



## SELF ESTEEM, SOCIAL SUPPORT AND POSTPARTUM DEPRESSION

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### Abstract

Postpartum depression is a severe mental health disorder, characterized by persistence of low moods, feelings of being worthless, being hopeless and sad, that continuously affects lot of women that just gave birth. Understanding the internal and external factors involved in development and manifestation of postpartum depression has important implication for the practice of counseling psychology and general wellbeing of women. The study investigated the role of self-esteem, social support and age on postpartum depression among 116 Nigerian women. Edinburgh Postnatal Depression Scale, Social Provision Scale, and Index of Self-esteem were used to measure postpartum depression, social support and self-esteem respectively. The results showed a significant effect of self-esteem and social support on postpartum depression but not age. The interaction effects were not significant.

**Keywords:** Postpartum Depression, Self-esteem, Social Support, Age.

### 1. Introduction

Most society generally assumed childbirth as a good event, but the transition to motherhood may be accompanied by an enormous emotional and behavioral distress. Mothers, having normal birth may experience extreme happiness, perhaps even feel elated or high. This sensation is called "the Pinks". However, changes in moods occur between 1 and 5 day/s and emotions and behavior may change into "the Blues". While these changes are normal, they can still be sensed as an unpleasant feeling. Overwhelmed with emotions, new mothers are feeling being under constraints which can last for 48 hours, but have the tendency of reoccurring periodically at irregular intervals of 6 to 8 weeks. However, it differs from postpartum depression (PPD) (Kendell, Chambers and Platz, 1987). PPD is an incapacitating disorder affecting women worldwide. Studies have shown that 50 % of women develop PPD prior to delivery and 50 % of these cases go undetected. PPD is very hard to be distinguished from major depressive disorder (MDD) except for its onset within 4 weeks postpartum and its negative effect on the mother/child and family relationship. PPD can manifest as early as 4 weeks after childbirth but is most commonly diagnosed between 6 and 12 weeks postpartum (APA, 2013).

According to DSM-5 (2013), the symptoms of PPD are identical to non-postpartum MDD excluding the theatrical neuro-endocrine changes, adjustments in psycho-social performance, the impact of breastfeeding on treatment decisions and implications on future family planning decisions. The symptoms of PPD includes but are not limited to: anxiety, mood swings, disturbed sleeping pattern, change in appetite, feelings of disconnect towards the child and thoughts of harming the child, being sluggish and feelings of exhaustion, loss of memory, feeling of guilt, shame/doom, repetition of scary odd thoughts and irritable anger towards self and others (McCoy et al., 2006). The more a woman is incapacitated by PPD, the more she is at risk of a lifelong recurrent depression and suicidal thoughts for this to be diagnosed there is a rule out of postpartum psychosis (PPP) (Lindahl, Pearson and Colpe, 2005).

In Nigeria, it has been observed that depression is mainly an underlining psychological disorder that affects most of her citizens. However, this is weighed in more on new mothers because in as much childbirth is a thing of joy, it takes both physical, emotional and psychological toll on the women as in their culture, is the sole responsibility of the woman to care for the newborn. The presence or absence of some factors has been stipulated to make coping with PPD among new mothers easier or harder. The factors stipulated are; the woman and her self-image, the relationship between the new mother and her spouse, family both extended and nuclear: as well as the mother's age. Hence, this study is assessing the effect of self-esteem, social support and age in alleviating PPD among Nigerian women.

PPP occurs within a defined period after child birth and mostly in women with a lifetime of first onset psychotic illness following childbirth (Mills and Begall, 2010). However, 10 % of new mothers can also

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develop puerperal/postpartum psychosis. The first few days of this illness is characterized with agitation, perplexing, bewilderment and frightfulness, mood is labile and disturbed varying from profound depression to elation or irritability. New mothers suffering from this also exhibits delusional ideas (Bina, 2008). In as much as new mothers are at risk of developing PPD, there are other factors that can/cannot be a relief during the postpartum period. Hence, the investigation on the effect of self-esteem, social support and age on PPD was researched. There is proof that shows that self-esteem and social support play a major role in PPD (Beck, 2001). Quoting Charles Stangor (2011) self-esteem can be said to be both the positive or negative feeling that people have about themselves. The positive feeling of self-esteem can be experienced when individual believe that people view them positively and that they are worthy and good while the negative feeling of low self-esteem can be experienced when people see us as unworthy and inadequate. The theory from the entomological perspective (Leary, 1999) proposes that self-esteem is developed as a way for individuals to remain dominant in relationships since dominance has conventionally led to favorable partners and reproduction practices. People with high self-esteem often have an affirmative evaluation of themselves and their past experiences, their personal development is also reflected in their sense of continued psychological growth and development, with a sense that their life has purpose and meaning; while people with low self-esteem are passive, defensive, and have weak social support and unrealistic expectations of their life (Price, 2009). According to Carson and Arnold (1996), some women develop low self-esteem because of self-concept dislocation which occurs when a major event in one's life like childbirth forces her to change the way she looks and thinks about herself, sometimes radically. This is an indicator that this variable is a predictive factor of PPD.

In times of psychological want, it has been recommended that social support networks are capable of providing emotional sustenance and informational guidance as well as tangible assistance. Research implies that social support may serve to mitigate the negative psychological and health stressors. A woman's partner can provide a range of support including but not limited to taking parts in antenatal classes and providing support in times of stress or discomfort. There is evidence that the presence of a supportive partner has a positive effect on both, general level of wellbeing and level of depression in new mothers (Nolean-Hoekssema, 2000). Studies have also revealed that high levels of social support can be a major extrapolative factor in recuperation from mental health problems suffered by women (Oluwole, Hammed and Awaebe, 2007).

Research has shown that being incorporated into social networks and obtaining towering levels of social support are imperative for the wellbeing of women's mental health. Accessibility of family support may also sway the likelihood of new mothers suffering from PPD. Although not all mothers welcome the increase in contact with family members after birth, few do not appreciate the assistance that family members may provide. New mothers also have access to support from non-family members and the absence of such supports from loved ones can be related to the incidence of PPD (O'Hara and Swain, 1996).

Age as a socio-demographic risk factor for PPD has attracted a lot of debates. Although Hopkins, Campbell and Marcus (1987) found it to be unrelated to PPD, evidence has it that young maternal age has been connected with larger risk of postpartum depressive symptoms. Hall (1990) also found depression to be significantly correlated to maternal age, with younger mothers having more depression than older mothers. PPD may be exacerbated in the adolescent population.

The purpose of this study is to appraise the roles of self-esteem, social support and age on PPD among Nigerian women. More specifically:

- To ascertain whether women with low self-esteem will develop PPD than women with high self-esteem,
- To determine whether women with low social support are more likely to develop PPD compared to those with high social support,
- To find out if younger women will develop PPD more than older women.

With the above stated purpose of the study, this research will aim to answer the following null hypotheses;

**Hypothesis 1:** There will be no considerable disparity in PPD between mothers with low and high self-esteem.

**Hypothesis 2:** There will be no considerable disparity in PPD between mothers with high social support than those with low social support.

**Hypothesis 3:** There will be no considerable disparity in PPD between older and younger mothers.



## 2. Method

### 2.1. Research Design

The study adopted a cross-sectional design with 2 levels of self-esteem (high and low self-esteem), 2 levels of social support (high and low social support) and 2 levels of age (younger and older mothers). This research design was adopted by the researcher because the research topic is geared towards examining individuals that differs on a key characteristic such as age. Data used for the research was collected at the same time but from deferent individuals who are similar on other characteristics (childbirth) but different on the key factors of the research like age, educational level, marital status, geographical location.

### 2.2 Sampling Method

Participants for the study comprised 116 puerperal mothers selected on a voluntary basis from the obstetrics and gynecology department of five hospitals, namely Anambra State University Teaching Hospital, Awka (n=20), Ikechukwu Hospital and maternity, Awka, (n=19), Christ the King Hospital and maternity, Awka (n=14), Regina Caeli Hospital, Awka (n=17) and Nnamdi Azikiwe Teaching Hospital, Ukpokwu complex (n=46). All participants were six weeks postpartum. Of the 116 participants, 51 were classified as having low self-esteem while 65 had high self-esteem based on their scores on the self-esteem scale (Hudson, 1982). Similarly, 53 mothers were classified as having low social support while 64 mothers were classified as having high social support based on their scores on the social provision scale (Cutrona and Russel, 1987). The ages of the participants ranged from 18 to 48 years with a mean age of 28 and a standard deviation of 6.52. Sixty two mothers belonged to the younger age group (18-28) while fifty-four women belonged to the older age group (29-48). With respect to employment status, 68 women were unemployed while 48 were employed, ninety-one delivered through the vagina while 25 delivered through caesarean operation, forty-one women gave birth to male children while 3 delivered twins and 69 delivered female children, fifty women attended tertiary institution while 66 have secondary school qualification. All participants were Christians and literate with at least secondary school education, were able to communicate in English and all are married.

### 2.3 Data Collection

Three arrays of instruments was used for this study namely the "Index of Self-esteem" (Hudson, 1982); the "Social Provision Scale" (Cutrona and Russel, 1987) and the "Edinburgh Postnatal Depression Scale" (Cox, Hoden and Sagousky, 1987).

The "Index of Self-esteem" is a standardized psychological assessment instrument developed by Hudson (1982) and validated for use with Nigerian samples by Omoluabi (1997). The instrument contains 25 items designed to measure the self-perceived and self-evaluative component of self-concept which is the sum of the self-perceived and the other perceived views of the self-held by a person. It is scored on a 4 point scale ranging from 1 to 4 as follows: 1- rarely or none of the time, 2- a little of the time, 3- some of the time, 4- most or all the time. For scoring, items 3, 4, 5, 6, 7, 14, 15, 18, 21, 22, 23, 25 were scored in a reverse direction to obtain consistency of scoring. Separate norms have been reported for male and female Nigerian samples as follows: males = 30.89 and females = 32.04 (Omoluabi, 1997). In this study, the Nigerian norm for the female sample was the basis for interpreting the scores of the participants Scores lower than the norm indicates high self-esteem while scores higher than the norm indicates inadequate or low self-esteem. The instrument has been used in research with Nigerian samples (Onighaiye, 1996) and has been shown to be a reliable and valid measure; Hudson (1982) obtained a co-efficient alpha of .93 and a two hour test retest co-efficient of .92. Onighaiye (1996) reported a concurrent validity of .46 (App.-5).

The "Social Provision Scale" (SPS) is a standardized psychological inventory developed by Cutrona and Russel (1987) and adapted by Kpenu (study in progress). It contains 13 items designed to assess perceived social support. Items were scored on a 4- point as follows: 4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly disagree. For scoring purposes items 1, 2, 5,6,7,10,12 were reversely scored to obtain consistency of scoring. The inventory has been used with Nigerian samples (Kpenu, study in progress) and has been shown to be reliable and valid. Kpenu (study in progress) reported internal consistency (co-efficient alpha) ranging from .65 to .76 for the subscales, .92 for the total scale and construct validity co-efficient ranging from .38 to .79 and Cronbach alpha of .82 showing a good internal consistency. In this study, a Cronbach alpha reliability coefficient of .51 was found by the researcher (App.-4). Social support scale score ranges from 13 to 52.

To categorize -social support into high and low, the mean score of the participants on SPS was obtained. The mean score was 38.7 and participants who scored above the mean were categorized to have



high level of social support and those who scored below the mean were categorized to have low level of perceived social support.

The “*Edinburgh Postnatal Depression Scale*” (EPDS) is a standardized psychological assessment instrument developed by Cox, Bolden and Sagovsky, (1987) to assess mothers suffering from postnatal depression. The instrument has 10 items and the mothers were asked to underline the possible response options closest to how they have been feeling during the past week. This instrument has been used in research with Nigerian Samples (Uwakwe and Okonkwo, 2003). Each item is scored on 0-3 point scale from mildly depressed to severely depressed according to increased severity of symptoms. Items number 3, 5, 6, 7, 8, 9, and 10 were reversed scored. The total score is calculated by adding together the scores for each of the ten items. The instrument has been used with Nigerian samples (Adewuya, Ola, Dada and Fastor, 2006). At the optimal cut-off score of 9, EPDS had a sensitivity of 0.75 and a specificity of 0.97 (Uwakwe and Okonkwo, 2003) and at the cutoff of 10, it had sensitivity of 0.87 and a specificity of 0.92 (Adewuya, Ola, Dada and Fastor, 2006). For symptoms of minor and major depression with Nigerian samples. A Cronbach alpha coefficient .8 was reported in this study.

Permission was sought from hospitals for approval which was given and enabled the study to be conducted in the obstetrics and gynecology units of five hospitals. The participants were individually administered the inventories by the researcher and research assistants. The participants were instructed on how to complete the questionnaires and were encouraged to do so honestly. Participants provided informed consent and received no monetary reward for participating in the study. Out of 200 mothers, who participated in the study, 116 mothers completed the tests and their scores were used for data analysis.

### 3. Result

#### 3.1.Descriptive statistics

**Table 1.** Mean and standard deviation of self-esteem on PPD

| SELF-ESTEEM on PPD | Mean  | N   | Std. Deviation |
|--------------------|-------|-----|----------------|
| HIGH               | 11.38 | 64  | 2.64           |
| LOW                | 13.51 | 52  | 3.54           |
| Total              | 12.34 | 116 | 3.24           |

Table 1 above shows that mothers with high self-esteem have lower mean scores ( $M = 11.38$ ,  $SD = 2.64$ ) than their low self-esteem counter parts ( $M = 13.51$ ,  $SD = 3.54$ ). The above table shows that there is statistically significant difference on PPD between mothers with high self-esteem and those with low self-esteem. This finding thus rejects the first hypothesis which states that there will be no significant difference in PPD between mothers with high self-esteem and mothers with low self-esteem.

**Table 2.** Mean and standard deviation of social support on PPD

| SOCIAL SUPPORT on PPD | Mean  | n   | Std. Deviation |
|-----------------------|-------|-----|----------------|
| HIGH                  | 12.12 | 65  | 3.06           |
| LOW                   | 12.61 | 51  | 3.47           |
| Total                 | 12.34 | 116 | 3.24           |

Table 2 shows that mothers low in social support had higher mean scores ( $M = 12.61$ ,  $SD = 3.47$ ) than mothers high in social support ( $M = 12.12$ ,  $SD 3.06$ ). The table above also shows that mothers with low social support are more vulnerable to experience PPD compared with their high social support counterpart.

**Table 3.** Mean and standard deviation of age on PPD

| AGE on PPD | Mean  | n   | Std. Deviation |
|------------|-------|-----|----------------|
| OLDER      | 11.69 | 64  | 2.64           |
| YOUNGER    | 12.90 | 52  | 3.54           |
| Total      | 12.34 | 116 | 3.24           |

The result of the Table 3 shows that younger mothers had higher mean scores ( $M = 12.90$ ,  $SD = 3.26$ ) than older mothers ( $M = 11.69$ ,  $SD = 3.13$ ). The table above shows that there was no age difference on PPD. This finding thus supports the third hypothesis which states that there will be no significant difference in PPD between older and younger mothers.

### 3.2 Hypothesis testing

**Table 4.** Three-way ANOVA summary of self-esteem x social support x age on PPD scores





| Dependent Variable: PPD |                           |     |             |        |      |  |
|-------------------------|---------------------------|-----|-------------|--------|------|--|
| Source                  | Type III<br>Sum of Square | Df  | Mean Square | F      | Sig. |  |
| Self-esteem (A)         | 129.790                   | 1   | 129.79      | 14.090 | **   |  |
| Social support (B)      | 40.210                    | 1   | 40.21       | 4.360  | *    |  |
| Age (C)                 | 21.530                    | 1   | 21.53       | 2.330  | NS   |  |
| A x B                   | 6.560                     | 1   | 6.56        | .710   | NS   |  |
| A x C                   | 5.850                     | 1   | 5.85        | .630   | NS   |  |
| B x C                   | .960                      | 1   | .96         | .100   | NS   |  |
| A x B x C               | .024                      | 1   | .02         | .003   | NS   |  |
| ERROR                   | 994.390                   | 108 | 9.20        |        |      |  |
| TOTAL                   | 18863.000                 | 116 |             |        |      |  |

**Keys:**

\* = significant,  $p < 0.05$

\*\* = significant,  $p < 0.01$

NS=not significant

As evident from Table 4, a three-way ANOVA revealed significant main effects for self-esteem,  $F(1,108) = 14.09$ ,  $p < 0.01$ ; and social support,  $F(1, 108) 4.36$ ,  $p < 0.05$ . The interaction effects were not significant.

**4. Discussion and Recommendations**

This study assessed the role of self-esteem, social support and age on PPD. The findings of this study showed that mothers with low self-esteem experienced more PPD than mothers with high self-esteem. The findings are consistent with previous studies (Green, Broome and Mirabella, 2006). This was confirmed by the fact that self-esteem buffered the relationship between PPD and mental health, such that mothers higher in self-esteem stand the chance of reporting substantially greater enjoyment of life, regardless of the presence of PPD. The differences in self-esteem can be explained in the context of the need for positive self-image and self-actualization. Self-esteem which is assumed to be a protective resource may affect how an individual reacts to PPD (Beck and Indman, 2005). Mothers with high self-esteem may have feelings of self-worth, self-confidence, are active, optimistic, have strong need to excel, have positive perception of them and are satisfied with life. As a result they draw upon these dispositions or characteristics during stressful conditions like PPD and are competent to cope and are happy .On the other hand, mothers with low self-esteem have feelings of incompetence, poor self-image, isolates self, have feelings of worthlessness, rejection, dejection, shame and guilt. Thus, these mothers are mostly bothered during PPD, because they have poor coping skills and see themselves as not being able to actualize the ideal self they envisaged.

Mothers with high social support experienced PPD less than their counter parts with low social support. The potential explanation one can offer for this observation is opined by Kessler and Mclead (2002) that being incorporated into social networks and receiving high levels of social support are important for mental health and well-being. Mothers with high social support tend to have the ability to use effective coping strategies to handle PPD. Social support serve as a reserve and the difference in this level of reserve may affect how an individual reacts to stressful situations like PPD.

Results showed that there is no significant difference in mean PPD symptoms scores between younger and older postpartum mothers. This finding is not consistent with previous researches that reported younger age to be more depressed as compared with older mothers in PPD (Nakau et al., 2006). The possible explanation for the non-age difference in PPD symptoms is the fact that age is not an important factor in PPD which perhaps could be as a result of a stressful life event that needs adjustment .The determining factor to adjustment in PPD is the psychic durability of an individual and this does not depend on age. The non-age difference in the experience of PPD between younger and older mothers could be linked to the fact that both mothers perhaps are faced with similar conditions or life experiences (Gross et al., 2010). Just as older mothers are faced with marital, children, social, academic, extended family, in-law problems and financial problems for self-maintenance, clothing, education and care for siblings that bring them PPD, younger mothers equally face similar stressful situations. In addition, as a result of the multiple roles played by these mothers in their homes as mothers, wives, housekeepers and professional managers by some in the place of work, they are likely to experience the same level of PPD irrespective of their age (Gross et al., 2010)

In conclusion, it is evident that little attention has been paid to severe depression in postpartum period among Nigerian women through the literature reviewed. Recent studies on PPD in Nigeria are lacking and the current situation in our rapidly changing society is unknown. However, there is dearth of



studies on PPD among Nigerian women and the risk factors involved to the best of the researcher's knowledge. The result generated from this study will help to mark the beginning of such research.

Further studies should increase sample size, which may lead to more consistent, conclusive, and generalized inferences. A larger population should be used in carrying out further studies including sex of the baby and body image as important variables to be researched in different ethnic and cultural groups. The researcher observed from the findings of this study, that there is much to be done, particularly in Nigeria and any other African Countries. In most cases, counselors are not employed to work in most hospitals in Nigeria and as a result it becomes very difficult to assess and manage the people involved. The findings revealed that improvement in the quality of family relationship would produce corresponding improvement in mental health.

The study therefore serves as an awareness to sensitize employer of labor in the Nigerian labor market to employ counselors in all hospitals in the country whether private or government owned hospitals, since they are professionals and well trained in psychological interventions. Psychologists should be able to establish family supportive programs that can help reduce stress and conflict from environment for mothers in order to improve their health outcomes.

Most importantly, counseling should be an integral process throughout the pregnancy therefore I recommend that during ante-natal visits or periods, prospective mothers should be assigned a counselor who will help in throwing more light on the psychological process of birthing a child. Also after birth, new mothers should be made to undergo a psychological evaluation and an awareness lecture by a counselor in order to prepare them for the months ahead in raising their infants and where PPD is discovered, Therapies should be administered with psycho-education.

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