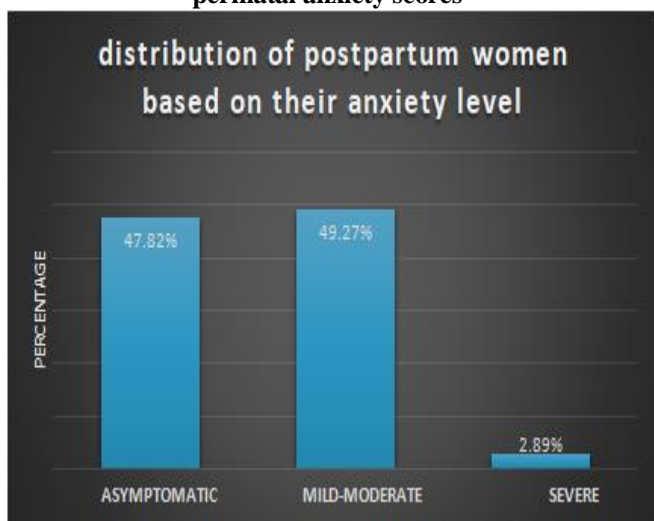
The above figure depicts the distribution of postnatal women based on their perinatal anxiety scores. It reveals that 47.82% of them were asymptomatic, 49.27% were having mild-moderate symptoms and only 2.89% of them were having severe anxiety symptoms.

Figure 2: distribution of subjects based on their EPDS scores
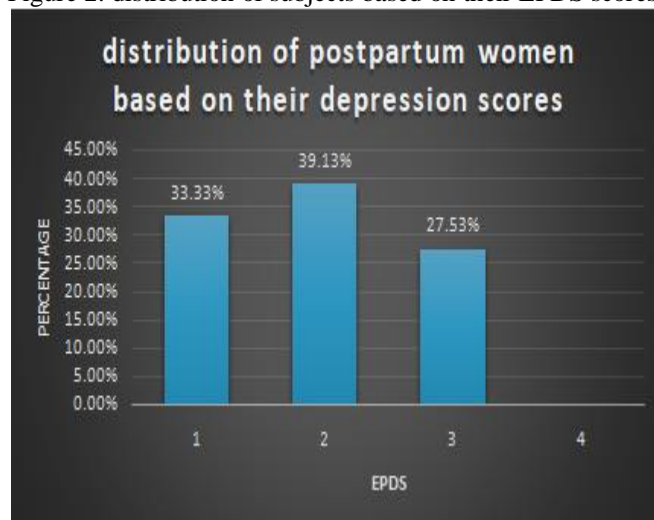
The above figure reveals that 33.3% of the postnatal mothers were having EPDS score below 10 and 39.13% having a score between 10-12. There were 27.53% of them having the EPDS score above 13.

Figure 3: Distribution of postnatal mothers based on their perceived partner support
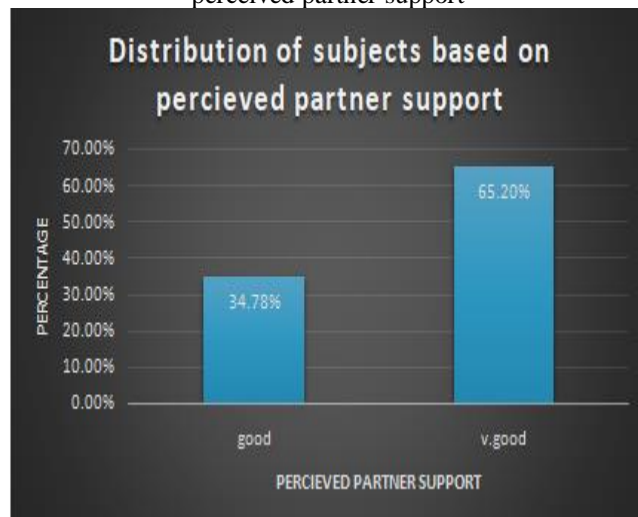
The figure reveals that postnatal women's perception regarding the support received from their partners were either good (34.75%) or very good (65.20%).

Table 2: Mean scores of depression and anxiety among the antenatal mothers
N=69

Variable	Mean	Mean %	Sd
Perinatal anxiety	23.16	24.9%	11.659
Depression	11.86	38,6%	2.191

The table reveals the perinatal depression and anxiety scores of antenatal women. The mean level of anxiety score was 23.16 (24.9%) which indicates that mild to moderate level of anxiety symptoms were present among the antenatal women. The mean scores of depressions were 11.86 (38.6%).

Table 3: Mean cores of aspects wise and overall perceived partner support
N=69

Category	Mean	Mean %	Sd
Instrumental support	12.68	79.2%	1.676
Informational support	12.62	78.8%	1.949
Emotional support	12.19	76.1%	2.137
General support	9.57	79.7%	1.736
Overall support	46.99	78.3%	6.328

The table shows the mean level of partner support as perceived by antenatal women. Women perceived a moderately adequate level of partner support in all areas of support.

Table: 4:Correlation between partner support and Depressive symptoms during antenatal period
N=69

AREAS OF SUPPORT	EPDS	
	Correlation coefficient	P value
Instrumental support	-.196	.107
Informational support	-.253*	.036
Emotional support	-.232	.055
General support	-.314**	.009
Overall support	-.317**	.008

The relationship between perceived partner support and depressive symptoms during antenatal period is given in table 2. The categories of partner support assessed were instrumental support, informational support, emotional support and general support. When the correlation coefficient was computed it was found that there is a negative significant correlation -.253 ($p<0.05$) between EPDS scores of antenatal women and the information support received by mothers. This means that as the as the perception of mothers regarding the information support received increases there was a significant reduction EPDS scores. Perception of general support and depressive symptoms also had a negative correlation. (-.314, $p<0.01$). the perception of overall support received by antenatal women was also showing a significant negative correlation(-0.317, $p<0.01$). it means that as perceived partner support increases there is decreases in the occurrence of depressive symptom.

Table 5: Correlation between anxiety and depressive symptoms among antenatal women
N=69

SUPPORT	PASS	
	Correlation coefficient	P value
Information support	-.202	.123
Instrumental support	-.187	.097
Emotional support	-.085	.489
General support	-.129	.290
Overall upport	-.154	.207

When the anxiety level of antenatal women was correlated with the perceived partner support it was found that all categories of partner support was negatively correlated with perinatal anxiety level. But there was no significant correlation identified.

V. DISCUSSION

The present study reveals that women experiences either good or very good support from their partners. The study also revealed that mild to moderate level of anxiety symptoms were present among 49.5% of women. The postpartum depressive symptoms were measured using EPDS scale and in 27.53% of women were having a score above the cut-off score of 13.This study also reveals that postpartum depressive symptoms have significant negative correlation with perceived partner support. This means that as there is increase in the perceived partner support there is trend of reduction in depressive symptoms. This result is in par with result of previous studies wherein it is proved that women's perception of her partners support helps to increase her sense of wellbeing as a women, wife and mother.[7,9,11] Partner support has an effect on the women's experience of PPD. The result of the study may have some clinical implications. To reduce the risk of maternal depressive symptoms during postpartum periodone should aim to enhance partner support. Health care professionals can take measures to improve partners involvement and support during pregnancy, labour and postpartum period. Once the women perceive a positive supportive behaviour from their spouse the level of depression seems to decrease overtime. So, partner support is an ideal target for prevention efforts as it is a protective factor for both perinatal depression and anxiety and is modifiable. Future research should focus on developing interventions that provide more opportunities for the active involvement of both partners. It is very important that husbands or partners should be routinely included in antenatal women's visits and perinatal care.

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