



Research Paper

Determinants of Postpartum Depression among Mothers Attending Postnatal Clinic Federal Medical Center Ebute-Metta Lagos State

Maitanmi Bukola Titilope¹, Laoye Taiwo Ebuniola² and Maitanmi Julius Olatade³

1. Department of Mental Health/Psychiatry Nursing, School of Nursing, Babcock University, Ilishan-Remo, Ogun State
2. School of Nursing, Babcock University, Ilishan-Remo, Ogun State
3. Department of Community/Public Health Nursing, School of Nursing, Babcock University, Ilishan-Remo, Ogun State

ABSTRACT

Postpartum depression results in maternal suffering and diminished functioning and it is associated with increased risks of marital conflict and impaired infant-caregiver attachment, as well as increased risks of impaired emotional, social, and cognitive development in the child. This study assessed the determinants of postpartum depression among mothers attending postnatal clinic Federal Medical Center Ebute-Metta Lagos State.

This study adopted a non-experimental descriptive design. The sample size was 285 though only 261 copies of the instrument were successfully retrieved from the mothers attending postnatal clinic Federal Medical Center. The instrument for data collection was a self-designed questionnaire.

The result revealed that a little bit above half of the participants (50.2%) do not plan on having the baby, (46.3%) were within a mean age of 22 years and (11.8%) were single mothers, less than half of the participants (40.2%) found it hard and frustrating to bond with their child, (36.8%) of the mothers cannot perform effectively at work, (37.9%) of participants health are affected. This study shows that there is significant relationship between socio-economic status and development of postpartum depression. Also, there is a significant relationship between stressful event that occurred during pregnancy and after delivery and development of postpartum depression.

This study concludes that postpartum depression affects motherhood role in the area of working activities, child bonding and mother's health due to insufficient sleep. The study recommends that husband and other support system should be counseled to love and give maximum support during this period.

Key words: Determinants, Depression, postpartum, postnatal

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I. Background to the Study

Women changing into motherhood is a crucial period which involve important changes in the social, psychological, physiological, biological aspect of a post-partum mother and this increases their vulnerability for the development of mental problem. Postpartum depression is a prevalent mental disorder experienced by mothers. In lifetime, women experience depression two times more than men due to their hormone, reproductive nature of birthing and rearing children. Postpartum depression has an adverse effect on mothers and is a cause of suicide among post-partum mothers, postpartum depression can also have a negative impact on children's development (Narayanan & Naerde, 2016). Mother's mental health during the postpartum period is of importance for both the mother and the newborn.

Recent studies show that a similar or even greater share of mothers experience anxiety symptoms (Falah-Hassan, Shiri, & Dennis, 2016). Postpartum depression (PPD) is a complex mix of physical, emotional, and behavioral changes that happen in some woman that happen in some women after giving birth. (WebMD, 2020). Risk factors found to be significantly associated with postpartum depression were high risk pregnancy,

being unhappy with in-laws, low income of the family, mood swings and low mood during pregnancy (Suguna, Naveen, & Surekha, 2015). In our society, many mothers choose to live with postpartum depression rather than get help because of their inability to recognize it as a depressive disorder or due to their ignorance and lack of provision of relevant health education that should be imparted to them during their pregnancy (Shrestha, Hazrah, & Sagar, 2015). Postpartum depression results in maternal suffering and diminished functioning and it is associated with increased risks of marital conflict and impaired infant–caregiver attachment, as well as increased risks of impaired emotional, social, and cognitive development of the child.

Postpartum depression is among the top mental health issues and affects children’s health and cognitive development. Postpartum depression is one of the most common complications of child birth. When left untreated, it has the potential for a profound negative impact on mothers, children and families. Case identification and accurate diagnosis are important. Psychosocial, psychological, pharmacology and somatic interventions are each effective treatment options for Postpartum depression depending on the severity of the clinical presentation. Depressed mothers generally show less attentiveness and responsiveness to their children’s need

Statement of the Problem

Postpartum depression is highly indicated when symptoms are severe and have lasted over two weeks. It is noted that in about 1 to 2 per 1,000, postpartum depression results in postpartum psychosis. In the United States, postpartum depression occurs in about 8 per 100,000 births (Earls, 2010). Postpartum depression has also been seen as a temporary depression that afflicts about 15 percent of women following childbirth. It is more intense and long lasting than the “baby blues,” which affect as many as half of new mothers. The cause of postpartum depression is not well known, however, it has been linked to a variety of endocrine root causes—especially postpartum thyroid dysfunction. Antenatal depression has also been considered to increase the risk for postnatal depression. Maternal postpartum depression disturbs the attachment and bonding between mother and child and therefore adversely affects the infant’s development. Some of these adverse effects include negative effects on cognitive development and social-emotional development of the child. These problems may persist and are unlikely to be responsive to intervention over time if the maternal depression remains untreated. Postpartum depression also leads to increased costs of medical care, inappropriate medical care and discontinuation of breastfeeding. Elevated rates have also been found for anxiety, which has been less widely studied in Africa. In a review of studies from Africa, the antenatal and postnatal anxiety prevalence rates were 14.8 and 14%, respectively. However, the relative prevalence across the perinatal period varies widely by study. With some recent studies reporting a higher prevalence of anxiety in the antenatal period than in the postnatal period (Van-Heyningen et al., 2018). Known risk factors for maternal mental health problems include social factors such as poverty, low education levels; poor social support and relationship factors like marital problems. Many of the known risk factors are widely prevalent in Nigeria; a small East African country of almost 12 million people that is in the bottom third of the Human Development Index. Postpartum depression is one of the most common and disabling complications of child bearing, is often under diagnosed and under-treated and treatment are still suboptimal and postpartum depression has a negative effect on the child and also an increase in the maternal and child mortality. The perceived impact of postpartum depression on the mother and child prompted the researchers to carry out this research.

Objective of the Study

The general objective of this study is to examine the determinants of postpartum depression among mothers attending postnatal clinic Federal Medical Center Ebute-metta, Lagos State. Specific objectives include to:

- i. assess the factors responsible for postpartum depression among mothers attending postnatal clinic Federal Medical Center Ebute-metta, Lagos State.
- ii. assess the perceived effect of postpartum depression on motherhood roles among mothers attending postnatal clinic Federal Medical Center Ebute-metta, Lagos State.

Hypotheses

Ho1: There is no significant relationship between the socioeconomic status of the mothers and the development of postpartum depression

Ho2: There is no significant relationship between stressful events that occurred during pregnancy and after delivery and the development of postpartum depression

II. METHODOLOGY

This study employed a cross sectional quantitative research design. The research design is aimed at finding out the determinants of postpartum depression amongst mothers attending postnatal clinic Federal Medical Centre Ebute-metta.

Sample Size and Sampling Technique

A representative sample of 285 mothers attending postnatal clinic in Federal Medical Center EBUTE-METTA lagos State were recruited using purposive sampling technique following the use of Taro Yamane size formula to calculate the sample size.

Validity/Reliability of the Instrument

Content and face validity of the instrument were ensured. Reliability of the instrument was tested using 29 respondents who are mothers attending the postnatal clinic of Babcock University Teaching Hospital Ilishan Remo, Ogun State, being 10% of the research sample. The Cronbach’s Alpha coefficient were 0.942, 0.894 and 0.966 for sections B, C and D respectively of the instrument. Hence, the instrument was considered reliable.

Method of Data Analysis

The data collected were analyzed quantitatively using percentages, tables, graphs, and frequencies distribution to examine the general distribution of respondents as contained in each variable. Inferential statistic was used to test for hypotheses and relationship between variables by computing it using statistical package for social sciences (SPSS) version 23 at a significance level of 0.05.

Ethical consideration

The researcher obtained approval from Babcock University Health Research Ethical Committee (BUHREC). Consent and permission were gained from Federal Medical Center Ebute-metta, Lagos state especially from the Head of Department of the postnatal clinic. The chief nursing officer was also notified of the research work taking place at the clinic. The researchers ensured anonymity and confidentiality of all the data gathered.

III. DATA ANALYSIS

Two hundred and eighty-five (285) copies of questionnaire were distributed and two hundred and sixty-one copies (261) were retrieved successfully for analysis, making 91.6% return rate.

Table 1: Socio-demographic data of respondents (N=261)

Items		Frequency	Percentage (%)
Age: Mean=22years	18-25years	121	46.3
	26-35years	77	29.5
	35-45years	54	20.7
	45-55years	9	3.5
Marital status	Single mothers	31	11.8
	Married	205	78.5
	Divorced	18	6.9
	Widowed	7	2.7
Religion	Christianity	97	37.2
	Islam	99	37.9
	Traditional	62	23.8
	Others, please specify	3	1.1
Ethnicity	Yoruba	118	45.2
	Igbo	78	29.9
	Hausa	65	24.9
Parity	1 child	66	25.3
	2 children	111	42.5
	3 children and above	84	32.2
Level	No formal education	52	19.9
	Primary	82	31.4
	Secondary	60	23.0
	Tertiary	67	25.7
Occupation	House-wife	65	24.9
	Trader	73	28.0

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Civic servant	69	26.4
Teacher	41	15.7
Others specify	13	5.0

Table 1 shows the socio-demographic characteristics of the participants. The result shows that almost half of the participants were from the age range of 18-25years 121(46.3%) with a mean age of 22years. Most were married 205(78%), Christian and Islamic believers share the same percentage of 37.2% and 37.9% respectively for religion. With regards to ethnicity, most participants were from Yoruba tribe 118(45.2%). Most of the participants had two children 111(42.5%). Most of the participants had primary leaving certificate 82(31.4%) and large percentage of the participants ventured into trading.

Research question one:

What are the factors responsible for postpartum depression among mother attending postnatal clinic in Federal Medical Center Ebute-metta, Lagos State?

Table 2: Factors responsible for postpartum depression among mothers attending postnatal clinic in Federal Medical Center, Ebute-metta, Lagos State (N=261)

Factors responsible for postpartum depression	Yes	No	I Don't Know
1. I do not plan to have the baby before, but I was asked to deliver	131(50.2%)	71(27.2%)	59(22.6%)
2. My husband was not there for me throughout the pregnancy phase and after delivery	63(24.1%)	112(42.9%)	86(33%)
3. I do not have the money to take care of a new born baby at the moment	70(26.8%)	106(40.8%)	85(32.5%)
4. I sometimes get depressed, tired and eat too much while taking care of my baby	102(39.1%)	81(31%)	78(29.9%)
5. I have a very stressful job	77(29.5%)	109(41.8%)	75(28.7%)
6. I planned to have a vaginal delivery but had to be caesarean section	77(29.5%)	99(37.9%)	85(32.6%)
7. I have aborted a baby before and I am scared of losing this one also	66(25.3%)	107(41%)	88(33.7%)
8. The gender of this baby is not what I wanted	70(26.8%)	96(36.8%)	95(36.4%)
9. My child was sick after delivery	70(26.8%)	118(45.2%)	73(28%)
10. My husbands family was disappointed at my child's gender	77(29.5%)	95(36.4%)	89(34.1%)
11. My husband did physically abuse me during pregnancy	103(39.5%)	83(31.8%)	75(28.7%)

Table 2 reveals the factors responsible for postpartum depression among mother attending postnatal clinic in Federal Medical Center Ebute-metta, Lagos State. The result shows that more than half 131(50.2%) of the participants do not plan to have the baby before, but they were asked to deliver the baby. Large number of the participants concurred that their husband were there for them throughout the pregnancy to delivery phase 112(42.9%), they have the money to take care of a new born baby at the moment 106(40.8%), but more of the participants get depressed, tired and eat too much while taking care of their baby 102(39.1%). Even though, they don't have a stressful job 109(41.8%), and many don't planned to have a vaginal delivery but had to be caesarean section 99(37.9%) still many husband of the participants physically abuse them during pregnancy 103(39.5%).

Research question two

What is the perceived effect of postpartum depression on motherhood role among mothers attending postnatal clinic in Federal Medical Center Ebute-metta Lagos State?

Table 3: Perceived effect of postpartum depression on motherhood role among mothers attending postnatal clinic in Federal Medical Center Ebute-metta Lagos State (N=261)

Variables	Agree	Undecided	Disagree
I find it easy to breastfeed my baby without any challenge	132(50.2%)	73(28%)	56(21.5%)
I sometimes feel like harming my child	103(39.5%)	84(32.2%)	74(28.4%)
I am not able to bathe my child without feeling sad	95(36.4%)	87(33.3%)	79(30.3%)
My family supports me while taking care of my child	105(40.2%)	93(35.6%)	63(24.1%)

For now, I am not allowed to handle my child	95(36.4%)	90(34.5%)	76(29.1%)
I sometimes feel fearful when I hold my child	88(33.7%)	94(36%)	79(30.3%)
I find it hard and frustrating to bond with my child	105(40.2%)	57(21.8%)	99(37.9%)
I do not perform effectively at work	96(36.8%)	88(33.7%)	77(29.5%)
I do not want to have anything to do with my husband	88(33.7%)	81(31%)	92(35.2%)
I sometimes feel like harming myself because of my present health status	99(37.9%)	74(28.4%)	88(33.7%)
I find it hard to sleep at night	115(44.1%)	80(30.7%)	66(25.3%)
I get very irritated and angry at almost all situations	129(49.4%)	54(20.7%)	78(29.9%)

Table 3 shows the perceived effect of postpartum depression on motherhood role among mothers attending postnatal clinic in federal medical centre Ebute-metta Lagos state. The result shows that majority of the participants find it easy to breastfeed their baby without any challenge 132(50.2%) and less than half of the participants sometimes felt like harming their child 103(39.5%), few were not able to bathe their child without feeling sad 103(36.4%), and close to half of the participants agreed that their family supports them while taking care of their child 105(40.2%).

The study further shows that less than half of the participants found it hard and frustrating to bond with their child 105(40.2%) and more of them do not perform effectively at work 96(36.8%). Although more of the participants found it hard to sleep at night 115(44.1%) still, many of the mothers get very irritated and angry at almost all situations 129(49.4%)

Test of Hypotheses

Hypothesis one

There is no significant relationship between the socioeconomic status of the mothers and the development of postpartum depression.

Table 4: Relationship between participants’ socio-economic status and development of postpartum depression.

		Postpartum depression	Remarks
Socio-economic status	Pearson correlation	-.186**	Reject null hypothesis
	Sig. (2-tailed)	.003	
	N	261	

*. Correlation is significant at the 0.05 level (2-tailed).

The results in Table 4.6 revealed a significant relationship between the respondents socio-economic status and post partum depression development (r = -.186; p=0.003 < .05). The hypothesis which stated that “There used no significant relationship between respondent socio-economic status and development of postpartum depression is hereby rejected by this findings. This implies that an increase in respondents socio-economic status will negate an increase in development of postpartum depression among mothers attending postnatal clinic in FMC Ebute-metta Lagos state.

Hypothesis two:

There is no significant relationship between stressful events that occurred during pregnancy and after delivery and the development of postpartum depression

Table 5: Relationship between stressful events that occurred during pregnancy and after delivery and the development of postpartum depression

		Postpartum depression	Remarks
Stressful events that occurred during pregnancy and after delivery	Pearson correlation	.742**	Reject null hypothesis
	Sig. (2-tailed)	.000	
	N	261	

*. Correlation is significant at the 0.05 level (2-tailed).

The results in Table 5 revealed a significant relationship between the respondents stressful events that occurred during pregnancy and after delivery and postpartum depression development (r = .742; p=0.000 < .05). The hypothesis which stated that “There used no significant relationship between respondent stressful events that occurred during pregnancy and after delivery and development of postpartum depression is hereby rejected by this findings. This implies that an increase in respondents stressful events that occurred during pregnancy and after delivery will increase postpartum depression among mothers attending postnatal clinic in FMC Ebute-metta Lagos state.

IV. DISCUSSION OF FINDINGS

Research question one

The result shows that most mothers did not plan to have their baby and their husband were there for them during this period for care although, they were not stress with their job still, their husband abuse them physically in this period. This result corroborate with a study led by Kerie, Menberu and Niguse (2017) who revealed the prevalence and associated factors of postpartum depression among mothers. His study showed that 138 (33.82%) of mothers had postpartum depression due to their unplanned pregnancy, age from 15 to 24 years, having a chronic physical illness, experiencing death of infant and unstable marital condition were significantly associated with postpartum depression. However, in the two studies the pregnancy might be unplanned due to the mother and their spouse age.

Research question two

This findings expounded that postpartum depression affect motherhood role in the areas of their working activities, child bonding and mothers' health. This result is in line with a study led by Narayanan and Naerde, (2016) who found that postpartum depression has an adverse effect on mothers and is a cause of suicide among post-partum mothers, postpartum depression can also have a negative impact on children's development Moreso, The result shows that majority of the participants find it easy to breastfeed their baby without any challenge. This correlate with a study conducted by Shimao, Matsumura, Tsuchida, Kasamatsu, Hamazaki, and Inadera (2021) who discovered that Regardless of the pattern or duration of feeding, the group that maintained eye contact or talked to their baby during feeding had a lower risk of postpartum depression compared with the group that performed other activities.

V. CONCLUSION

Postpartum depression affect motherhood role in the areas of working activities, child bonding and mothers' health due to insufficient sleep. An increase in respondents socio-economic status will negate an increase in development of postpartum depression among mothers, and an increases in stressful events during pregnancy and after delivery increases postpartum depression development. Therefore, to reduce postpartum depression among postnatal mothers, socio economic status of mothers should increases while most of the stressful events should be reduce especially during pregnancy and after delivery.

VI. RECOMMENDATIONS

1. Husband and other support system should be counseled to love and give maximum support during this period.
2. Adequate health education should be imparted to both husband and wife during pregnancy and after delivery
3. Formulation of better policy to guide the public and health care professionals of postpartum depression and local resources available for optimal treatment of women suffering from it.
4. Adequate medication with proper counseling should be ensure among medical professionals
5. Early postpartum checkup should be exercise after birth to look for symptoms of depression, the earlier the diagnosis, the earlier the mother can begin treatment

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