

# “A STUDY TO ASSESS THE DOMESTIC DECISION MAKING POWER, SOCIAL SUPPORT AND POSTPARTUM DEPRESSION SYMPTOMS AMONG POSTNATAL MOTHERS IN SELECTED URBAN AREAS OF MYSURU”.

Yuvaraj P R, MSc nursing student, JSS COLLEGE OF NURSING MYSURU

Mrs. Saraswathi KN, Guide, Assistant Professor, JSS COLLEGE OF NURSING MYSURU

Prof .Sheela Williams, Principal, JSS COLLEGE OF NURSING MYSURU

## ABSTRACT:

Pregnancy and child birth can be a very rewarding and exciting time, but it can also be a period of severe emotional stress as seen in the estimated 10-25% of women suffering from postpartum depression. The aim of the study was to assess the domestic decision making power, social support and postpartum depression symptoms among postnatal mothers. A descriptive correlational research design was adopted for the study. The samples were selected by purposive sampling. 60 postnatal mothers were selected. The tools used for the data collection were proforma for selected personal variables, domestic decision making power, modified multidimensional scale of perceived social support and modified Edinburgh postnatal depression scale. Results: Findings of the study revealed that there is a significant correlation between domestic decision making power and social support among postnatal mothers and calculated 'r' value,  $r=0.98$ . There is a significant correlation between domestic decision making power and postpartum depression symptoms among postnatal mothers and calculated 'r' value,  $r=0.52$ . There is a significant correlation between social support and postpartum depression symptoms among postnatal mothers and calculated 'r' value,  $r=0.51$ . There is an association between level of domestic decision making power with variables like religion and educational status among postnatal mothers. There is significant association between level of social support with variables like age, occupation, type of family, duration of marital life, mode of delivery, parity and number of children among postnatal mothers. There is a significant association between level of postpartum depression symptoms with variables like age, educational status, occupation, and family income among postnatal mothers.

Keywords: Postnatal Mothers, Postpartum Depression, Domestic Decision Making and Social Support.

## Introduction:

Every person is meant to be born in a family and called upon to build a new family. Only by accepting family life and its responsibilities seriously a person can learn to reach out to others in love, respect and with a sense of service mentality. The joys and worries of planning, conceiving and bringing up children and social tasks and duties of family compel the couple to forget the self and become more involved with others. Family is the first environment which helps a person to relate oneself to others with natural love and cooperation .<sup>1</sup>

Women are emphasized for role of childrearing .<sup>2</sup> The postpartum period is significant for the mother, baby and family for two important reasons. First, it is a time of physiological adjustment for both mother and baby. Second, it is a period of important social and emotional adjustment for all players. The transition to motherhood is a major developmental life event. Becoming a mother involves moving from a known, current reality to an unknown, new reality .<sup>3</sup>

The birth of a baby represents a profound and permanent life change for the parents and other family members. After nine months of pregnancy and the stresses of labor and birth, a family is born or enlarged. For new parents the challenges are numerous – recovery from birth, total responsibility for a tiny dependent new born, sleeplessness, emotional adjustment, mastery of infant feeding and care; understanding of and adjustment to the unique personality of their baby and household organization .<sup>4</sup>

Motherhood is essential to society's survival. Motherhood has been painted as a sacred and powerful spiritual path. There is no recognition of what a mother is, unless one has personal experience of a real mother'. Without mother one would not exist. Mothers only have the unique privilege of nurturing the fetus for nine months, of nursing the child for much longer, of doing the work that consists of thousand details both practical and spiritual that children require, and the work of raising adolescents and later, often of looking after their children in turn.<sup>5</sup>

## OBJECTIVES

1. To assess the domestic decision making power, social support and postpartum depression symptoms among postnatal mothers.
2. To find the relationship of domestic decision making power, social support and postpartum depression symptoms among postnatal mothers.

3. To find the association of domestic decision making power, social support, postpartum depression and their selected personal variables.

### **HYPOTHESES:**

H 1a: There will be significant relationship between Domestic decision making power and social support among postnatal mothers.

H 1b: There will be significant relationship between Domestic decision making power and social support among postnatal mothers.

H 1c: There will be significant relationship between social support and postpartum depression symptoms among postnatal mothers.

H 2 : There will be significant association of domestic decision making power, social support and postpartum depression symptoms among postnatal mothers with their selected personal variables.

### **DATA COLLECTION PROCEDURE**

Ethical clearance was obtained from the Institution. Formal administrative permission to conduct the study at Seth Mohandas Tulsidas Maternity Hospital . To obtain a free and true response, the samples were explained about the purpose and usefulness of the study. Assurance about confidentiality of their response was also provided. An informed consent was obtained from the samples indicating their willingness to participate in the study. Samples were selected by purposive sampling technique and collected data as per the criteria. 8 samples were selected per day. Data was collected by administering domestic decision making power scale, Modified Multidimensional scale of perceived social support and modified Edinburgh postnatal depression scale for 60 postnatal mothers. The samples took approximately 20 minutes to complete questionnaire. The data collection process was terminated after thanking samples for their participation and co-operation.

### **DATA COLLECTION TOOL**

#### **Section 1: Proforma for personal variables.**

It includes Age (in years), Religion, Educational status, occupation, marital status, type of family, duration of marital life (in years), Family monthly income (in Rupees), mode of delivery, parity, number of children and previous history of any miscarriage.

## Section 2: Scale to assess domestic decision making power

Rating scale was developed as per the guidance of research experts which is 5 point rating scale consisted of 20 items and each item have 5 alternative responses, strongly disagree (SD), Disagree (D), Neutral (NEU), Agree (A), Strongly Agree (SA) and scored as 1-5 respectively. All items are scored positively, maximum score is 100 and minimum score is 20.

The total score ranged from 100-20. The scores were further divided arbitrary as follows:

Low domestic making power (less than 50)

High domestic making power (50-100)

## Section 3: Modified Multidimensional scale of perceived social support

Modified Multidimensional scale of perceived social support which is a 5 point scale consisted of 15 items and each item contains 5 alternative responses. They are Strongly Disagree (SD), Disagree (D), Neutral (NEU), Agree (A), and Strongly Agree (SA) and are scored as 1- 5. All items are scored positively, maximum score is 75 and minimum score is 15.

The total score ranged from 15-75. The scores were further divided arbitrary as follows:

High social support ( $\geq 37$ )

Low social support ( $< 37$ )

## Section 4: Modified Edinburgh postnatal depression scale

Modified Edinburgh postnatal depression scale is a self-report scale containing 10 items with four possible responses for each question from 0 to 3 points. Scoring the scale requires adding all responses to calculate a possible score of 0-30.

The cut-off score is less than 10 indicate no depression and greater than 10 indicates possible depression.

## RESULTS:

### Section 1

## Frequency and percentage distribution of postnatal mothers according to their selected personal variables

n = 60

Personal Variables	Frequency	Percentage
<b>1. Age in years</b>		
1.1 18-21	23	38.3
1.2 22-25	24	40
1.3 26 -29	9	15
1.4 30 and Above	4	6.7
<b>2. Religion</b>		
2.1 Hindu	47	78.3
2.2 Muslim	13	21.7
2.3 Christian	0	0
2.4 others	0	0
<b>3. Educational status</b>		
3.1 Primary education	12	20
3.2 Secondary education	26	43.3
3.3 PUC and above	22	36.7
<b>4. Occupation</b>		
4.1 Homemaker	55	91.7
4.2 Coolie	2	3.3
4.3 Private employee	2	3.3
4.4 Government employee	1	1.7

---

<b>5. Type of family</b>		
5.1 Joint	25	41.7
5.2 Nuclear	27	45
5.3 Extended	8	13.3
<b>6. Duration of marital life (in years)</b>		
6.1 Upto 3 years	38	63.3
6.2 4-6	11	18.3
6.3 7-9	6	10
6.4 10 years and above	4	6.7
<b>7. Family income(in Rs)</b>		
7.1 Below 5000	25	41.7
7.2 5000-10000	26	43.3
7.3 10,001-20,000	6	10
7.4 20,001 and above	3	5
<b>8. Mode of delivery</b>		
8.1 Normal	41	68.3
8.2 Caesarean	19	31.7
<b>9. Parity</b>		
9.1 Primipara	34	56.7
9.2 Multipara	26	43.3
<b>10. Number of children</b>		
10.1 1	35	58.3
10.2 2	23	38.3
10.3 3 and above	2	3.3
<b>11. Previous history of any miscarriage</b>		
11.1 Yes	7	11.7
11.2 No	53	88.3

---

## SECTION II

Domestic decision making power, social support and postpartum depression among postnatal mothers.

**Table 2****Frequency and percentage distribution of domestic decision making power among postnatal mothers****n=60**

<b>Domestic decision making power</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Low (less than 50)	49	81.6
High (50-100)	11	18.4

**Table 3****Mean, median, range and standard deviation of domestic decision making power among postnatal mothers****n=60**

<b>Group</b>	<b>Mean</b>	<b>Median</b>	<b>Range</b>	<b>Standard deviation</b>
Postnatal mothers	40.01	43	22-65	±11.58

**Table 4****Frequency and percentage distribution of social support among postnatal mothers****n=60**

<b>Social support</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Low social support ( $\leq 37$ )	37	61.6
High social support ( $> 37$ )	23	38.4

**Table 5****Mean, median, range and standard deviation of social support among postnatal mothers****n=60**

<b>Group</b>	<b>Mean</b>	<b>Median</b>	<b>Range</b>	<b>Standard deviation</b>
Postnatal mothers	42.36	45	24-66	±11.40

Table 6

Frequency and percentage distribution of postpartum depression symptom among postnatal mothers

n=60		
Post Partum Depression	Frequency	Percentage (%)
No depression (<10)	4	6.6
Depression (>10)	56	93.4

Table 7

Mean, median, range and standard deviation of postpartum depression symptoms among postnatal mothers

n=60				
Group	Mean	Median	Range	Standard deviation
Postnatal mothers	27.41	29	9-30	±5.29

Table 8

Correlation coefficient of domestic decision making power and social support among postnatal mothers

n=60		
Variables	Mean Score	Correlation Coefficient 'r'
Domestic decision making power	40.01	0.98*
social support	42.36	
r(58) = 0.24 * Significant p < 0.05		

Table 9



**Correlation coefficient of domestic decision making power and postpartum depression symptoms among postnatal mothers**

n=60

Variables	Mean Score	Correlation Coefficient ‘r’
Domestic decision making power	40.01	0.52*
Postnatal depression	27.41	
r <sub>(58)</sub> = 0.24 * Significant p < 0.05		

Table 10

**Correlation coefficient of social support and postpartum depression symptoms among postnatal mothers**

n=60

Variables	Mean Score	Correlation Coefficient 'r'
Social support	42.36	0.51*
Postnatal depression	27.41	
r <sub>(58)</sub> = 0.24 * Significant p < 0.05		

**Association of level of domestic decision making power, social support and postnatal depression with their selected personal variables**

There is significant association of level of domestic decision making power with variables like religion and educational status among postnatal mothers. It was found that age in years, occupation, type of family, duration of marital life, family income, mode of delivery, parity, number of children and previous history of any miscarriage has no significant association with level of domestic decision making power among postnatal mothers. Hence null hypothesis Ho2a is partially accepted.

There is significant association of level of social support with variables like age, occupation, type of family, duration of marital life, mode of delivery, parity, and number of children among postnatal mothers. It was found that religion, educational status, family income and previous history of any miscarriage has no

significant association with level of social support among postnatal mothers. Hence null hypothesis  $H_{02b}$  is partially accepted.

There is a significant association of level of postpartum depression symptoms with variables like age, educational status, occupation, and family income among postnatal mothers. It was found that religion, type of family, duration of marital life, mode of delivery, parity, number of children and previous history of any miscarriage has no significant association with level of postpartum depression symptoms among postnatal mothers. Hence null hypothesis  $H_{02c}$  is partially accepted.

### LIMITATIONS

- The sample size was very small, which limits the generalization of study findings.
- The study adopted purposive sampling, hence the generalization of findings are also limited.
- The study is limited to postnatal mothers in urban area.

### RECOMMENDATIONS

- The same study can be conducted using a true experimental approach.
- The same study can be replicated in community setting.
- A study can be conducted to compare the domestic decision making power, social support and postpartum depression symptoms among postnatal mothers of rural and urban area.
- A study can be conducted to compare the effectiveness of different therapies to manage postnatal depression.
- A longitudinal study can be conducted to determine the long term effectiveness of Yoga on postnatal depression.
- A large scale study can be conducted to generalize the findings.

### CONCLUSION

The analysis of findings indicated that majority 56 (93.4%) of mothers had postpartum depression symptoms. There is a significant correlation between domestic decision making power and social support

among postnatal mothers. There is a significant correlation between domestic decision making power and postpartum depression symptoms among postnatal mothers.

The study concludes that there was significant correlation between domestic decision making power, social support and postpartum depression symptoms among postnatal mothers.

There is significant association of level of domestic decision making power with variables like religion and educational status among postnatal mothers. There is significant association of level of social support with variables like age, occupation, type of family, duration of marital life, mode of delivery, parity, and number of children among postnatal mothers. There is a significant association of level of postpartum depression symptoms with variables like age, educational status, occupation, and family income among postnatal mothers.

## BIBLIOGRAPHY

01. Ruchismta. Essay on the concept of motherhood, parenthood and fatherhood. [homepage on the Internet]. 2011 [cited 2013 Jan 4]. Available from: <http://www.preservearticles.com>
02. Singh, Maina. Motherhood and Maternity New Dictionary of the History of Ideas | 2005 | The Gale Group, Inc. (Hide copyright information) Copyright. [homepage on the Internet]. 2005 [cited 2013 Jan 9]. Available from: <http://www.encyclopedia.com/doc/1G2-3424300505.html>
03. Najman JM, Andersen MJ, Bor W. Social Psychiatry and Psychiatric Epidemiology, (2000) 35 (1): 19-27. Postnatal Depression - Myth and Reality: Maternal Depression Before and After the Birth of a Child. [serial on the Internet]. 2000 [cited 2013 Jan 4]. Available from: <http://espace.library.uq.edu.au/eserv.php?pid=UQ:8737&dsID=jn..>
04. Ayfer Tezel, Nurses / midwiferies responsibilities in the assessment of postpartum depression. Journal of Yeni symposium 2005; 49-52.
05. Phyllissszelkowitz, Tamara H.Milet. The course of postpartum psychiatric disorders in Women and their Partners. JNMD 2001; 189(9):575-58.
06. Postpartum period in mothers Wikipedia, the free encyclopedia. [homepage on the Internet]. 2012 [cited 2013 Jan 9]. Available from: <http://en.wikipedia.org/wiki/Postnatal>
07. Harding JJ, Postpartum psychiatric disorders. A review, compr. Psychiatry 1989 Jan –Feb; 30 (1):109-12.

08. Shubhangini Parker, Smita a Pandit & Shah LQ, *Text book of post graduate psychiatry. Vol.1 (19): 369-375.* 5th ed. 2011.
09. Webster ML, Thompson JM, Mitchell EA, WerryJs. Postnatal depression in a community cohort, *Aust N Z J psychiatry* 1994 March; 28 (1):42 – 9.
10. Nusbaum MR, Gamble G, Skinner B, Heiman J. The high prevalence of sexual concerns among women seeking routine gynecological care. *J Fam Pract*2000; 49(3):229-32.

