PESHAWAR JOURNAL OF PSYCHOLOGY AND BEHAVIORAL SCIENCES, 2017, VOL. 3, NO. 2, 235-248

Prevalence of Marital Conflicts among Women Diagnosed with Postpartum Depression

Asghar Ali Shah[1],
International Islamic University, Islamabad

Samia Mazhar[2],
Cambridge College, Sheikhupura

Irum Naz Akhter[3] ,
Preston University Islamabad Campus

Musarrat Zahra[4],
Gajju Khan Medical College

and

Tajvur Parveen Saber[5]
Lady Reading Hospital

The present research was on the prevalence of marital conflicts among women having postpartum depression and from general population. The sample was of 100 women, including 50 women having postpartum depression and 50 from general population. The data was collected after one week of child birth. The hypothesis was "the marital conflicts will be higher in women with postpartum depression than women from general population". The hypothesis was tested by using chi-square test, highly significant results revealed that postpartum depression negatively effect the marital relation. Similarly, women with postpartum depression revealed difficulty in understanding themselves and they blamed themselves comparing them with women without postpartum depression.

[1] Assistant Professor, Department of Psychology, International Islamic University, Islamabad
[2] Diploma in Clinical Psychology, Department of Psychology, Cambridge College, Sheikhupura
[3] PhD Scholar, Department of Psychology, Preston University Islamabad Campus
[4] Assistant Professor, Physiology Department, Gajju Khan Medical College, Swabi
[5] Assistant Professor, Department of Rheumatology, Lady Reading Hospital Peshawar

Women with postpartum depression blamed themselves when things went wrong and created troubles for themselves.

Keywords: marital conflicts, postpartum depression, and women

Depression during last week of third trimester which persists after child birth is a major physical and psychological health issue that insidiously impact new born baby, family. In Pakistan lack of awareness regarding psychological health issues related to child birth is getting serious from last decade. Because of some hormonal changes and emotional vulnerability to take stress during pregnancy, women suffer from depression from last week of pregnancy but they sometimes overlook this issue and project the behavioral changes into physical weakness. This ignorance prolongs untreated depressive episodes to the first week of child birth to six months later. This postpartum depression meets the diagnostic criteria for major depression. Postpartum is the most commonly occurring complication of new mothers which is affecting about ten to fifteen percent females. This results in remarkably serious health related complications to the family as well as the both partners. (Appleby, Warner, Whitton, and Faragher, 1996). The negative consequences faced by mother, family and interpersonal relationships of those women after postpartum make it essential condition to give importance to diagnose women, treat her and prevent (Robinson and Stewart, 2001). Studies provided evidence that during the past decades fifty to seventy percent of mothers go through maternal blues. Postpartum depression is considered to be so common and its occurrence has been estimated as being between ten to fifteen percent in different countries and cultures worldwide (Paulson, 2010; Spinelli, 2009).

Mothers with postpartum depression shows very few positive behavior and emotions than negative emotions directed toward their child. This all happens beyond conscious level of that woman. She becomes less attached and less emotionally responsive towards the child. In some of extreme cases, the women have intense thoughts of harming or killing their child. This psychological change also sheds effects on children who develop some behavioral, emotional and cognitive difficulties in reaction to changes observed in mother. Moreover, there is a thirty to fifty percent relapse risks of depression are present in future pregnancies. Several

contributing factors for the initiation of postpartum depression are unidentified which are more interpersonal and domestic in nature.

Para medical field conducted many researches to study the relationship between marital relationships and postpartum depression. Most of the studies focused on the interpersonal factors of life such as marital conflicts, lack of satisfaction between marital partners and lack of familial support as risk factors for the development of postpartum depression. Beck (2002) concluded that postpartum depression has moderately predicted by marital dissatisfaction. Earlier Hara and Swain (1996) conducted Meta analysis that demonstrated that transition process related with childbirth is more challenging for the couples with poor interpersonal relationships.

According to Hollist, Miller, Falceto, and Fernandes (2007), relationship between depression and marital conflicts has been known from many years. Bu it is difficult to suggest that whether marital conflicts precipitated depression or depression caused marital disharmony. (Hollist, Miller, Falceto, and Fernandes, 2007). Moreover, disharmony in marital relationships is a good predictive factor of postpartum relapse. Beach, Kim, Katz and Brody (2003) demonstrated that women with high interpersonal satisfaction were less prone to relapse of their depression. Women having poor marital relationships, dissatisfaction with their partner or those with non-communicative partner are more prone to have relapse after childbirth. Those (Coyne, Thompson, & Palmer, 2002).

One research conducted by Dressel and Clark (1990) showed that maternal depression is linked with the fear of rejection coming from partner, marital conflict, interpersonal dissatisfaction, withdrawal, isolation, misdirected aggression and miss communication of needs and interpersonal expectations. Beck (2002) emphasis on the readjustment of the expectations related to role of family in giving care as well as the role of male as a career for their partner (Dressel and Clark, 1990).

Marital conflicts can play a significant role in the development of depression and related symptoms. Epidemiological researches pointed out that unhappy interpersonal relationship have 25 times more plays as a causal factor for depression than happy and untroubled marriages (Bruce, Leaf, Weissman, Florio, and Holzer, 1999).

Dennis and Ross (2006) concluded that women who perceive that their husbands excluded them socially, discouraging them for help seeking and did not appreciate or even recognize their efforts to look after the

newborn at two months postpartum were more prone to develop depressive disorder (Dennis and Ross, 2006).

Roux, Anderson and Roan (2002) conducted a study to find the relationship between marital conflict and postpartum depression as well as the impact of these two factors on infant. 12 mothers were selected from which only eight mothers were breastfeeding their infant regardless of financial and educational issues. These women suffered from marital conflicts and depression (Whiffen and Gotlib, 1993). Everingham, Heading and Connor (2006) postulated that every woman has prioritized their husband's empathetic view about their emotional distress and more preferred that their husbands should understand and feel their current emotional condition. Women desired that their partners must understand their condition. As a result they feel that understanding will lessen relational conflict and will develop sense of safety against the label of being incompetent mothers. Expressison of psychological distress were interpreted by their husbands as a physical, psychological or personality issues rather than as a mother's efforts for being a good mother (Everingham, Heading and Connor, 2006).

Depression in women posses a significant effect on their partner's mood because depression arises coupled with difficulties in interpersonal relationships which leads to marital discords (Briscoe & Smith, 1973; Weissman et al. 1991) and divorce (Coyne, 1990). Brown and Harris believed that balance and peaceful relationships can protect individuals from depressive symptoms and further can improve treatment outcomes in the people having depressive issues earlier (Brown and Harris, 1978). Whiffen (1992) proposed that the overall prevalence of postpartum depression is 13.0% that is double from non postpartum depressive community including major and minor depression. He also concluded that the prevalence rates for major depression among divorced women is higher (6.3%) than married women (2.1%). These figures give the evidence of predictive nature of marital disharmony or marital breakups in the development of depression or postpartum depression (Weissman et al. 1991).

Poor interpersonal interaction and low compatibility, lack of social support from husband and disturbed intimate relationships with partner are the contributing factors in association between postpartum depression and marital conflicts (Roomruangwong & Epperson, 2011).

After pregnancy, some women has gone through some negative thought processes and supposed to be sexually unattractive after bodily

changes and need some extra emotional support from their husband. They desire to have more task support and affection in order to feel accepted and affectionate to them. If these expectations could not be fulfilled because of ignorance of husband towards expectations of wife, could impact on depressive symptoms. After the development of depression, their families, friends and partners failed to ease their changing maladaptive and negative emotions **(**Roomruangwong and Epperson, 2011).

Dubovsky and Buzan (1999) suggested that genes and biological aspects play a significant role in the initiation and severity of depressive symptoms. According to biological and genetic studies, people with genetic predisposition or vulnerability to develop depression are more likely to be effected by the environmental and experiential precipitants to interact with predispositions of illness (Dubovsky and Buzan, 1999). Biological perspective suggested that the deficiency in the production of reproductive hormones that produce after pregnancy might be the causal factor for postpartum depression (Wisner, Parry, and Piontek, 2002). Moreover, there is a small relationship found between thyroid dysfunction and postpartum depression in women with positive thyroid antibodies (Hendrick, Altshuler and Suri, 1998 ; Harris, 1996).

O'Hara and Swain (1996) suggested that there is a strong association between life events which occurred in the beginning of pregnancy till eleven weeks postpartum and depressive signs that leads toward more probability of being diagnosed with postpartum depression (O'Hara and Swain, 1996; Schlechte, Lewis, and Varner, 1991a). Many researches have been conducted on postpartum depression with different risk factors in west but a few researches on this topic were conducted in Pakistan. Ali and Azam posited that in Pakistan the prevalence rate of postpartum depression and anxiety was found 28.8%. while causal factors for postpartum depression are difficulties in breast feeding, domestic violence, interpersonal issues and unplanned pregnancies (Ali and Azam, 2009; Kausar and Kahlid, 2001).

The study was an important effort in a way that postpartum depression affects the whole social occupational and other areas of functioning as well as it can also affect the marital relationships. This study also focused that whether postpartum depression would be a major cause of marital conflicts or marital conflicts plays the role as a predictor to develop postpartum depression. Postpartum depression and its relationship with the marital conflicts is an important issue in Pakistani families which

can affect interpersonal and family relationships that would lead to disturbance in whole family life and child rearing. The present study will be a milestone in bringing the very important area to study under psychologist's attention in Pakistan as only some researchers have given their attention to the important issue of women life.

The major objective of present research was to examine the relationship between postpartum depression and marital conflicts among women in Pakistani hospitals. The research was also conducted to explore the prevalence of marital conflicts is more in women who diagnosed as having postpartum depression than women who belongs to general population and was not diagnosed having postpartum depression.

Research Design

In the present study 2/2 factorial design was used in the research. Chi square was used for the data evaluation.

Objectives

- To investigate the effects of postpartum depression on marital conflicts among women with postpartum depression and without postpartum depression.
- To investigate the effects of postpartum depression on understanding oneself among women with postpartum depression and women from general population.

Hypotheses

- Women with postpartum depression are more prone to marital conflicts than women without postpartum depression.
- Women with postpartum depression will find it more difficult to understand themselves than women without postpartum depression.

Method

Sample

Sample of the study was 100 women selected from Rawalpindi and Islamabad. Two groups of respondents were participated in the study. The first group included 50 respondents having postpartum depression

from different hospitals of Rawalpindi and Islamabad with the mean age of 20 to 40 years. The second group consisted of 50 women from general population of same age mean.

Instrument

Edinburgh Postnatal Depression Scale.

EPDS is a 10 item scale developed by Cox, Holden and Sagovsky in 1987. It can be responded on four point likert scale scored from 0 to 3. There are also reverse codded items such as item no 3, 5 and 10. Total scale score is 30 and the score of 10 or less will be considered as normal and 13 will be considered as significant depression according to the manual. Item no 10 measures the suicidal thoughts that should be looked very carefully. Only one item measures the somatic or bodily symptoms that is "*I have been so unhappy that I have had difficulty in sleeping*" (Glaze and Cox, 1991). The coefficient alpha reliability of the scale is α= .82 (Deater-Deckard, Pickering, Dunn and Golding, 1998).

Kansas Marital Satisfaction Scale.

The scale was developed by Schumm, Nichols, Schectman and Grigsby in 1983. Kansas Marital Conflict Scale consists of 3 items measured in seven point likert scale ranging from extremely dissatisfied (0) to extremely satisfied (7).

Procedure

The researcher used Eidinburgh Postpartum Depression Scale and Kansas Maital Conflict scale to collect responses for study. The respondents of the present study were contacted by the researcher took the formal consent from the participants to include in the study.They were assured of confidentiality of their responses and were briefed about the scales. They were requested to give as honest answers as possible. Then they were requested to complete the scales. Two groups of respondents were contacted in the study. Group of 50 respondents were contacted from hospitals. The data was collected individually from Capital Hospital Islamabad, Benazir Bhutto Hospital Rawalpindi, PAF hospital Wah Cantt and PIMS Islamabad.

Group of 50 respondents were contacted from general population of Islamabad and Rawalpindi. At the end they were thanked for their

cooperation. The first group was consisting of diagnosed women of Postpartum Depression; their age range was (20-40). The second group was consisting of women from general population of Rawalpindi and Islamabad which were randomly selected and their age range was (20-40) years. The results of the two scales were analyzed by using statistical package SPSS, according to the scoring directions.

Results

Table 1

Association Between Postpartum Depression and Marital Conflicts (N= 100)

		Group				
Variable		Postpartum depressed women	Normal women	Total	X^2	P
Marital conflicts	Low	12	42	54	7.42	.003
	High	38	8	36		
Total		50	50	100		

Table 1 shows association between both husband and wives get their points across to each other without too much trouble and things have been too much for the postpartum depressed women. The hypothesis was tested by using chi-square test at significance level of .003. The value of chi-square i.e. 7.42 at significance level of 0.003 confirmed that husband and wives get their points across to each other without too much trouble but as compared to them women with postpartum depression considered things too much for them and exaggerated things and created troubles among themselves. Hence the hypothesis has been accepted.

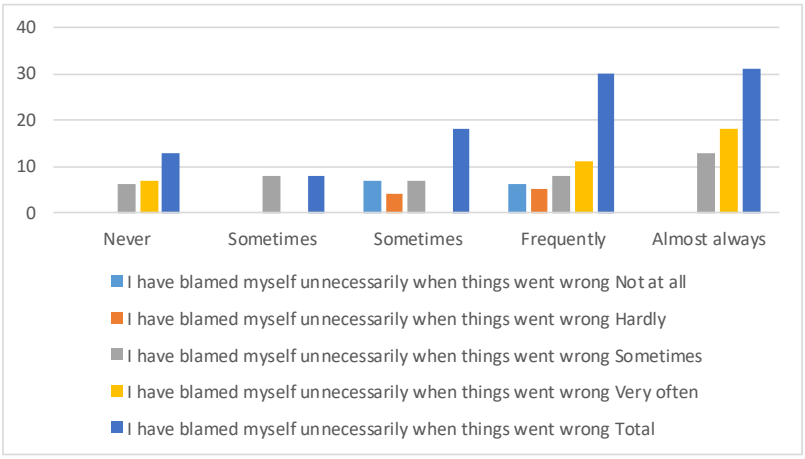

Figure 1 *Coping Mechanism of Women with Postpartum Depression*

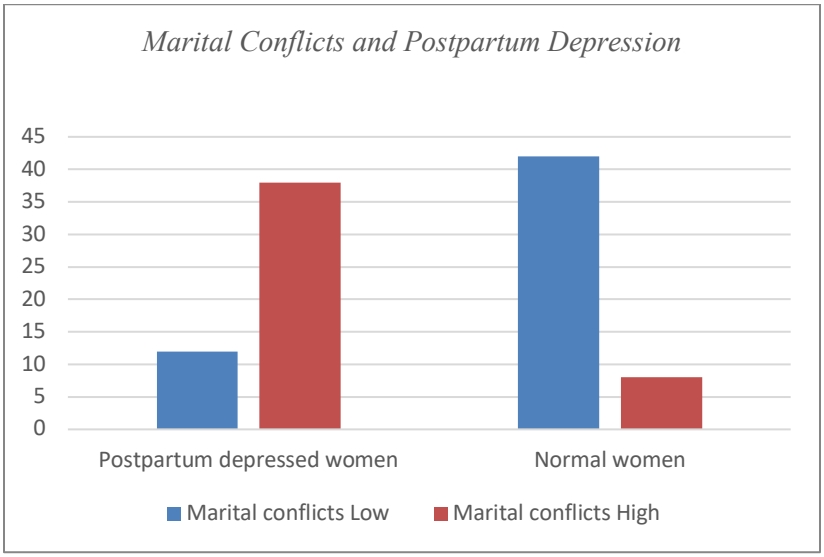

Figure 2

Discussion

The purpose of the present study was to examine the relationship between postpartum depression and marital dysfunction or conflict among diagnosed women of postpartum depression and women of general population. The collection of data from hospitals for the group of 50

diagnosed postpartum depressive women was difficult because of the time factor and because the postpartum depression diagnosis is very rare. So it took much time to find the patients.

The first study hypothesis was that "marital conflicts will be significantly high in women with postpartum depression than women from general population" was proved according to the results. The hypothesis was tested by using chi-square test at significance level of .002. The results confirmed that husband and wives get their points across to each other without too much trouble but as compared to them women with postpartum depression considered things too much for them and exaggerated things and created troubles among themselves. Hence the first hypothesis has been accepted. The previous research is also evident that marital conflict causes postpartum depression among women (Forman, Videbech, Hedegaard, Salvig, & Secher, 2000).

The second hypothesis "women with postpartum depression have got much difficulty in understanding themselves" was tested by using chi-square test at significance level of .006. The value of chi-square i.e. 0.001 at significance level of .006 confirmed that husbands and wives begin to understand each others feeling quickly and they can easily cope with their problems. As compared to this women with postpartum depression have got much difficulty in understanding themselves and they projected that misunderstanding towards themselves. Hence the hypothesis has been accepted. Depression during the period of child bearing has an important issue and risk factor for the women and neonate as well. Study based on mata analysis suggested that it is important to early screen out the pregnant women for depression and systematic referral plans should be made to give them care and benefits of interventions can be achieved. Unluckily postpartum depression remains undiagnosed and untreated due to several reasons one of which is lack of knowledge about such emotional and psychological condition after child birth.

Prolonged and untreated episodes of persistent postpartum depression will cause longer term effects on marital relationships (Burt and Stein, 2002; Danaci, Dinc, Deveci, Sen, and Icelli, 2002).

Limitations and Suggestions

Many studies raised the issue of prevalence, ignorance of the diagnosis and the determinants of postpartum depression in developed countries, but there was still shortage of valid and diagnosed data in our community and hospitals which lead towards generalize ability issues.

Therefore, the researcher aimed for this study to determine this area of psychology. This research will be helpful for students and researchers who are working in the area of social and clinical psychology in national context.

There were some limitations for further studies in this topic with this sample as one group consists of postpartum depression patients have no insight regarding their disorder and they projected their conflicts to some supernatural forces so they didn't respond properly to the marital satisfaction scale. It was also lack of availability of the diagnosed patients of postpartum depression so the data gathering was very difficult. Only one or two patient reported to come for the treatment of postpartum depression in OPD basis.

Conclusion

The present study aimed at examines the prevalence of marital conflicts among women diagnosed with postpartum depression and women from general population. Two hypotheses were formulated on the basis of past literature. The results were computed in SPSS. Findings of the study indicated that marital conflicts were more in women with postpartum depression than women from general population.it was also found that women with postpartum depression have got much difficulty in understanding themselves.

References

Ali, N. S., Ali, B. S., & Azam, I. S. (2009). Postpartum anxiety and depression in peri-urban communities of Karachi, Pakistan: a quasi-experimental study. *BMC Public Health, 9,* 384. doi:10.1186/1471-2458 9-384.

Beach, S. R. H., Katz, J., Kim, S., & Brody, G.H. (2003). Prospective effects of marital satisfaction on depressive symptoms in established marriages: A dyadic model. *Journal of Social and Personal Relationships, 20,* 355–371.

Beck, T. (2002). Revision of the postpartum depression predictor's inventory. *JOGNN, 31.*

Burt, V. K., Stein, K. (2002). Epidemiology of depression throughout the female life cycle. *J Clin Psychiatry, 63*(7),9-15.

Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10 item Edinburgh Postnatal Depression Scale. *Br J Psychiatry, 150,* 782-6.

Coyne, J.C., Thompson, R. & Palmer, S.C. (2002). Marital quality, coping with conflict, marital complaints, and affection in couples with a depressed wife. *Journal of Family Psychology, 16*(1), 26–37.

Danaci, A. E., Dinc, G., Deveci, A., Sen, F. S., Icelli, I. (2002). Postnatal depression in Turkey: epidemiological and cultural aspects. *Soc Psychiatry Psychiatr Epidemiol, 37*(3),125-9.

Deater-Deckard, K., Pickering, K., Dunn, J. F., & Golding, J. (1998). Family structure and depressive symptoms in men preceding and following the birth of a child. The Avon Longitudinal Study of Pregnancy and Childhood Study Team. Am J Psychiatry. 155(6),818-23.

Dennis, C., & Ross, L. (2006). Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of Advanced Nursing, 56*(6), 588-599. doi:10.1111/j.1365 2648.2006.04059.x

Dowlatshahi, D. & Paykel, E. S. (1990). Life events and social stress in puerperal psychoses: absence of effect. *Psychological Medicine, 20,* 655-662.

Dressel, P. L., Clark, A. (1990). A critical look at family care. *Journal of Marriage & the Family* 1990, 52(3)**,**769-769.

Dubovsky, S. L. & Buzan, R. (1999). "Mood Disorders" in Hales, R. E., Yudofsky, S. C., & Talbott, J. A. (Eds.) Textbook of psychiatry (pp. 479-566) Washington, D.C.: American Psychiatric Press.

Everingham, C. R., Heading, G., & Connor, L. (2006). Couples' experiences of postnatal depression: A framing analysis of cultural identity, gender and communication. *Soc Sci Medicine* , *62*(7)**,**1745-1756.

Forman, D. N., Videbech, P., Hedegaard, M., Salvig, J. D., & Secher, N. J. (2000). Postpartum depression: identification of women at risk. *British Journal of Obstetrics & Gynaecology, 107,* 1210- 1217.

Glaze, R., Cox, J. L. (1991). Validation of a computerised version of the 10-item (self-rating) Edinburgh Postnatal Depression Scale. *J Affect Disord, 22*(1-2), 73-7.

Harris, B. (1996). Hormonal aspects of postnatal depression. *International Review of Psychiatry, 8,* 27 36.

Hendrick, V., Altshuler, L. L., & Suri, R. (1998). Hormonal changes in the postpartum and implications for postpartum depression. *Psychosomatics, 39,* 93-101.

Hollist, C. S., Miller, R., Falceto, O. G., & Fernandes, C. L. C. (2007). "Marital Satisfaction and Depression: A Replication of the Marital Discord Model in a Latino Sample" (2007). *Faculty Publications, Department of Child, Youth, and Family Studies.* Paper 48.

Hopkins, J., Campbell, S. B., & Marcus, M. (1987). Role of infant-related stressors in postpartum depression. *Journal of Abnormal Psychology, 96,* 237-241.

Kausar, R. & Kahlid, R. (2001). *Conflict resolution Structure, and Context. Current Directions in strategies and perceived marital adjustment.* [M.Phil Psychological Science, 12(1), 23-27.http:// Dissertation].Applied Psychology Department, University of the Punjab, Lahore, Pakistan.

Keller, P. S., Cummings, E. M., Peterson, M. K. & Davies, P. T. (2009). Marital Conflict in the Context of Parental Depressive Symptoms: Implications for the Development of Children's Adjustment Problems. *Soc Dev, 18*(3), 536–555. doi: 10.1111/j.1467-9507.2008.00509.

Kumar, R., Marks, M., Platz, C., & Yoshida, K. (1995). Clinical survey of a psychiatric mother and baby unit: characteristics of 100 consecutive admissions. *Journal of Affective Disorders, 33,* 11-22.

O'Hara, M. and Swain, A. (1996). Rates and risk of postnatal depression – a Meta-analysis. *International Review of Psychiatry, 8,* 37-54.

O'Hara, M. W., Schlechte, J. A., Lewis, D. A., & Varner, M. W. (1991a). Controlled prospective study of postpartum mood disorders: psychological, environmental, and hormonal variables. *Journal of Abnormal Psychology, 100,* 63-73.

O'Leary, D. D. M., Schlaggar, B. L., Tuttle, R. (1994). Specification of neocortical areas and thalamocortical connections. *Annu Rev Neurosci, 17,* 419–439.

Paulson, J. F. (2010). "Focusing on depression in expectant and new fathers: prenatal and postpartum depression not limited to mothers". *Psychiatry Times,* 27 (2).postnatal psychiatric morbidity. *British Journal of Psychiatry, 168,* 607-611.

Robinson, G. E. & Stewart, D. E. (2001). Postpartum disorders. In N.L.Stotland & D. E. Stewart (Eds.), *Psychological aspects of*

women's health care (2nd ed. ed., pp. 117-139). Washington, DC: American Psychiatric Press,Inc.

Roomruangwong, C. & Epperson, C. N. (2011). Perinatal depression in Asian women: prevalence, associated factors, and cultural aspects. *Asian Biomedicine, 5*(2), 179 - 193

Roux, R. N., Anderson, C., & Roan C. (2002). Postpartum Depression, Marital Dysfunction, and Infant Outcome: a longitudinal study. *J Perinat Educ, 11*(4), 25–36. doi: 10.1624/105812402X88939

Schumm, W. A., Nichols, C. W., Schectman, K. L., & Grigsby, C. C. (1983). Characteristics of responses to the Kansas Marital Satisfaction Scale by a sample of 84 married mothers. *Psychological Reports, 53,* 567–572.

Spinelli, M. G. (2009). "Postpartum psychosis: detection of risk and management". *AmJPsychiatry* 166 (4),405,8. doi:10.1176/appi.ajp. 2008.08121899.

The Diagnostic and Statistical Manual of Mental Disorders (DSM IV), published by the American Psychiatric Association (APA, via archive.org).

Weissman, M., Bruce, M., Leaf, P., Florio, L. & Holzer, C. (1991). *Affective Disorders. In Psychiatric Disorders in America* (ed. D. A. Regier and L. N. Robins), pp. 53–80. The Free Press:New York.

Whiffen, V. E. (1992). Is postpartum depression a distinct diagnosis? *Clinical Psychology Review, 12,* 485–508.

Whiffen, V. E., & Gotlib, I. H. (1993). Comparison of postpartum and non postpartum depression: clinica presentation, psychiatric history, and psychosocial functioning. *Journal of Consulting and Clinical Psychology, 61,* 485–494.

Wisner, K. L., Parry, B. L., & Piontek, C. M. (2002). Clinical practice. Postpartum depression. *N.Engl.J.Med., 347,* 194-199.