



# Psychosocial Problems among Urban Women in Postpartum Period- A Qualitative Study in Kanchipuram District, Tamil Nadu

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## ABSTRACT

**Background:** Post-Partum Depression (PPD) is one of the overlooked psychosocial problem among postnatal mothers which is rooted on various personal and social experiences faced. The study was carried out with the aim to understand the experiences of postnatal mothers suffering from PPD using qualitative methods.

**Methods:** A qualitative study was done among 20 postnatal mothers in urban area of Kancheepuram district, suffering from PPD according to Edinburgh Postnatal Depression scale. Semi-structured interviews were used to guide the data collection process which was carried out either in their homes or via telephonic calls using in-depth interviews which were recorded and analysed by using thematic analysis.

**Results:** The major themes that were identified were related to Mental Health, Breast feeding, bonding with their child, relationship with partner, family and friends. The major subthemes in mental health were related to body image issues after delivery of the child, paranoia, feeling anxious, exhausted, feeling bad about not being happy about motherhood. Breastfeeding problems experienced were anxiety related to breastfeeding and cluster feeding.

**Conclusion:** Awareness about PPD must be created in the community among every household so that people will become sensitised that a term like that is real and will report the same if noticed among their family members.

**Keywords:** Anxiety, Mental health, Breastfeeding, depression, stress

## INTRODUCTION

Post-Partum Depression (PPD) is a medical condition that involves extreme sadness and anxiety in women who have just given birth. Pregnancy and the period after delivery is a time when these women often experience huge biological, emotional, financial and social changes. Postpartum depression is shockingly becoming more common with a worldwide prevalence of 13% and about 22% in India [1].

Rapid hormonal changes mainly in the first 24 hours after delivery when the oestrogen and progesterone levels swiftly sink down to non-pregnant levels majorly contribute to the onset of PPD. Low thyroid hormone levels also add up to symptoms like weight gain, irritability or fatigue. Apart from hormonal changes, lifestyle changes also have a major part in causing PPD. Since childbirth comes with a great deal of responsibility feeling overwhelmed is very com-

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mon in addition to this body image issues, sleep deprivation and the family situations they are put in are all factors inducing the onset of PPD [2].

The precursor of postpartum depression is baby blues which is the sudden onset of feeling extremely sad after childbirth but subsequently resolves quickly whereas PPD lasts longer and the symptoms are more intense. postpartum depression can rarely develop into a severe condition called postpartum psychosis which includes panic attacks, disorientation, hallucinations, delusions, paranoia, agitation and the patient can harm themselves or their baby at this stage. Suicides are most common at this stage [3].

Risk factors of postpartum depression include multiple deliveries, delivering baby with special needs, familial history, history of any psychiatric illness in the past, history of depression before pregnancy, PPD during previous pregnancies, stressful conditions at home/work can manifest as PPD [4].

Symptoms of postpartum depression include sleep deprivation or oversleeping consequently leading to fatigue and low energy levels, feeling sad or unmotivated, loss of appetite, restlessness, becoming withdrawn from friends and family circle, feeling worthless, feeling detached from the baby, perceiving the child as a burden, loss of intimacy with the partner, reduced interest in pleasurable activities which they used to enjoy, excessive crying, inability to think clearly or concentrate, irritability, anger [5].

Based on the above background, the study was done among postnatal mothers in urban area of Kancheepuram district, to understand the actual experiences of postnatal mothers suffering from PPD and to provide an insight and understand their actual experiences and sufferings.

## METHODOLOGY

The study was done in Thirumazhisai, an urban field practice area attached to the private medical college in Kancheepuram district of Tamil Nadu.

This was a community based qualitative study.

**Study Population:** Married women who have given birth to a child in the past one year were included as study participants. Based on the data available in the Urban Health Centre, the postnatal mothers who delivered a child in past one year were visited in the community and Edinburgh Postnatal Depression scale was used to screen for depression.[6] Those who scored above 8 in the scale were included as study participants after getting the informed consent. Women with any other psychiatric illness or if they are on any psychiatric medication and women who delivered children with special needs, still births were excluded from the study. Based on the data available in the Urban Health Centre, a total of 86 eligible postpartum women were residing in the urban field practice area. They were visited in their house-

holds and screened by EPDS tool. From 86 postpartum women, 37 were found to be suffering from postpartum depression. Data saturation was reached after interviewing 20 women selected by purposive sampling technique.

**Study Period:** The study was conducted between March to May 2020.

**Study Tool and Data Collection:** Depending on the feasibility and availability of study participants, in-depth interviews were conducted either in person in community in the households of the participants or by telephonic interview using semi-structured questionnaire. The Edinburgh Postnatal Depression Scale is a validated 10 item screening tool that is easy to administer, is an effective for the screening of postnatal depression. A cut off score of 9 or 10 is a reliable indicator of the presence of postpartum depression in women. It has been validated for use in among Indian population in local Tamil Language. [6,7]

**Data Analysis:** Data was transcribed verbatim and Qualitative content analysis was used for data analysis [8]. Thematic analysis was used for analysing the data. Data saturation was reached after interviewing 20 participants as no new codes or themes were identified.

**Ethical Approval and Informed Consent:** Ethical approval was obtained from Institutional Review Board of Saveetha Medical College and informed consent was obtained from all participants before enrolling them in the study.

## RESULT

India is a country of various mixed cultural and traditional beliefs that are highly prevalent in many subgroups of population in various States. This is one of the main important concern as each pregnancy will carry their own set of do's and don'ts from each family traditions. A total of 20 in-depth interviews were conducted among eligible women in postnatal period suffering from postpartum depression. Each interview lasted for an average of 45 minutes. The major themes which were identified among Postnatal mothers were related to their mental health, breast-feeding issues, bonding with the child, relationship with their partner, family and friends and financial constraints. The various sub-themes and codes obtained are given in Table 1.

### 1) Mental Health

Pregnancy takes a toll on not just the physical health but also mental health of women. All the problems related to the mental health of the mothers are classified into 8 subthemes which include body image issues, paranoia, feeling overwhelmed, feeling inadequate in the household, feeling guilty for one's own thoughts, lack of sleep, fear of falling sick and feeling exhausted all the time.

**Table 1: Themes, subthemes and codes obtained from the qualitative findings**

THEMES	CODES
<b>Mental health</b>	
1.a: Body image issues	Feeling bad about putting on weight, stretchmarks, pregnancy scars, bloating.
1.b: Paranoia	Overthinking and stressing about all aspects of current life.
1.c: Feeling overwhelmed & anxious	Thought of facing a huge responsibility.
1.d: Feeling guilty for one's thoughts	Feeling bad for not being happy about motherhood.
1.e: Feeling exhausted	Constantly ignoring one's own health and attending to the child's needs, lack of sleep, trying to have work life balance.
<b>Breast Feeding</b>	
2.a: "First timer" anxiety	Feeling anxious and unsure about the entire process
2.b: Cluster feeding	Feeling exhausted, irritated and in physical pain related to breastfeeding.
2.c: Public embarrassment	Fear of lactating in public, not comfortable in nursing rooms in workplace or in public spaces. Fear of spontaneous lactation.
<b>Bonding with the child</b>	
No sense of attachment	Feeling no connection with the baby, neglecting the baby, considering it a burden.
<b>Relationship with partner</b>	
4.a: Feeling resentful	Feeling like doing all the work, enduring all pain and work by oneself.
4.b: Intimacy issues	Loss of sexual drive due to exhaustion, anxiety and body image issues.
<b>Relationship with family and friends</b>	
5.a: Difference of opinion	Not being supportive of the choices made. Forcing one's opinion on the mother. Fear of being body shamed and being ridiculed for making poor choices as a mother
5.b: Time constraint	Nursing and taking care of the baby becomes priority.

### 1.a: Body image issues

Majority of the women suffered from body image issues. Most of them put on 10-30kgs and were not feeling good about their bodies. "I was so scared of looking in the mirror" said one mother. Some women felt ashamed of their caesarean section scar and the stretch marks over their abdomen. They felt their confidence level dropped significantly and most of the mothers complained how they were reluctant to even get out of their beds in the mornings.

#### 1.b: Paranoia

Some of these mothers felt thoughts overflowing in their heads, "I would wake up in the middle of the night and run to the baby and sit next to it for hours together" said one teary eyed mother. Repeated thoughts about the safety of the baby and some mothers even had thoughts of harming their own child. They had their thoughts wrapped around the baby so much that they would see friends, family, neighbours and even their own partners as a threat at times.

#### 1.c: Feeling overwhelmed & anxious

Some of the mothers said they did not realize the magnitude of seriousness and sense of responsibility until after delivery. "The thought that I was responsible for this life freaked me out" exclaimed one mother. Most of them started feeling overwhelmed and burnt out with the task put forth. Some of these mothers felt they were being smothered with the responsibility of a child and were not ready to accept the reality. "I felt like there was a mountain on top of me! I couldn't breathe for a few minutes", said one mom.

#### 1.d: Feeling guilty for one's thoughts

Some of the mothers suffering from postpartum depression were generally sad and lacked elements of excitement or enthusiasm for their new roles as mothers. Most of them felt guilty about not being happy, for not having a sense of achievement or satisfaction after delivery. Some of them felt worse for being depressed or for having thoughts of harming the baby. "I would feel depressed, and I would feel guilty about being depressed. This felt like a vicious cycle going on and on and I couldn't find a way out of it" said one mother, reflecting back.

#### 1.e: Lack of sleep

Almost all of the mothers complained about lack of sleep due to the continuous waking up in the nights to a crying baby or to nurse the baby or general insomnia due to physical demands, and the stress that they were under and that they hardly had any time for themselves. "when the baby needs u all the time, and there is nobody around for the baby to cling to; I had no choice and no time to relax" said one mom.

#### 1.f: Fear of falling sick

Some of these mothers said they were scared of falling sick because of fear of giving it to the baby or that they will stop lactating if they fall sick or that the medicine they take might adversely affect the baby.

### 2) BREAST FEEDING

#### 2.a: "First timer" anxiety

Some of the mothers who had their first baby felt anxious about feeding the baby for the first time. Some of them had problems with the baby not latching properly. Most of the women felt irritated for the first few weeks because of continuous sucking and biting of the infant. Most of these women feared lifting and holding the baby. "I was very scared of the

baby's neck snapping when I'm lifting it" exclaimed one mother, and this fear was very common amongst post-partum women.

### **2.b: Cluster feeding**

Cluster feeding is when the baby keeps needing feed every 1 hour. Most mothers felt irritated and lose their confidence in this situation. This also causes soreness and pain in the nipple due to continuous sucking by the infant. This was one among the major causes of lack of sleep among the mothers. One of the mothers told that, "Due to the repeated feeding of my child, I felt that my breastmilk is not enough as all of my family members and neighbours were telling the same".

### **2.c: Public embarrassment**

Some of the mothers felt anxious while taking the baby out due to the embarrassment of nursing the baby in public. Some felt the number of nursing rooms in general are inadequate and even unhygienic in some places. A small number of new mom's faced problems with spontaneous lactation which causes a great deal of embarrassment especially in a public place.

## **3) BONDING WITH CHILD**

No sense of attachment Most mothers with PPD had issues with bonding with their baby. Most mother were felt they were not worthy of being a mother. A lot of mothers felt ashamed about how they did not feel this automatic connection or love towards the baby, like how they were supposed to. One of the mothers added that "this is especially true for an Indian household where a mother is expected to jump out of joy and cry out of love for one's baby and any reaction otherwise was frowned upon ". Some mothers perceived their baby as a dreaded responsibility on their shoulders, whereas some felt inadequate to fill the shoes of a mother. There was a spectrum of emotions and thought processes behind this sense of detachment.

## **4) RELATIONSHIP WITH PARTNER**

### **4.a: Feeling resentful**

Some of these women had times where they felt that they had to go through much more hardships than their partners. Some women felt that they were trapped with all the burden and their partners always had the freedom of choosing work/social appointments over the baby. This grew into feelings of resentment and added to the frustration. One woman added "I would find ways to pick fights with my husband whenever he was within my eyesight and would blame him for everything." One of the mothers even exclaimed that, "I used to go through all the contacts and messages of my husband as I felt insecure that he may be having any illicit relationship with any of his co-workers"

### **4.b: Intimacy issues**

Most women went through intimacy issues due to body image issues and were scared of being rejected by their partner. One woman said, "I wouldn't let my husband near me for a year". Some women said being interrupted by a crying baby every time would frustrate them to a point where they stopped trying afterwards and ultimately that would affect the relationship with their partner. One woman explained how they have been refraining from sexual activities since pregnancy and these issues kept piling up and they feared not having normal sexual life anymore.

## **5) RELATIONSHIP WITH FRIENDS & FAMILY**

### **5.a: Difference of opinion**

Some of the women felt pressurized when family members compared their children with others especially in terms of weight, growth, development and general health of the baby. This made the mothers feel responsible, one mother said "I would cry thinking I've failed as a mother when people said my child looked too tiny for its age ". Some mothers felt that it was like a competition about who was a better mother and it was hard to find genuine support from friends & family. They were also scared of being judged about their bodies and their choices.

### **5.b: Time constraint**

Most of the mothers complained that they hardly had any time for themselves to plan and meet their friends or relatives. They had to nurse the baby continuously and some of these women felt anxious about separating from the baby. This made it hard to visit anybody, any family functions, important matters. One mother added " planning and organization went out of the window when the baby came into the picture, I had to miss all of the important events in my family and friends circle for most of the year as something would always come up with the baby". Almost every mother had to sacrifice a small part of their social lives when they made their baby their priority.

## **DISCUSSION**

The study was done with the main aim to explore the emotions experienced by postpartum women suffering from some form of depression as evident from the Edinburgh Depression Scale. First theme was about how PPD affected mental health of these women. Various subthemes like body image issues, feeling exhausted, feeling guilty about one's own thought emerged. Study done by Chaireli et al found that changes on the physical appearance and body image following pregnancy has an important outcome on the confidence level of the mothers especially first timers [9].

One of the major finding of this study is that women feel low and depressed felt guilty about their thoughts which further worsened their depression. These findings are like a study done by Mauthner NS

[10]. Another important finding was the unquestionable link between exhaustion and development of PPD. Similar findings were found in a study done by Corwin EJ et al, where it was found that fatigue following pregnancy was found to be an important predictor variable for PPD in the study population [11]. This shows that medical support to treat any postpartum complications if any and social support from family members in taking care of the baby are of utmost importance as it may reduce the burden on women's shoulders and they could be able to avail some rest which can boost their morale and reduce their fatigue.

The next issue faced by these women was regarding breastfeeding. A study done by Watkins et al concluded that women with negative early breastfeeding experiences were more likely to have depressive symptoms at 2 months postpartum. [12]. It was interesting to note that, studies done by Skrundz M et al and Kimmel M et al found that plasma concentrations of oxytocin, a hormone necessary for maintaining lactation was negatively associated with PPD [13,14]. These studies suggest that enhancement of oxytocin release during pregnancy period and postpartum could help in the prevention of PPD among postnatal mothers. These findings warrant further research and these measures if implemented and successful would become an effective way to prevent PPD.

In the present study many mothers reported the lack of bonding with their babies which further worsened their depression as they were feeling themselves as outcast for not feeling bonded with their babies. The findings in a study done by Kertis et al found that this was a common finding among mothers suffering from PPD and concluded that this lack of bonding can lead to rejection of the infant and in the most severe cases may cause feelings of wanting to harm the infant [15]. Another study done by Murray L et al found that postpartum depression, by virtue of its impact on maternal interpersonal functioning, will disrupt normal infant engagements with the mother and, therefore, impair infant developmental progress [16]. A study done by Badr Lk et al found that high maternal age and low socioeconomic status to be important predictors on the bonding between the mother and the child [17]. A study done by Choi H et al found that this attitude of the mother with the child in the early days can lead to abusive behaviour affecting the child when they grow up [18]. These findings show that, it is imperative that all mothers should be screened for PPD as early as possible and referral and counselling services must be provided to the mothers suffering from PPD so that both the mother and child will get benefitted in the long run.

This study found that the varied cultural and traditions in the family can put the mothers under social pressure as they are the only persons who are expected to take care of the child. In a study done by Lee C et al, it was found that, cultural expectations in the family that taking care of the child is only

women's work and belief that it is an easy and stress free work was found to be an important factor which contributes to the increased workload and guilt among mothers which will ultimately lead to PPD [19]. It must be understood especially among Indian families that not all women are the same. Piling up the expectations of the family, traditions and culture on the mother can adversely affect her and child's physical and mental health.

Lack of intimacy between the postnatal mothers and their partners and insecurity were a cause of concern among the study participants. A study done by Desai N et al found that women who lack stable relationship with their partners and those who cannot confide in their partner regarding their troubles and issues were at greater risk of developing PPD [20]. Often the role of sexual consequences and intimacy issues in the onset of PPD are unspoken of as evident in a study done by Faisal-Cury A et al, which found that, women may not feel comfortable seeking help for depression or for sexual and relationship difficulties and may avoid those topics during perinatal visits [21].

## CONCLUSION

This study highlights some of the glaring issues faced by postnatal mothers in typical South Indian urban families. PPD is often overlooked condition among Indian families because of the widespread notion that "A mother cannot become sad due to the birth of a baby". Health education and awareness creation activities have to be carried out and especially the elders and husbands have to be educated that PPD is a real thing and as responsible persons it is of utmost importance to put aside the social and cultural barriers and to get involved in taking care of the mother and the child.

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