

## ATTITUDE ON POSTPARTUM DEPRESSION AMONG WOMEN

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### **ABSTRACT**

*Early adulthood extends from age eighteen to approximately age forty, when the physical and psychological changes which accompany the beginning of the loss of reproductive capacity appear." Postpartum depression (PPD) is a major form of depression and is less common than postpartum blues. PPD includes all the symptoms of depression but occurs only following childbirth." stated by William Beardsley. A woman often experiences dramatic physical and psychological changes during the postpartum period that impact health, for some women the postpartum depression is a time of great difficulty and emotional distress. An emotional disturbance, often depression, may significantly reduce the pleasure a woman experiences in mothering; it may interfere with the development of a positive mother-child relationship. Such emotional disturbances may be longstanding in the individual, or they may develop suddenly after delivery. The purpose of the study is to find out the attitude of early adult women on postpartum depression and know about the extent to which women are aware about postpartum*

*depression. Accordingly, a group of 100 early adult women (21-40) were selected for the study. The results of the respondents will be discussed.*

**Key words-** *Attitude, Postpartum Depression, Women.*

Parenthood is one of the most important roles in the lives of most young adult women. Those who were married during the later years of adolescence concentrate on the role of parenthood during their twenties and early thirties; some become grandparents before early adulthood ends.

Postpartum depression is a mood disorder that can affect women after childbirth. Mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others.

Postpartum depression is an important social and health problem for women and their families (Boyce & Stubbs, 1994; Cox, 1986; O'Hara, 1994, 1995). Depression tears at the fabric of a woman's self-esteem, a marital relationship and her relationship with her children (Weissman & Paykel, 1974). It can be particularly devastating at the time when a woman and her family expect job and happiness to be the rule of the day, not sadness and depression. Postpartum depression has any consequences. First among them is a personal suffering of women. In addition, there is growing evidence that the mother-child relationship and the child's social and cognitive development may suffer because of marital depression.

Women, and especially women of child bearing age, are at high risk for depression (Kessler et al., 1984). For example, the six-month period prevalence of depression among women ages 25-44 is approximately 10% (Myers et al., 1984). Many more women who do not meet criteria for syndromal depression (e.g., criteria according to DSM-IV; American Psychiatric Association 1994) experiencing significant social morbidity associated with high levels of depressive symptoms (Johnson, Weissman, & Klerman, 1992; Wells et al., 1989). Unfortunately, the vast majority of these women receive no care from specialist for their depression (Regier et al., 1993).

The mildest and most common form of postpartum depression is known as the baby blues and occurs in 40 to 85 percent of deliveries. Symptoms arise spontaneously during the first 10 days after childbirth, and tend to peak around three to five days. Although symptoms are distressing, they typically subside within 24 to 72 hours. Common symptoms include anxiety, depression, irritability, confusion, crying spells, sleep and appetite disturbances, and lack of feeling for the baby. Postpartum depression can occur any time within the first year after childbirth—usually within four weeks after delivery but sometimes several months later. Symptoms must be present for at least two weeks and must affect the mother's ability to function. Many patients suffer from symptoms six months after onset and, when untreated, up to 25 percent of patients are depressed one year later.

With this background, present investigation focuses on the attitude of young adult women towards postpartum depression.

### Objectives:

The specific objectives of the present investigation are as follows:

- To find out the attitude of early adult women on postpartum depression.
- To study the extent to which women are aware about postpartum depression.

## METHOD

### Sample:

The target group for the field study was chosen by purposive sampling method. The sample size involved 100 individuals. Both primary and secondary sources of data were used, which involves direct field study with respondents. The primary data will give first-hand information from the people who have experienced the process. Also, information from books, magazines, internet articles and journals are used for the study.

### Tools:

For the field study the questionnaire method of data collection was employed. Since the present research is a survey research, the questionnaire was self-constructed by the researcher.

### Research Design:

Ex-post facto design was used for Percentage analysis of the scores.

### Statistical Analysis:

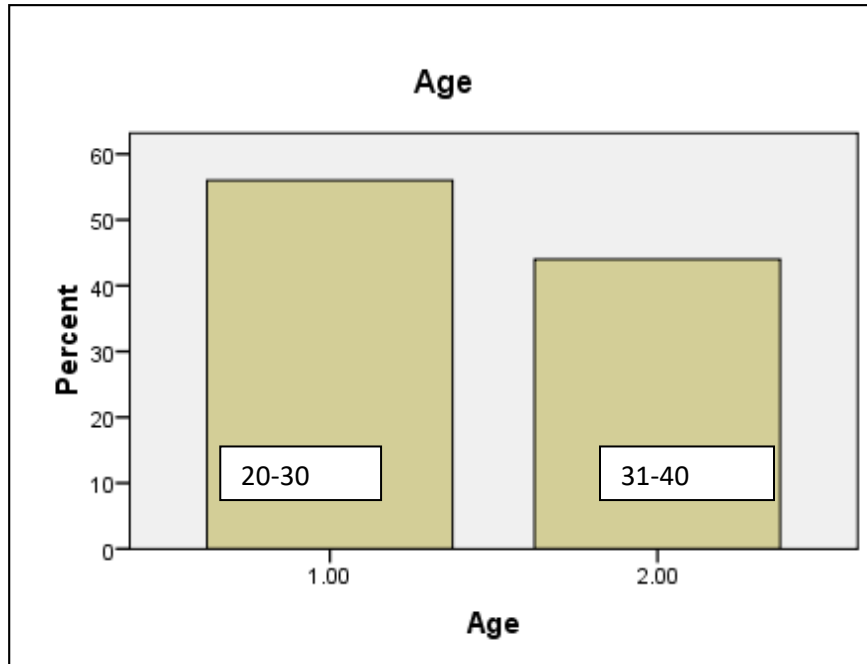
The analysis of data is done statistically employing the SPSS (Statistical package for social sciences) software package (windows version 13.0) and using the bar diagram and pie chart.

## RESULTS AND DISCUSSION

**Table 1-Distribution of Respondents by age**

S.No	Age in Years	No.of Respondents	Percentage
1.	20-30	56	56
2.	31-40	44	44
3.	Total	100	100

**Figure 1-Distribution of Respondents by age**

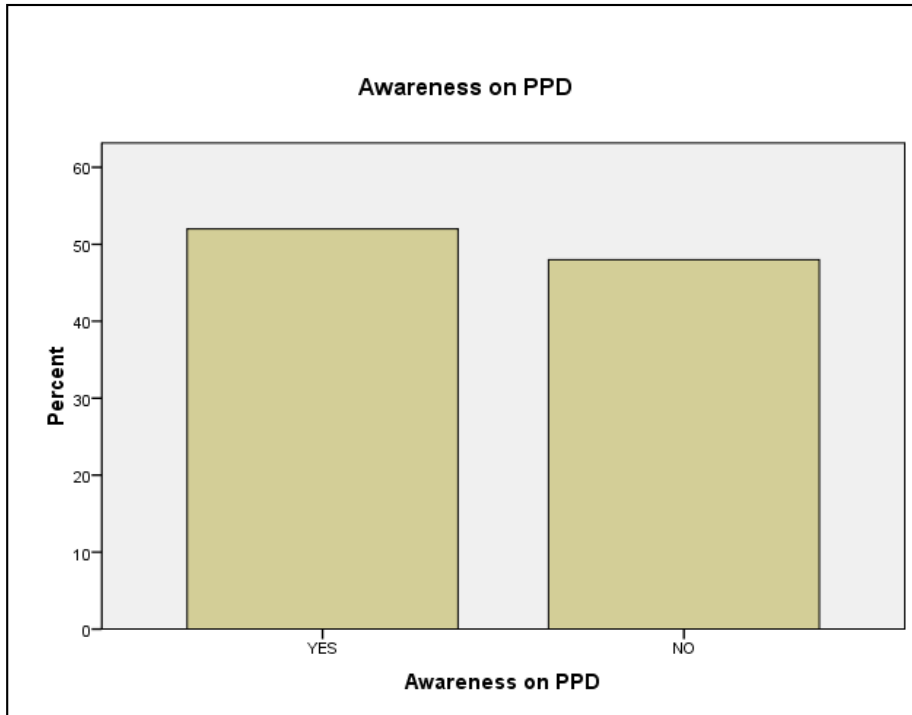


The above Table 1 shows that, of the 100 responses surveyed, 56% (56) of the responses fall under the age group of 20 – 30 years, while 44% (44) of the respondents fall under the age group 31 – 40 years.

**Table 2-Distribution of Respondents based on the awareness of Postpartum depression**

S. No.	Based on the awareness of DSH	No. of respondents	Percentage
1.	Yes	52	52
2.	No	48	48
3.	Total	100	100

**Figure 3- Distribution of Respondents based on the awareness of postpartum depression.**



The above table 3 shows that, of the 100 responses surveyed, 52% (52) of the responses are aware of postpartum depression, while 48% (48) of the responses are not aware of deliberate self-harming.

**Table 3-Distribution of Respondents based on the opinion whether postpartum depression is common**

S. No.	Is PPD very common	No. of respondents	Percentage
1.	Yes	62	62
2.	No	38	38
3.	Total	100	100

**Figure 3- Distribution of Respondents based on the opinion whether postpartum depression is common**

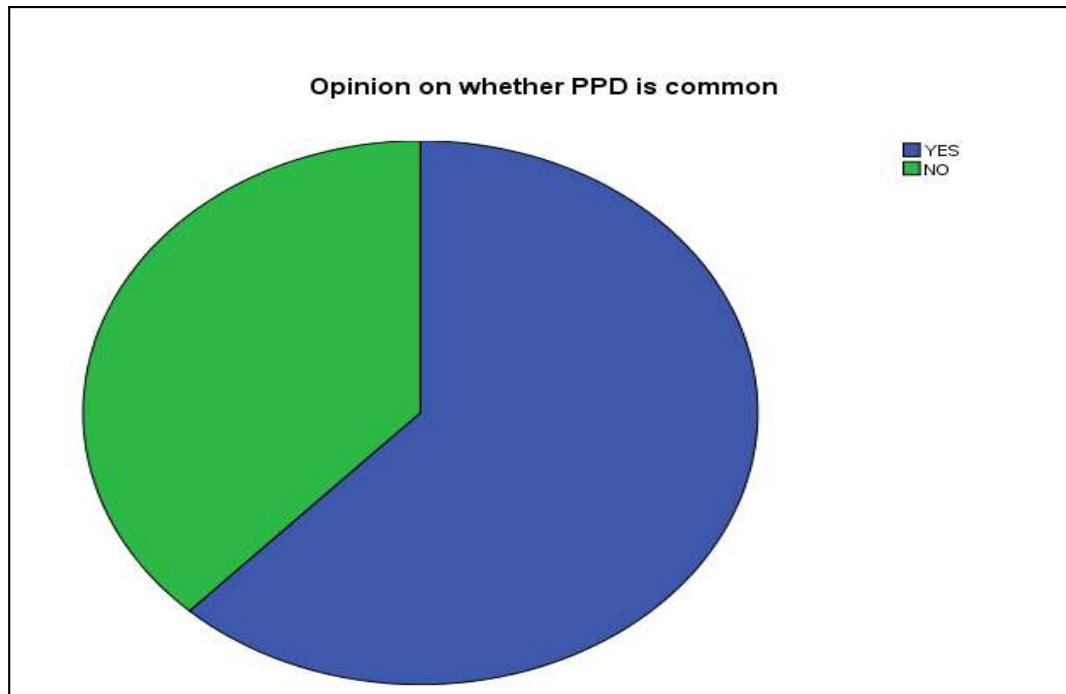


Table3 shows that, of the 100 respondents surveyed, 62%(62) of the respondents think that postpartum depression is very common among young adults, while 38% (38) of the respondents think that postpartum depression is not very common young adults.

**Table 4-Distribution of Respondents based on the opinion whether postpartum depression is common among younger or older mothers.**

S. No.	It is more common in	No. of respondents	Percentage
1.	Young Mothers	52	52
2.	Older Mothers	14	14
3.	Both	34	34
4.	Total	100	100

**Figure 4- Distribution of Respondents based on the opinion whether postpartum depression is common among Younger mothers, older mothers or both**

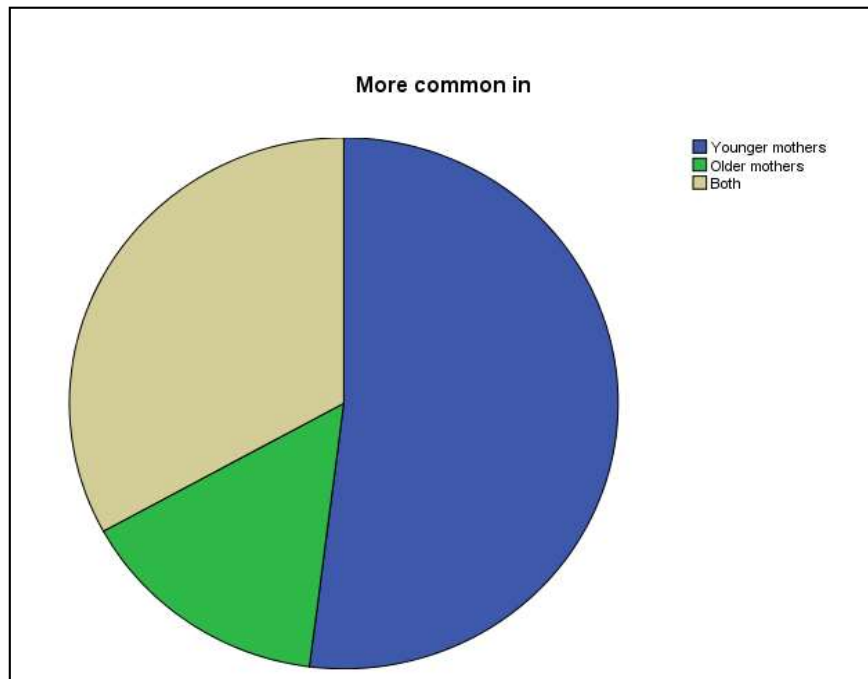


Table 4 shows that, of the 100 respondents surveyed, 52% (52) think postpartum depression is more common in young mothers, while 14% (14) of the respondents think that postpartum depression is more common in older mothers and 34% (34) think postpartum depression is more common in both the mothers.

**Table 5 -Distribution of Respondents based on the reasons of postpartum depression**

S. No.	Reasons for self-harm	No. of respondents	Percentage
1.	Little Support From Family	07	07
2.	Anxiety About The New Born	06	06
3.	History Of Depression	02	02
4.	Marital Issues	03	03
5.	Family Relations	02	02
6.	Lack Of Relaxation	08	08

7.	Combination Of All Factors	72	72
8.	Total	100	100

**Figure 5 -Distribution of Respondents based on the reasons of postpartum depression**

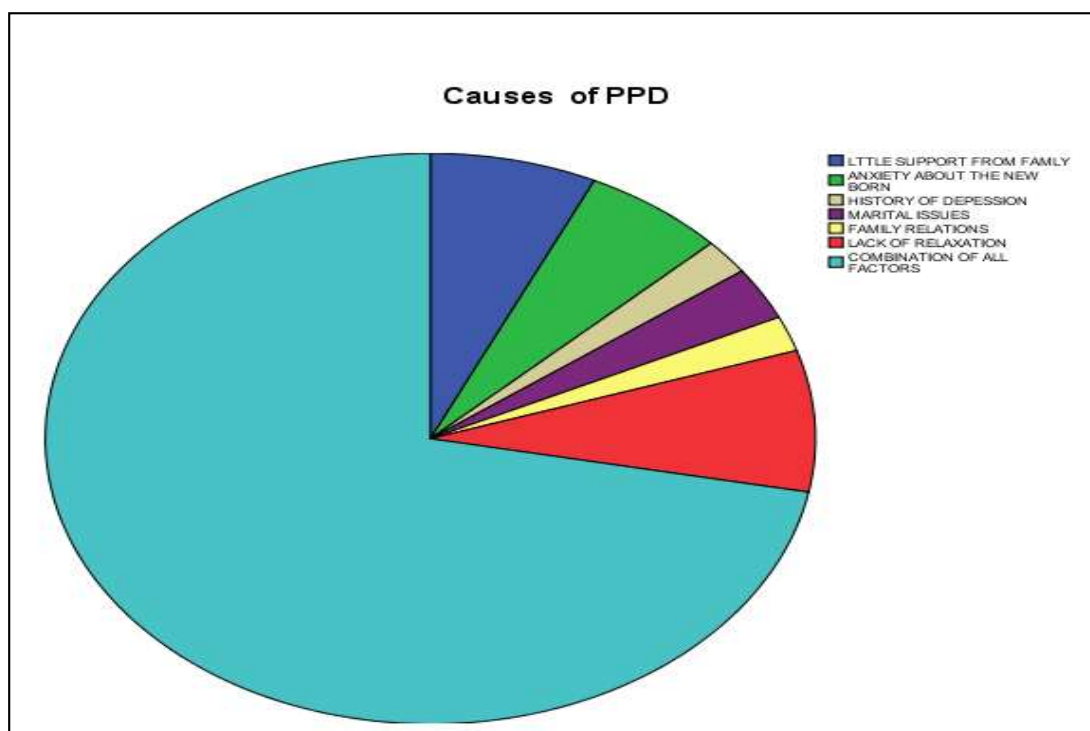


Table 5 shows that, of the 100 respondents surveyed, 7% (07) think that women develop postpartum depression when there exist little support from family and friends, 6% (06) think that they develop due to anxiety about the new born, 2% (02) think that it may be due to history of depression, 3% (03) think due to marital issues, 2% (02) think that it may be financial problems, they encounter presently and 8% (08) think that it may be due to lack of relaxation and 72% (72) think that it may be due to combination of all factors.

**Table 6-Distribution of Respondents based on the opinion whether postpartum depression helps to gain attention**

S. No	Does postpartum depression gain attention	No. of respondents	Percentage
1.	Yes	28	28
2.	No	72	72



3.	Total	100	100
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**Figure 6- Distribution of Respondents based on the opinion whether Deliberate Self harming behavior helps to express emotions.**

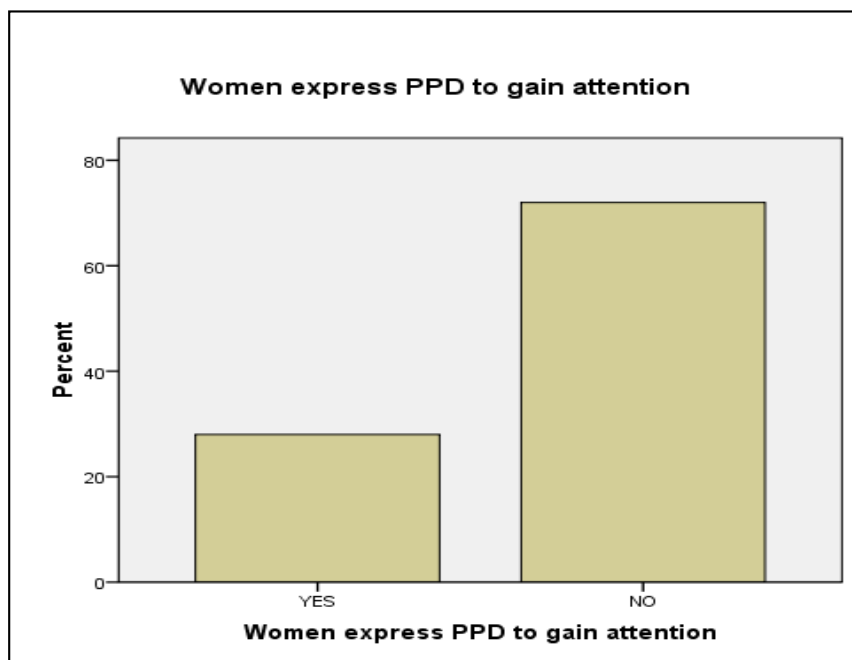


Table 6 shows that, of the 100 respondents surveyed, 28% (23) think that women express postpartum depression to gain attention, while 72% (72) think that expressing postpartum depression does not help in gaining attention.

**Table 7-Distribution of Respondents based on the opinion women have disclosed their postpartum depression.**

S. No	Disclosing postpartum depression	No. of respondents.	Percentage
1.	Yes	24	24
2.	No	76	76
3.	Total	100	100

**Figure 7- Distribution of Respondents based on the opinion whether women have disclosed their postpartum depression.**

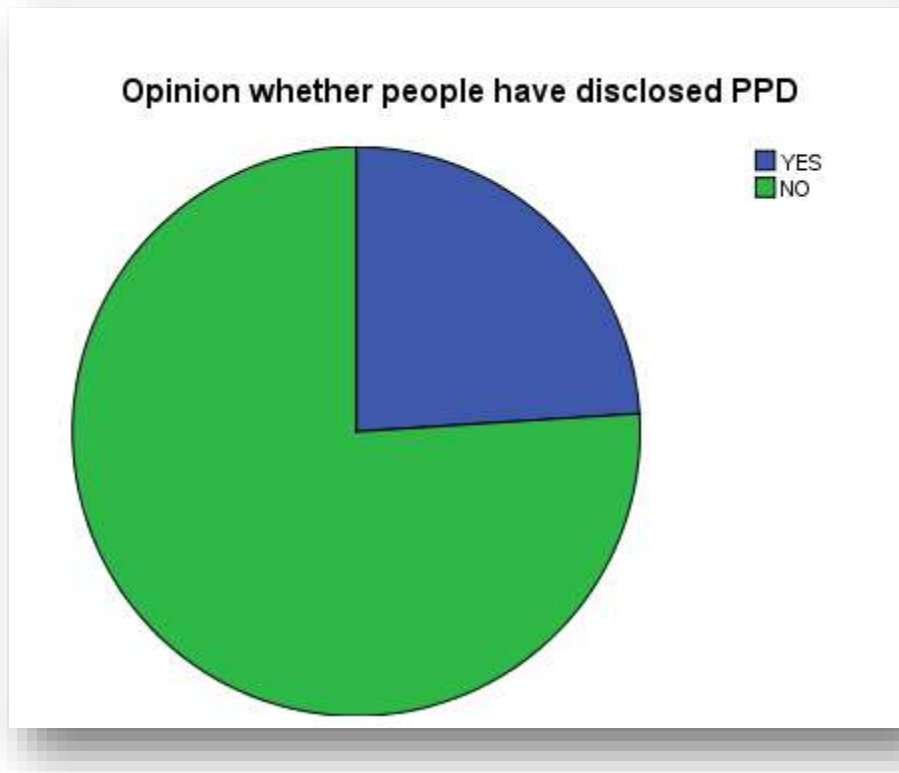


Table 7 shows that, of the 100 respondents surveyed, 24% (24) have had incidence where women have disclosed postpartum depression, while 76% (76) have not had any such disclosures.

**Table 8-Distribution of Respondents based on helping people who disclose postpartum depression**

S. No	Helping people who disclosed postpartum depression	No. of respondents	Percentage
1.	Yes	23	23
2.	No	77	77
3.	Total	100	100

**Figure 8-Distribution of Respondents based on helping people who disclose Deliberate Self harming behavior**

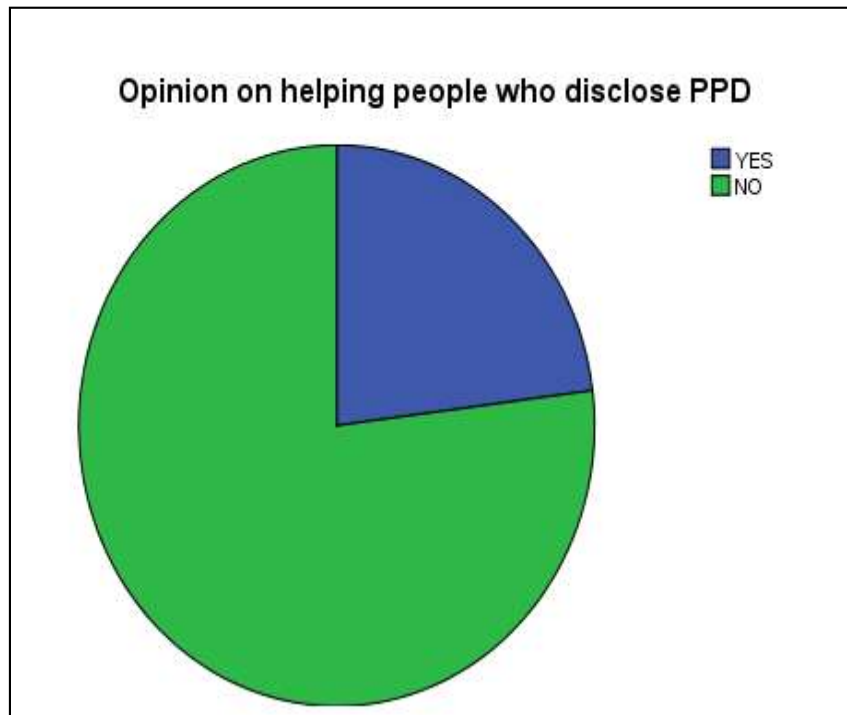


Table 8 shows that, of the 100 respondents surveyed, 23% (23) tried helping the people who disclosed their postpartum depression, while 77% (77) did not help people who disclosed their postpartum depression.

**Table 9 -Distribution of Respondents based on opinion on medical treatment for postpartum depression**

S. No	Opinion on Medical treatment for medical treatment	No. of respondents	Percentage
1.	Yes	11	11
2.	No	89	89
3.	Total	100	100

**Figure 9 -Distribution of Respondents based on opinion on medical treatment for postpartum depression**

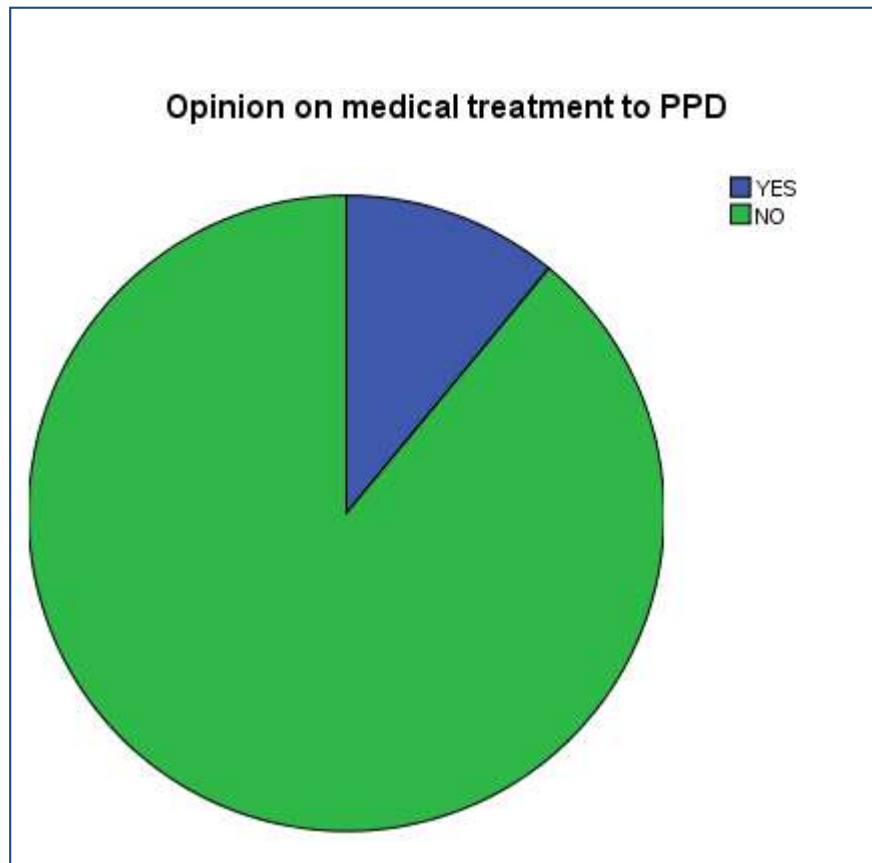


Table 9 shows that of the 100 respondents surveyed, 11 % (11) were aware of people who were medically treated because of postpartum depression, while 89% (89) were not aware of any medical treatment been provided to them.

**Table 10-Distribution of Respondents based on the opinion whether postpartum depression plays a role in Quality of life among new mothers**

S. No	Does postpartum depression play a role in Quality of life among new mothers	No. of respondents	Percentage
1.	Yes	74	74
2.	No	26	26
3.	Total	100	100

**Figure 10-Distribution of Respondents based on the opinion whether postpartum depression plays a role in Quality of life among new mothers**

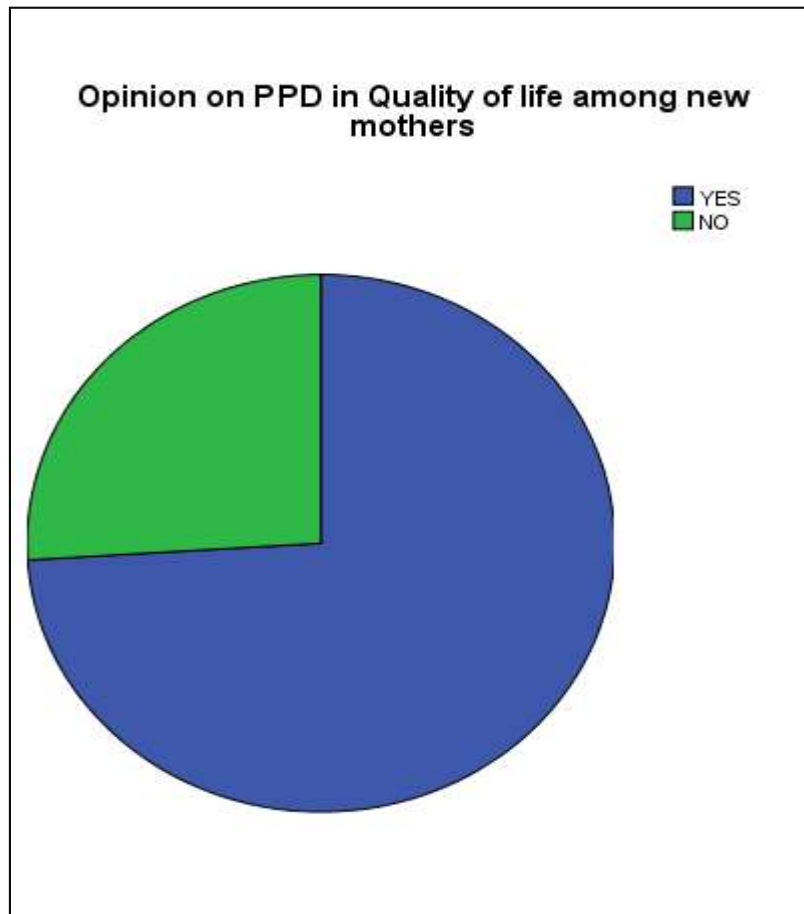


Table 10 shows that, of the 100 respondents surveyed, 74% (74) think that postpartum depression does play a role in quality of life among new mothers, while 26% (26) think that postpartum depression does not play a role in quality of life among new mothers.

**Table 11-Distribution of Respondents based on the opinion on the symptoms of Postpartum Depression**

S. No	Opinion on the symptoms of Postpartum Depression	No. of respondents	Percentage
1.	Extreme sadness or emptiness	10	10
2.	Trouble staying awake at day	04	04
3.	Restlessness or sluggishness	14	14

4.	Difficulty in concentrating or making decision	16	16
5.	Combination of all	56	56
6.	Total	100	100

**Figure 11-Distribution of Respondents based on the opinion on the symptoms of Postpartum Depression**

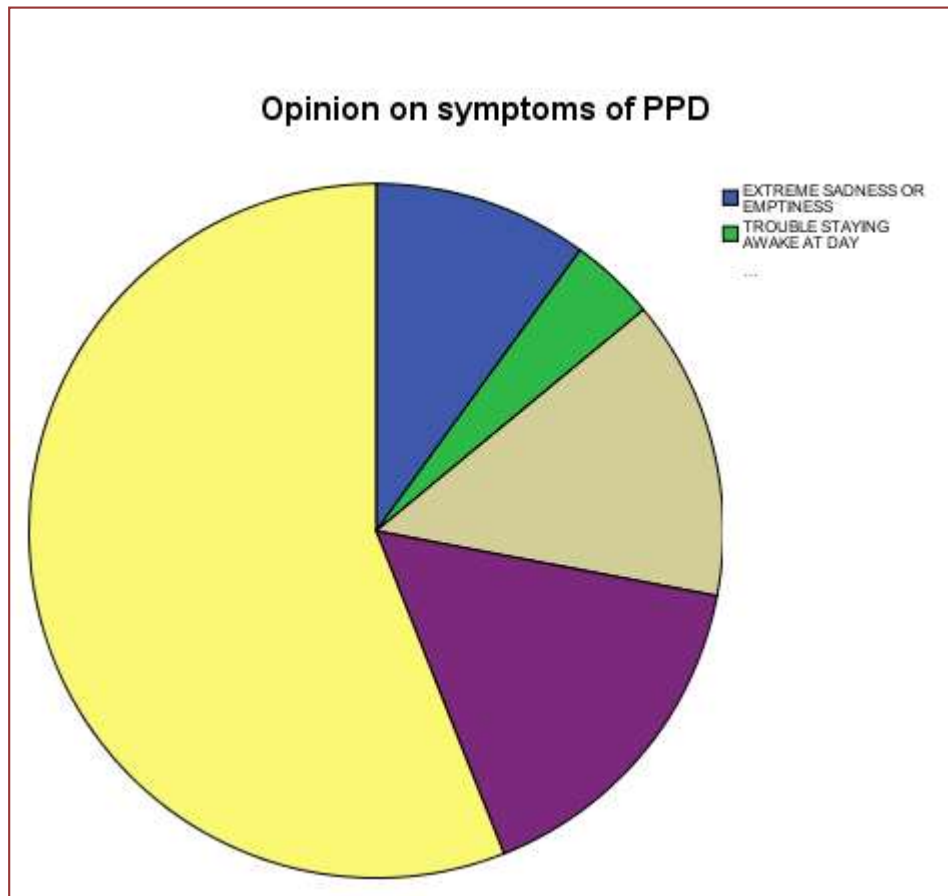


Table 11 shows that, of the 100 respondents surveyed, 10% (10) think that extreme sadness or emptiness is a symptom of postpartum depression, 4% (04) think that trouble staying awake at day is a symptom of postpartum depression. 14% (14) think that restlessness or sluggishness is a symptom of postpartum depression, 5% (5) think that difficulty in concentrating or making decisions symptom of postpartum depression and 56% (56) think that combination of all are the symptom of postpartum depression.

**Table 12- Distribution of Respondents based on the opinion on the causes of postpartum depression**

S. No	Opinion on the causes of postpartum depression	No. of respondents	Percentage
1.	Baby blues after delivery	6	6
2.	Unplanned or unwanted pregnancy	7	7
3.	Baby with birth defects	8	8
4.	Multiple babies	4	4
5.	Family history of psychotic problems	14	14
6.	Domestic violence	4	4
7.	Gestational Diabetes	1	1
8.	Combination of all	56	56
9.	Total	100	100

**Figure 12- Distribution of Respondents based on the opinion Distribution of Respondents based on the opinion on the causes of postpartum depression**

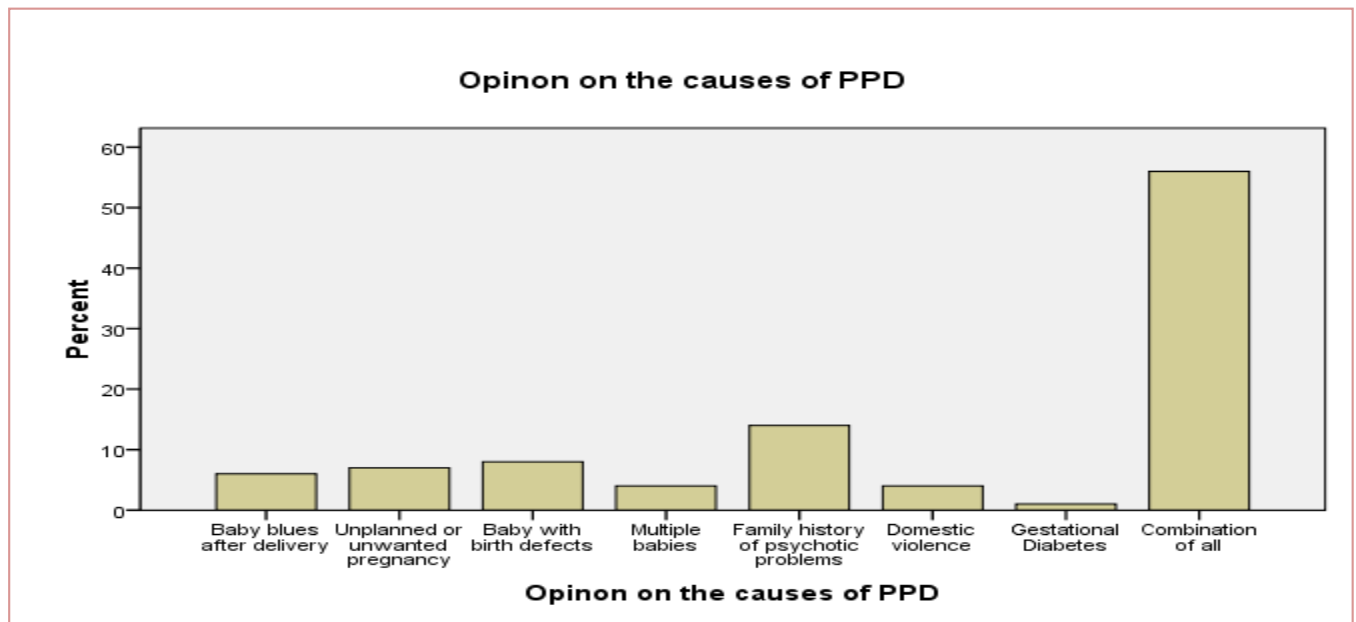


Table 12 shows that, of the 100 respondents surveyed, 6% (6) think that baby blues after delivery is a cause of postpartum depression, 7% (07) think that unplanned or unwanted pregnancy is a cause of postpartum depression, 4% (4) think that baby with birth defects is a cause of postpartum depression, 14% (14) think that multiple babies is a cause of postpartum depression and 4% (4) think that family history of psychotic problem is a cause of postpartum depression, while 4% (4) think that domestic violence is a cause of postpartum depression, 1% (1) think that gestational diabetes a cause of postpartum depression and 56% (56) think that combination of all are the causes of postpartum depression.

**Table 13-Distribution of Respondents based on the opinion whether family support plays a role in prevention of postpartum depression**

<b>S. No.</b>	<b>Does family support plays a role in prevention of postpartum depression</b>	<b>No. of respondents.</b>	<b>Percentage</b>
1.	Yes	90	90
2.	No	10	10
3.	Total	100	100



**Figure 13-Distribution of Respondents based on the opinion whether family support plays a role in prevention of postpartum depression**

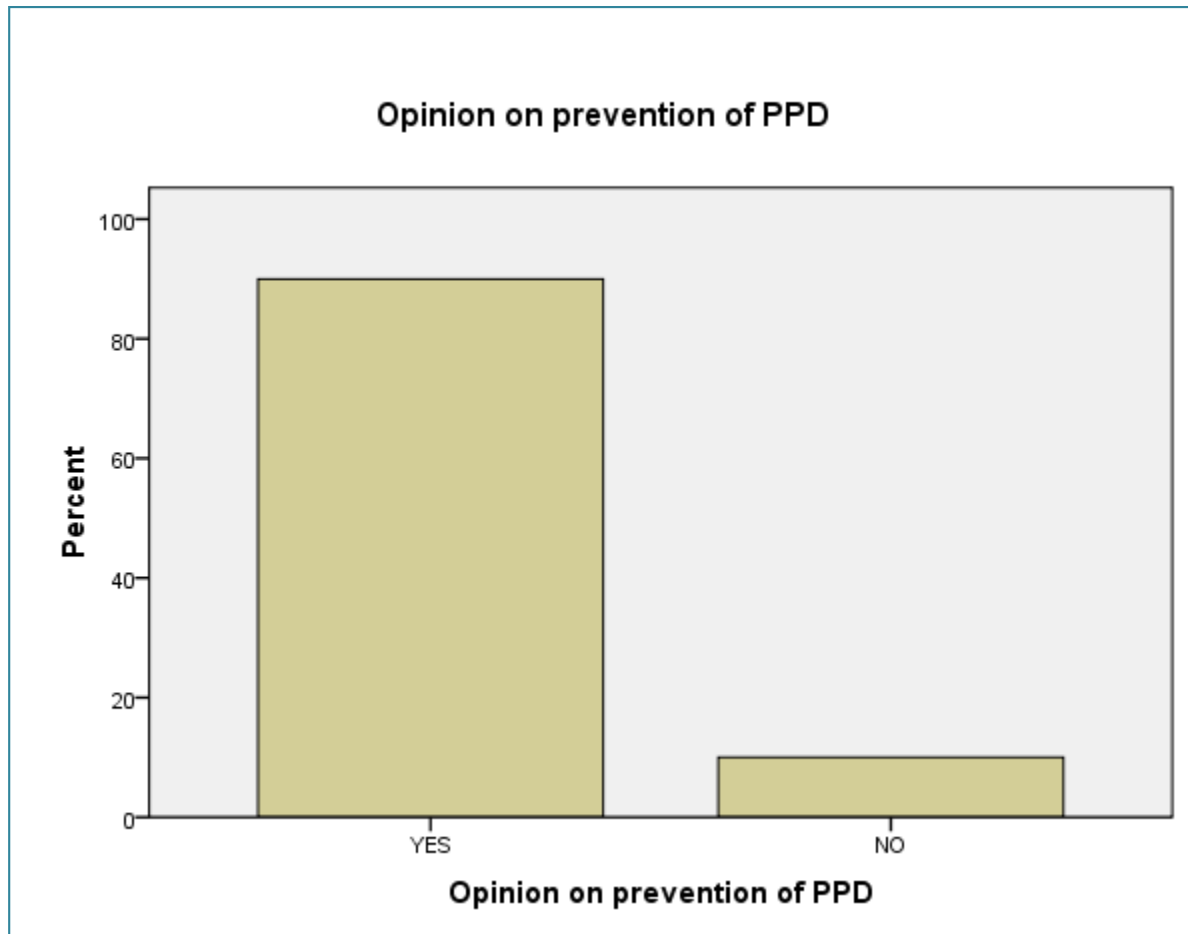


Table 13 shows that, of the 100 respondents surveyed, 90% (90) think that family support play a role in prevention of postpartum depression , while 10% (10) think that family support play a role in prevention of postpartum depression.

**Table 14-Distribution of Respondents based on whether the medications reduce postpartum depression.**

S. No.	Opinion on medication for Postpartum depression	No. of respondents	Percentage
1.	Yes	58	58
2.	No	42	42

3.	Total	100	100
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**Figure 14-Distribution of Respondents based on whether the medications reduce postpartum depression.**

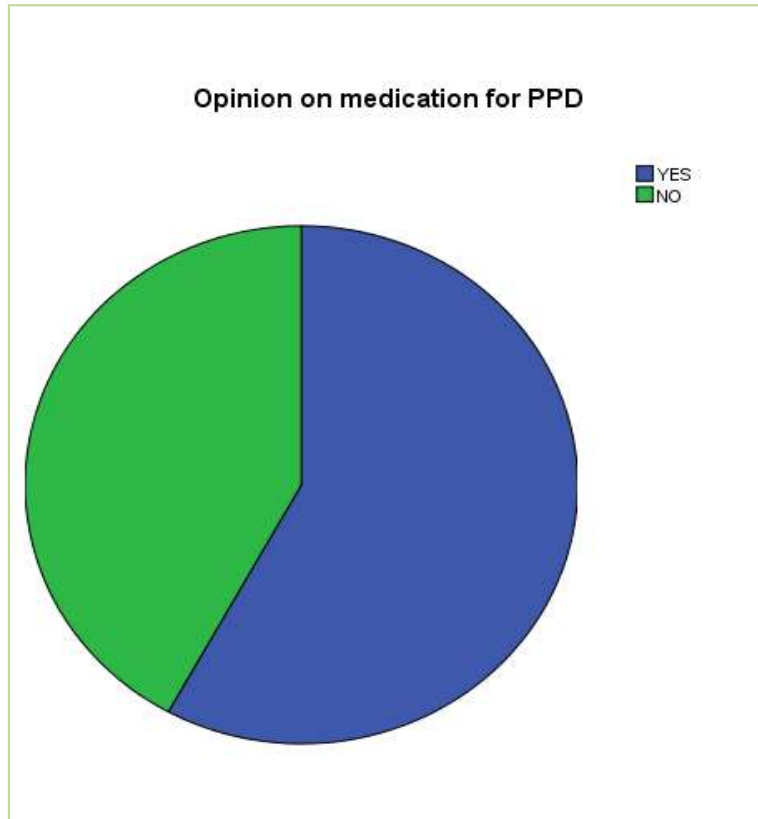


Table 14 shows that, of the 100 respondents surveyed, 58% (58) think that medications will reduce postpartum depression, whereas, 42% (42) think that medications will not reduce postpartum depression,.

**Table 15-Distribution of Respondents based on the Opinion on Mood swings in new mother.**

S. No	Opinion on Mood swings in new mother	No. of respondents	Percentage
1.	Yes	74	74

2.	No	26	26
3.	Total	100	100

**Figure 15-Distribution of Respondents based on the opinion on Mood swings in new mother.**

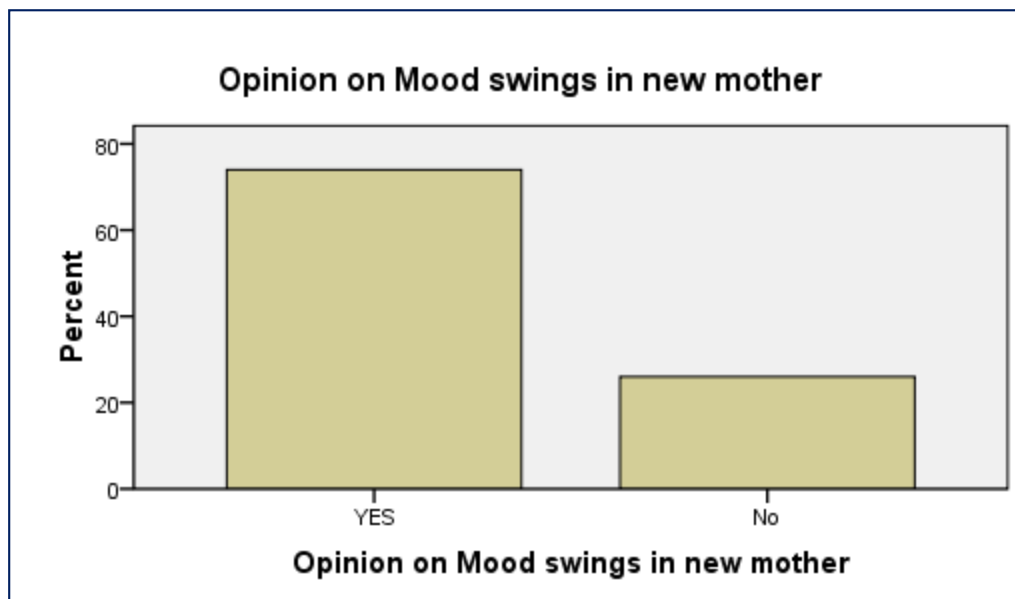


Table 15 shows that, of the 100 respondents, 74%(74) agreed that, it is alright to have mood swings among new mothers, whereas, 26% (26) disagreed to have some mood swings among new mothers.

**Table 16-Distribution of Respondents based on the opinion whether treatment is possible for Postpartumdepression**

S. No	Opinion on the treatment possible for PPD	No. of respondents	Percentage
1.	Yes	79	79
2.	No	21	21
3.	Total	100	100

**Figure 16-Distribution of Respondents based on the opinion whether treatment is possible for Postpartumdepression**

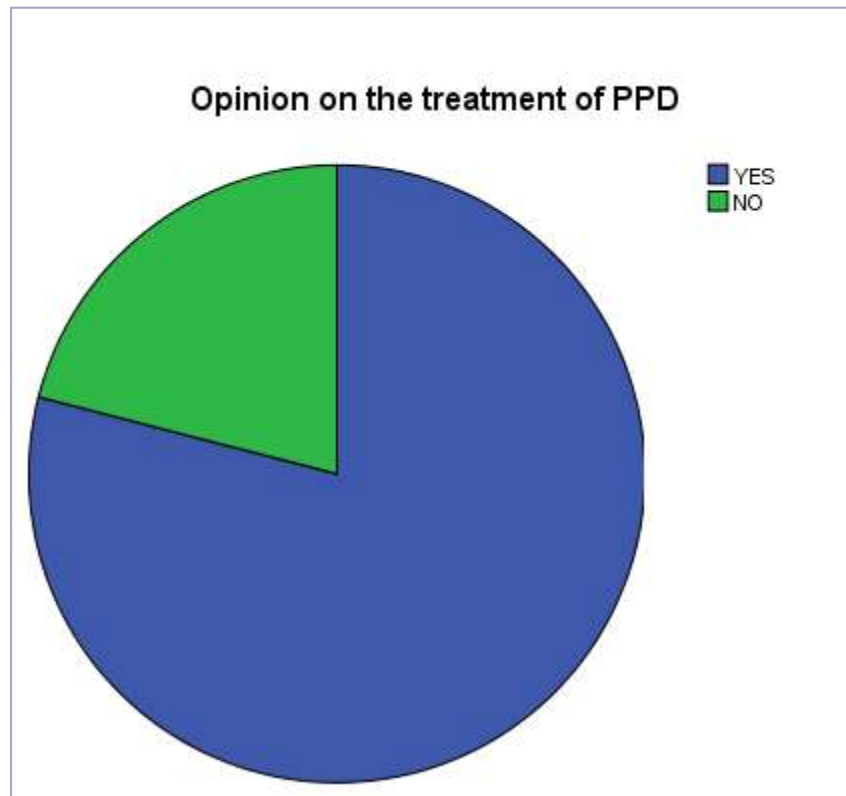


Table 16 shows that, of the 100 responses, 79% (79) think that it is possible to treat postpartum depression, where as 21% (21) think that it is impossible to treat postpartum depression.

**Table 17-Distribution of Respondents based on the opinion whether people who have postpartum depression are weak and worthless**

S. No.	Opinion on women who have PPD are worthless and weak	No. of respondents	Percentage
1.	Yes	01	01
2.	No	99	99
3.	Total	100	100

**Figure 17-Distribution of Respondents based on the opinion whether people who have postpartum depression are weak and worthless**

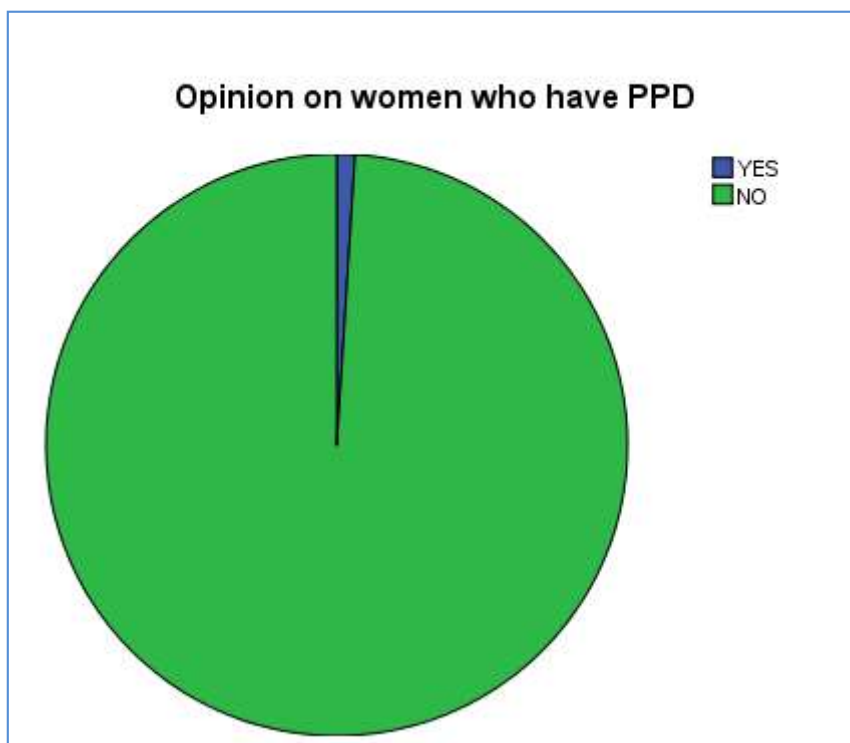


Table 17 shows that, of the 100 responses surveyed, 1% (1) think that women who have postpartum depression are worthless and weak., while 99% (99) think womenwho have postpartum depression are not worthless or weak, but they are disturbed and need help.

**Table 18-Distribution of Respondents based on the opinion on Postpartum depression among new fathers**

S. No.	Opinion on PPD among new fathers	No. of respondents	Percentage
1.	Yes	38	38
2.	No	62	62
3.	Total	100	100

**Figure 18-Distribution of Respondents based on the opinion on Postpartum depression among new fathers**

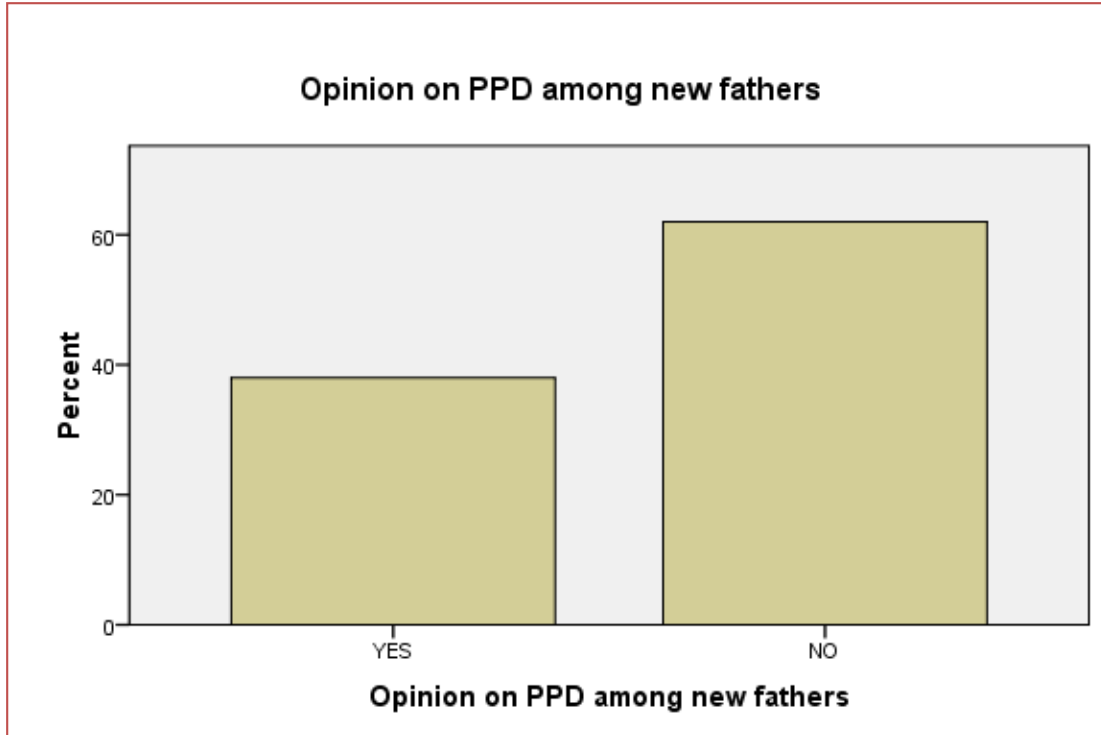


Table 18 shows that, of the 100 respondents surveyed, 38% (38) think that new fathers do undergo postpartum depression, whereas 62% (62) think that new fathers do not undergo postpartum depression.

**Table 19-Distribution of Respondents based on the opinion on this postpartum survey**

S No.	Opinion on this survey	No. of respondents	Percentage
1.	Useful	34	34
2.	Boring	03	03
3.	Clear	17	17
4.	Too difficult	01	01
5.	Embarrassing	06	06
4.	Interesting	38	38
5.	Too Long	01	01
6.	Total	100	100

**Figure 19-Distribution of Respondents based on the opinion on this postpartum survey**

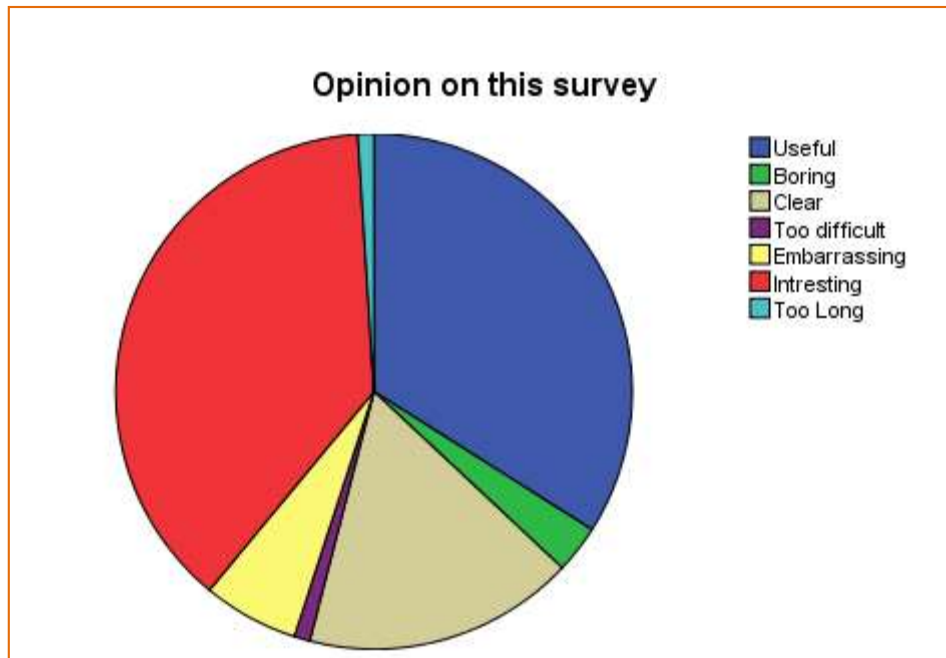


Table 19 shows that, of the 100 respondents surveyed, 34%(34) suggest that this survey is useful,3% (3) said that this survey is boring,17% (17) said that the questionnaire is clear and precise , 1% (1) said is not difficult,6% (06) said that the questionnaire is embarrassing,38% (38) said that the survey is interesting and 1% (1) said that the questionnaire is too long.

**Conclusion:**

From the results, it is interred that, women developed different attitude about postpartum depression. The domains of the study show that women are aware of postpartum depression and thus their acceptance level differs from each other. Many women developed the attitude that such depression occurs with the combination of several factors which include marital issues, domestic violence, history of depression, etc..., majority of women develop the attitude that postpartum depression plays a major role in quality of life but none of them think women who have postpartum depression are worthless or weak. The study also shows that women with postpartum depression have a phase of extreme sadness or emptiness, difficulty in concentrating or decision making and with the help of the spouse and close family members such depression can be prevented. This study also states that postpartum depression is more common among younger mothers (age 21-30) than older mothers (age 31-40).

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