

The Relationship between Marital Satisfaction and Postpartum Depression in Women who Visited Health Centers in Bandar Abbas city

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ABSTRACT

Postpartum depression causes problems for the mother, baby and other family members. Such a situation may affect the quality of mother-infant attachment and other family relationships. This may even threaten both safety and health of mothers, infants and other children. This research aimed to study the relationship between marital satisfaction and postpartum depression in women who visited health centers in Bandar Abbas city. The correlational method was used in this descriptive research. The tools used to collect data were Beck Depression Inventory-II and ENRICH Marital Satisfaction Inventory. The required information in this research was obtained from 125 women who visited four health centers in Bandar Abbas city three months after delivery for postpartum care and childcare. In this study, multi-stage cluster sampling method was used. Data analysis was performed using both descriptive and inferential statistics. In order to analyze data, SPSS and statistical tests relevant to one-way analysis of variance were used. The findings showed that there is an inverse and significant relationship between marital satisfaction and postpartum depression. Moreover, the results indicated that there is an inverse and significant relationship between marital satisfaction subscales and depression.

KEYWORDS: Postpartum Depression - Marital Satisfaction

1. INTRODUCTION

Pregnancy and delivery are considered as significant evolutionary events in lives of most married women. Women should successfully acquire physical, interpersonal, familial, and communicational compatibilities in order to comply with pregnancy and delivery. Life's Crises such as puberty, menstruation, sex, pregnancy and finally pregnancy are linked together as rings in a chain (Life's Crises such as puberty, menstruation, sex, pregnancy and finally pregnancy occur successively in lives of women). These events undeniably influence both woman's body and mind [1]. Postpartum period is the time when women are vulnerable both emotionally and physically [2, 3, 4]. The mental disorders relevant to this period are divided into three categories including grief, depression and postpartum psychosis [5]. The cause of this disease is still unknown. However, in terms of etiology, multiple theories were proposed which helped to better understand postpartum depression. These included biological factors (such as hormonal causes as sudden drop in estrogen levels and increased urinary excretion of cortisol, neurotransmitters and genetic theories), psychological factors (such as personality theories) and social factors (such as social support, life stresses, culture and readiness for birth of the child). In meta-analysis study conducted in this context, 13 predictors of postpartum depression were identified including any history of postpartum depression, self-esteem, infant care stress, parental anxiety, life stresses, unplanned pregnancies, social support, history of depression, infant temperament, maternal grief, socio-economic status, marital relationship and status [6]. Moreover, the spouse behavior, intimate relationship with family members and history of depression are significantly related to postpartum depression [7].

Nowadays, depression is considered as one of the most common psychiatric disorders and problems in human life. This disease affects people almost in all countries and cultures. A number of studies have shown that women are twice as depressed as men are.

Following Tension factors (stressors) were identified as the cause of increased rate of depression among women compared to men: pregnancy, menstruation, learned helplessness, hormonal differences, inadequate social skills and the difference between social stress among men and women [8].

According to the criteria of the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), postpartum depression is defined as major depression and simultaneous presence of five symptoms indicating disturb in physiological regulation as well as characteristic of depression that at least one of them is depressed mood or loss of interest or pleasure in activities. These symptoms should persist at least 2 weeks and start at maximum within 4 weeks after delivery [9].

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Based on the results of epidemiological studies, postpartum depression occurs three months after delivery in women. The prevalence of postpartum depression in diverse communities varies from 5% in Denmark to 13.4% in Brazil and 36% in Chile [9]. The prevalence of postpartum depression in Asian countries range from 3.5% to 63.3% respectively in Malaysia and Pakistan. It was estimated that Malaysia and Pakistan have the lowest and highest prevalence of depression respectively [11]. The researchers conducted in Iran have shown that there is high prevalence of depression in Iran as well. In this regard, Narimani *et al.* [12] reported the prevalence of depression in Tehran as 17% while Sadr *et al.* [13] reported this as 20.3%. If left untreated, postpartum depression may have adverse effects on mental, cognitive and social development of the child. It may also lead to initial dysfunctioning of mother-infant relationship [14]. This disorder also has negative effects on the relationships between spouses and children. It particularly has adverse effects on growth and development of infants [15].

Marital satisfaction is a process, which develops within a couple's life. Marital satisfaction includes four domains including (physical, sexual) attractions, understanding, attitudes and investment. Marital satisfaction is defined as subjective feelings of satisfaction and delight between the couple in all their relationships [16]. Several factors affect marital satisfaction, such as satisfaction with spouse mood [17], trust, loyalty and love [18], and the spouse's income and employment [19]. Birth of the child affects the couples' quality of life because the couples should not only attempt to achieve their previous goals and secure their future, but they also should consider the well-being of their child in their lives seriously. Thus, the spouse should empathize, respect and support his wife to ensure (meet) his wife's concerns that demands [20]. Mamoun *et al.* conducted a study and showed that marital satisfaction is significantly associated with postpartum depression [21]. Moreover, Khadivzade *et al.* [22] showed that there is a significant and inverse relationship between marital satisfaction and postpartum depression. Hadizade Talasaz conducted a study [23] and showed that there is a significant relationship between scores of postpartum depression and quality of marital relationship and mental health. Gotlib *et al.* [24] reported that there is lower marital satisfaction and higher mental stress in women with postpartum depression. The findings obtained from various studies showed that there is an inverse relationship between marital satisfaction and postpartum depression [22]. It is reported that most women with postpartum depression have lower levels of marital satisfaction and higher stress. This indicates the protective role of marital satisfaction is postpartum depression. Given the high prevalence of postpartum depression, multifactorial nature of this disease and the importance of mental health promotion in women, it is clear that any attempt to reduce any risk factors affecting the incidence of depression can lead to decreased rate of depression. Therefore, addressing these risk factors is very important. As a result, the present study aimed to study the relationship between marital satisfaction and postpartum depression in women who visited health centers in Bandar Abbas.

2. MATERIALS AND METHODS

This study is a descriptive research whose type is correlation. The statistical population included the women who visited health centers in Bandar Abbas within 3 months after delivery for the purpose of childcare. In this study, 125 women were selected. The sample size was calculated using Cochran formula and the table, which contains calculated sample size. Multi-stage cluster sampling method was used to select the sample. The tools used to collect data included demographic information questionnaire, Beck Depression Inventory-II (21 items) and ENRICH Marital Satisfaction Inventory (47 items). The demographic information questionnaire included the information on age, educational level, number of children, and duration of marriage of the individuals. Beck Depression Inventory-II (21 items) is the revised form of Beck Depression Inventory developed to measure the severity of depression [25]. Beck *et al.* [25] reported the internal consistency of this tool between 0.73 and 0.92 with a mean of 0.86. The alpha coefficient for the patient group was reported as 0.86 while this value was reported as 0.81 for the non-patient group. The reliability of Beck Depression Inventory- II was obtained as 0.90 by the researcher in this study using Cronbach's alpha coefficient.

ENRICH Marital Satisfaction Inventory was used to measure marital satisfaction. The original form of this inventory consists of 115 questions and 12 scales. Olson [26] used this inventory to assess marital satisfaction. He believed that every item of this inventory is relevant to one of the most important areas. Validity of marital satisfaction inventory was approved in several studies [27, 28]. The reliability of ENRICH Marital Satisfaction Inventory was obtained as 0.95 in the present study. Moreover, the reliability of personal issues, marital relationship, conflict resolution, financial management, leisure activities, sexual relationships, marriage and children, relatives and friends, and religious orientation subscales were obtained as 0.76, 0.80, 0.79, 0.71, 0.67, 0.45, 0.71, 0.64 and 0.61 respectively. Descriptive and inferential statistics was used to analyze data. For data analysis, SPSS software and one-way analysis of variance was used.

3. RESULTS

The findings are presented in two parts including descriptive and inferential statistics. In Table 1, the mean and standard deviation indicators relevant to variables of this research are presented.

According to table, as it is observed, the obtained mean score of marital satisfaction among the participants is equal to 50.35. According to scoring of ENRICH Marital Satisfaction Inventory, the participants have relative and moderate marital satisfaction.

Considering marital satisfaction subscales, the participants also have moderate marital satisfaction according to ENRICH Marital Satisfaction Inventory.

The findings of the research hypotheses are presented in Table 2. The main hypothesis stated that there is a significant relationship between marital satisfaction and postpartum depression. Moreover, alternative hypotheses stated that there are significant relationships between marital satisfaction subscales and postpartum depression.

Table 1. Descriptive indicators relevant to research variables

Variables	Descriptive indicators				
	N	Mean	SD	Min.	Max.
Marital satisfaction	125	50.35	11.38	19	72
Personal issues	125	3.69	0.83	1.20	5
Marital relationship	125	3.56	0.94	1	5
Conflict resolution	125	3.69	0.87	1.20	5
Financial management	125	3.77	0.80	1.20	5
Leisure activities	125	3.77	0.78	1.80	5
Sexual relationships	125	3.83	0.61	2	5
Marriage and children	125	3.76	0.76	1.40	5
Relatives and friends	125	3.58	0.73	1.40	5
Religious orientation	125	3.97	0.65	2.20	5
Postpartum depression	125	12.94	10.59	0	54

Table 2. Correlation between marital satisfaction and its subscales with postpartum depression

Variables	R	Sig.
Marital satisfaction	-0.58	0.001
Personal issues	-0.50	0.001
Marital relationship	-0.57	0.001
Conflict resolution	-0.56	0.001
Financial management	-0.52	0.001
Leisure activities	-.043	0.001
Sexual relationships	-0.32	0.001
Marriage and children	-0.43	0.001
Relatives and friends	-0.39	0.001
Religious orientation	-0.40	0.001

Since the p-value for this hypothesis was obtained less than 0.001, the research hypothesis is accepted in 0.05 level of significance. Thus, there is a significant relationship between marital satisfaction and postpartum depression. The results also indicated that if the score of marital satisfaction decreases, the severity of depression would increase. As a result, there is an inverse relationship between marital satisfaction and severity of depression.

Furthermore, according to the above table, there are significant and inverse relationships between following variables in 0.05 level of significance: personal issues and postpartum depression ($P < 0.001$, $R = -0.50$), marital relationship and postpartum depression ($P < 0.001$, $R = -0.57$), conflict resolution and postpartum depression ($P < 0.001$, $R = -0.56$), financial management and postpartum depression ($P < 0.001$, $R = -0.52$), leisure and postpartum depression ($P < 0.001$, $R = -0.43$), sexual relationships and postpartum depression ($P < 0.001$, $R = -0.32$), children affairs and postpartum depression ($P < 0.001$, $R = -0.43$), family and friends affairs and postpartum depression ($P < 0.001$, $R = -0.39$), religious orientation and postpartum depression ($P < 0.001$, $R = -0.40$).

4. DISCUSSION AND CONCLUSION

The results showed that there is a relationship between marital satisfaction and postpartum depression. The results also indicated that if the score of marital satisfaction decreases, the severity of depression would increase. As a result, there is an inverse relationship between marital satisfaction and severity of depression. On the other hand, there are significant and inverse relationships between the subscales of marital satisfaction and postpartum depression. These findings are in line with those obtained from Khadivzade et al. [22], Bakhshi et al. [29], Kiani and Madadzadeh [30], Shabani et al. [31], and Munaf and Siddiqui [32]. They showed that there is an inverse correlation between marital satisfaction and postpartum depression. Moreover, Shirchang et al. (28) also concluded that marital satisfaction and mental health are predictors of postpartum depression variable.

In order to explain the above findings, it can be stated that marital dissatisfaction is a predisposing factor for postpartum depression. Postpartum depression level is lower in the individuals who have higher marital satisfaction. This is because the marital relationship is the core of the family system. Then, any disturbance in the family system threatens foundation of the family. Dissatisfaction among couples living together cause distress in the family. This has undeniable adverse effects on communities, families and individuals [33].

Lower marital satisfaction cause problem in establishing proper emotional connection between spouses. As a result, it increases the risk of depression. Birth of the child affects the couples' quality of life because the couples should not only attempt to achieve their previous goals and secure their future, but they also should consider well-being of their child in their lives seriously. Thus, the spouse should empathize, respect and support his wife to ensure (meet) his wife's concerns that demands. It is reported that most women with postpartum depression have lower marital satisfaction and higher stress. This indicates the protective role of marital satisfaction in postpartum depression.

Based on the results of this research and similar researches in this context, counseling for couples in late pregnancy and postpartum depression is necessary. This necessity is noteworthy when we recognize that health care costs - in order to improve postpartum - is several times more than the cost of prevention of this disorder. On the other hand, the results obtained from these researches can further help to better recognize predisposing factors of postpartum depression according to social, cultural and biological structure of every community. Then, it may help to take necessary measures for prevention, care and treatment of mothers.

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