

Postnatal Depression Among Women In Mosul City

بعد الولادة لدى النساء في مدينة الموصل

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خلفية الدراسة : يتعرض النساء حول العالم الى العديد من التغييرات الجسمية والنفسية أثناء فترة الحمل وقد تستمر هذه التغييرات الى عدة أشهر بعد الولادة. كآبة ما بعد الولادة هي أحد الأمثلة على تلك التغييرات وتعرف كآبة ما بعد الولادة على أنها اضطرابات نفسية غير ذهانية تصيب المرأة بعد الولادة وتستمر الى عدة أشهر. هناك دراسات أجريت في البلدان العربية استنتجت أن معدل النساء العربيات اللواتي تصبن كآبة ما بعد الولادة يتراوح ما بين 10-37%.

الهدف: هدفت الدراسة الحالية إلى تقييم كآبة ما بعد الولادة لدى النساء في مدينة الموصل ودراسة علاقتها ببعض المتغيرات مثل العمر، تعدد الولادات، وجنس المولود.

منهجية: اعتمدت الدراسة الوصفية في هذا البحث. وأستخدم مقياس ادنبره لقياس كآبة ما بعد الولادة كأداة للبحث وتم إضافة أسئلة لجمع البيانات الديموغرافية للعينة. يضم هذا المقياس عشرة أسئلة وكل سؤال يتكون من أربعة اختيارات تأخذ الدرجات ما بين (0-3). تألفت عينة الدراسة من سبعين امرأة من مستشفيات الخنساء التعليمي للنسائية والتوليد ومستشفى البتول التعليمي للنسائية والتوليد في مدينة الموصل للفترة من 1 كانون الأول 2012 إلى 1 نيسان 2013. وتم استخدام الحزمة الإحصائية للعلوم الاجتماعية (النسخة 18) لتحليل البيانات الإحصائية.

أظهرت الدراسة أن 50% من العينة كانت أعمارهم ما بين (26-35) سنة، 75.5% غير عاملات، 58.5% لديهن ولادات بكر (أول طفل)، 48.5% لديهن مستوى تعليم ابتدائي. بالإضافة أن 5.7% فقط من النساء المشاركات لديهن تاريخ بالمشاكل النفسية، 61.4% ليس لديهن تاريخ بالإجهاض، و22.9% لديهن ولادات مبكرة. وأظهرت النتائج أن 65.7% من العينة حصلن على درجات من (0-12) بالاعتماد على مقياس أدنبره و 22.9% من 41.4% من النساء المشاركات كانت أعمارهن من (16-25) سنة وحصلن على (13-30) درجة في مقياس أدنبره. ومن نتائج البحث أيضاً أن 21.4% من 30% من المشاركات كن ذوات الولادة البكر ولديهن أعراض كآبة ما بعد الولادة. و 18.6% من 24.3% من النساء اللواتي ولدن أنثى لديهن أعراض مرض كآبة ما بعد الولادة.

: تستنتج الدراسة أن هناك علاقة واضحة ما بين وجود مرض كآبة ما بعد الولادة وبعض المتغيرات مثل عمر المرأة، تعدد الولادات وجنس المولود بالرغم من أن أغلب النساء المشاركات في البحث لا يعانين من أعراض كآبة ما بعد الولادة بالاعتماد على مقياس ادنبره.

Abstract

Background: Women around the world experience many physical and mental changes during pregnancy and even few months after birth. Postnatal depression (PND) is an example of these changes. PND is defined as non-psychotic and an affective mood disorder affected woman after birth and may continue for months. Several researches in Arabic countries reported that the incidence of PPD among Arabic Muslim women ranges from 10% to 37%.

Aims of the study: The aim of the present study was to assess the postnatal depression among women in Mosul city and to investigate the impact of age, parity, and infant gender factors.

Material and method: A descriptive study was adopted as a quantitative approach for the present study. A sheet of demographical data was structured to use with Edinburgh Postnatal Depression Scale (EPDS) as a tool of the research to collect data. Each question has four choices scored (0-3). Seventy postnatal women were the study sample. The study conducted in AL-Khansa'a Teaching Hospital and AL-Batool Teaching Hospital in Mosul city from 1st December 2012 to 1st April 2013. A standard statistical package for social sciences (SPSS version 18) was used for data analysis.

Results: The present study found that 50% of the total sample were aged between (26-35) years, 75.7% of participants were unemployed, 58.5% of them were primiparous women. The criteria of selecting infant gender were 50% for male and 50% for female. The present study shows that women's educational levels were 48.5% primary school and 5.7% of respondents have history with some types of psychiatric problems, 61.4% of them have no history of abortion and 22.9% have history of preterm delivery. The results find in totally that around 65.7% of participants have scored between (0-12) depending on EPDS and 22.9% of 41.4% of mothers aged between (16-25) years have scored (13-30). The results also find that 21.4% of 30% of the participants were primiparous women with symptoms of postnatal depression. Finally, 18.6% of 24.3% were the mothers who have delivered female, and they have symptoms of PND.

Conclusion:

The study concludes that there is an obvious relationship between the occurs of PND and women's age, child parity, and infant gender although the most participants mothers indicate no symptoms or on the borderline of symptoms of PND depending of EPDS.

Recommendations:

The study recommends that mothers care and welfare centres should educate pregnant women during their visits about the mentally and physically changes that exist during pregnancy and after birth. In addition, provide social group therapy or social support to mothers during the first few days or months of postpartum to prevent PND.

Keywords: postnatal, depression, women, EPDS.

INTRODUCTION:

Postnatal depression (PND) is a clinical mental complication and most common psychological disturbance that occur in the first to several months after baby birth. Pope *et al.* (2000) presented that the incidence of postnatal depression in most western is similar non-western cultures. But due to the stigma of mental problems may be under-reported in some cultures. Hormonal changes after childbirth and a combination of social and psychological factors may cause PND (CKS, 2010). There are many reasons that may lead mothers to suffer from PND. For instance, past history of depression or mental illness, family history of mental illness, prenatal depression, no supportive partner and family, unhealthy baby, and premature birth. (Mind, 2008; NICE, 2007; RCP, 2007). The symptoms of PND are different woman to another. Woman with PND may feel less ability to enjoy, blame herself, sad and miserable most of the time, lacking in motivation unable to cope, irritable, anxious, crying, difficulty concentrating or remembering things, no appetite difficulty making decisions, insomnia, low energy, low sex drive, sudden panic attacks that cause a rapid heartbeat, sweating, sickness or fainting, and thoughts about harming their child and suicidal ideation in severe cases of PND (CKS, 2010; Baby Centre, 2013; MIND, 2008; Linda and Chaudron, 2003). RCP (2007) indicated that one in ten mothers experience postnatal depression. In addition, several researches in Arabic countries reported that the incidence of PPD among Arabic Muslim women ranges from 10% to 37% (Green *et al.*, 2006; Chaaya *et al.*, 2002). Therefore, the aim of the present study was to assess the postnatal depression among women in Mosul city and to investigate the impact of age, parity, and infant gender factors.

MATERIAL AND METHOD:

A descriptive study was adopted as a quantitative approach for the present study. A sheet of demographical data was structured to use with Edinburgh Postnatal Depression Scale (EPDS) as a tool of the research to collect data. EPDS contains ten questions and it is easy to administer and has proven to be an effective screening tool. Each question has four choices scored (0-3). Mothers who scored thirteen to thirty are likely to be suffering from a depressive illness of varying severity. Translated copy of the EPDS was available from Cox and Holden (2003). To eliminate the ethical issue, the study sample utilized a systematic random selection, with a target number of seventy women who asked to sign a consent form as a part of their acceptance. The study conducted in AL-Khansa'a Hospital and AL-Batool Hospital in Mosul city from 1st December 2012 to 1st April 2013. A standard statistical package for social sciences (SPSS version 18) was used for data analysis.

RESULTS:

Table(1): Frequencies and percentages of participants' demographical data

Age (yr)	Frequency	%
(16 – 25)	27	38.5 %
(26 – 35)	35	50 %
(36 – 45)	8	11.5 %
Parity	Frequency	%
Primipara	41	58.5 %
Multipara	29	41.5 %
Infant Gender	Frequency	%
Male	35	50 %
Female	35	50 %
Education	Frequency	%
Illiterate	3	4.2 %
Primary school	34	48.5 %
Secondary school	22	31.5 %
College graduate or higher	11	15.8 %
Occupation	Frequency	%
Unemployed	53	75.7 %
Employed	17	24.3 %
History of psychiatric illness	Frequency	%
Yes	4	5.7 %
No	66	94.3 %
History of abortion	Frequency	%
Yes	27	38.6 %
No	43	61.4 %
History of preterm delivery	Frequency	%
Yes	16	22.9 %
No	54	77.1 %
EPDS Scores for (70) women	Frequency	%
(0-12)	46	65.7 %
(13-30)	24	34.3 %

Table (1) presents the frequencies and percentages of participants' demographical data. It shows that 50% of the total sample of the study were aged between (26-35) years. 58.5% of them were primiparous women with infant gender were 50% for male and 50% for female. The findings of women's educational levels were the highest percentage in 48.5% primary school. The results also show that 75.7 % of participants were unemployed, 5.7% have history with some types of psychiatric problems. For more, 61.4% of participants have no history of abortion and 22.9% have history of preterm delivery. The results find in totally that around 65.7% of participants have scored between (0-12) depending on EPDS which means that in general the most of participants women have no symptoms or on the borderline of symptoms of PND.

Table (2): The association between the participants' age and PND

Age \ Score	(0-12)		(13 -30)	
	F	%	F	%
(16 – 25)	11	15.7 %	16	22.9 %
(26 – 35)	27	38.6 %	8	11.4 %
(36 – 45)	3	4.3 %	5	7.1 %
Total	41	58.6 %	29	41.4 %

Table (2) shows the association between the participants' age and PND. It is shows that 22.9 % of 41.4% of mothers aged between (16-25) years have scored (13-30). While 58.6 % have scored (0-12).

Table (3): The association between the PND and parity of children

Parity \ Score	(0-12)		(13 – 30)	
	Frequency	Percent	Frequency	Percent
Primipara	26	37.1 %	15	21.4 %
Multipara	23	32.9 %	6	8.6 %
Total	49	70 %	21	30 %

Table (3) shows the relationship between the PND and parity of children. It found that 21.4% of 30% of the participants were primiparous women with symptoms of postnatal depression.

Table (4): the relationship between PND and baby gender

Baby gender \ Score	(0-12)		(13 – 30)	
	Frequency	%	Frequency	%
Male	31	44.3 %	4	5.7 %
Female	22	31.4 %	13	18.6 %
Total	53	75.7 %	17	24.3 %

Table (4) reports the relationship between the gender of the infant and PND. It indicates that 18.6% of 24.3% were the mothers who have delivered female, and they have symptoms of PND.

DISCUSSION:

The results presents in Table (1) that 50% of the total sample of the study aged between (26-35) years. 58.5% of them were primiparous women. The criteria of selecting infant gender were 50% for male and 50% for female. The findings of women's educational levels were 4.2 % illiterate, 48.5% primary school, 31.5% secondary school, and 15.8% were college or higher educated. The results also show that 75.7 % of participants were unemployed, 5.7% have history with some types of psychiatric problems. For more, 61.4% of participants have no history of abortion and 22.9% have history of preterm delivery. The results find in totally that around 65.7% of participants have scored between (0-12) depending on EPDS which means that in general the most of participants women have no symptoms or on the borderline of symptoms of PND. Previous study resulted that the highest level of PND was among mothers aged < 20 years as table (2) demonstrates the relationship between the participants' age and PND (Governor *et al.*, 2008). It presents that 22.9 % of

41.4% of mothers aged between (16-25) years have scored (13-30) that mean they have such symptoms of PND. In addition, table (3) shows the relationship between the PND and parity of children. 21.4% of 30% of the participants were primiparous women with symptoms of postnatal depression. As Ibo Barbacsy (2011) indicated that high levels mental illnesses relate to primiparous women at six and twelve weeks after their delivering and Yehia and Mansour(2013) have reported that there was a prevalence of 27% in Jordanian primiparous women experienced some types of PND. Finally, table (4) reports the relationship between the gender of the infant and PND. It indicates that 18.6% of 24.3% were the mothers who have delivered female, and they have symptoms of PND. In the Arab countries and due to their cultures the women who have deliver daughters are receive less social and emotional support in particular if they have no male. Therefore, these women are more likely to be at risk for PND (Yehiaand Mansour, 2013; Al-Modalla *et al.*, 2010).

CONCLUSION:

The study concludes that there is an obvious relationship between the occurs of PND and women's age, child parity, and infant gender although the most participants mothers indicate no symptoms or on the borderline of symptoms of PND depending of EPDS. Finally, the mothers who scored between thirteen to thirty in EPDS should be submitted to clinical assessment to confirm the diagnosis because this scale is not considered as a clinical judgment (Wisner *et al.*, 2002).

RECOMMENDATIONS:

The study recommends that mothers care and welfare centres should educate pregnant women during their visits about the mentally and physically changes that exist during pregnancy and after birth. In addition, provide social group therapy or social support to mothers during the first few days or months of postpartum to prevent PND.

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