



Review Article

Marital satisfaction : A predictor of post-partum depression

Sreedevi Amma C¹, Swapna Ramachandran²

¹Research scholar, Department of Psychology, Govt. College for Women, University of Kerala, Trivandrum, Kerala, India

²Associate Professor, University College, Trivandrum, Kerala, India

Date of Submission:

30 March 2023

Date of Acceptance:

10 June 2023

Abstract

Post-Partum Depression (PPD) is the most common mental health disorder that has raised major public health concerns. Post-partum depression is related to various adverse health outcomes for mothers and children. Studies from lower and middle-income countries suggest up to 25% of pregnant women experience symptoms of common mental health disorders, including depression. Post-partum depression adversely affects a mother's mental health, quality of life, and interactions with their partner, infant, and relatives and can predispose her to subsequent depression. Factors such as prenatal depression and stressful life events like marital dysfunction or conflict are gaining researchers' attention, with additional focus on effects on the infant. It is crucial to comprehend how social support and marital satisfaction affect the prevention and treatment of post-partum depression.

Keywords:

Marital satisfaction, Post-partum depression, Resilience

Introduction

As per the Diagnostic and statistical manual of Mental Disorders (DSM-IV), postnatal depression is most likely to start around the first month after delivery. Post-partum

depression is characterized by low mood, obvious impairment, low self-respect, low energy, or suicidal thoughts.^[1] The global prevalence of post-partum is about 10 to 15%.^[2] Post-partum depression can cause many marital problems. Studies have found that marital dissatisfaction is common among couples with post-partum depression. Marital satisfaction is the personalized impression of happiness and satisfaction in married life. Marriage satisfaction is a global assessment of a person's marriage and its reflection on marital happiness. In marital relationships where couples decide on several factors, such as family happiness, the partner's sexual satisfaction, satisfaction in the quality of life,

Corresponding author: Sreedevi Amma C

Email: csreedeviamma@gmail.com

How to cite the article: Sreedevi AC, Ramachandran S.

Marital satisfaction : A predictor of post-partum depression.

Indian Journal of Health, Sexuality and Culture.

2023;9(1):67-71.

DOI: 10.5281/zenodo.8248760

This article is distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

family strengths, good relationships with family and friends, conflict resolution, and management and affirmation in marriages. The quality of the marital relationship has a remarkable effect on an individual's mental and physical health, and life satisfaction.^[3]

Risk factors of PPD

The prevalence of postnatal depression is between 10 to 15% in the first year after delivery. Risk factors for post-partum depression are a previous history of

depression, depressive symptoms during pregnancy, and lack of social support are the most powerful ones.^[4] The most common risk factors associated with PPD measured during pregnancy include present and past anxiety disorders, stressful life events, marital disharmony, and inadequate support. PPD disrupts the bond between mother and baby. Babies are at risk for the care they receive, and symptoms of depression can affect the mother-child relationship. Anxious parents will not always respond to babies if they are worried and withdrawn.

Figure 1 : Risk factors of post-partum depression



Postnatal screening

The very frequently used screening tool to assess post-partum depression is the Edinburgh Post-partum Depression Scale (EPDS). The Edinburgh post-postpartum Depression Scale includes symptoms of anxiety, an important perinatal disorder, but

excludes symptoms of depression. EPDS comprises 10 items, a cut of 10 for minor depression and 13 or more for major depression. Patient Health Questionnaire, Beck Depression Inventory, and the Epidemiological Research Centre Depression Scale are other screening tools.^[5]

Post-partum depression and marital satisfaction

Marital satisfaction tends to be highest early in a marriage and declines after the first delivery. The changeover to motherhood is considered a possible cause of marital conflict and a decline in marital satisfaction.^[6] Relationship satisfaction is particularly important to consider after childbirth, as it influences the mother's and father's positive co-parenting with young children and promotes positive health in general outcomes of relationship dyads. Beck noticed an association between poor marital relationships and PPD. Based on the previous research, the findings showed that depressed women rate their marital relationship and marital satisfaction lower. Relationship conflicts appear to be one of the stressful events associated with PPD.^[7]

High parental anxiety and worse marital quality in the first post-partum year. Lower satisfaction of husbands of women with PPD and inadequate communication with spouses were reported by women with PPD. In addition, lesbian couples who had children through artificial insemination showed reduced marital distress after the child was born. Compared to married women, divorced/widowed women are 3-4.5 times more likely to develop post-partum depression due to their social psychological, and economic challenges, which in turn provoke the condition of depression.^[8]

A cross-sectional study of 390 mothers in Nigeria found that 39.9% were dissatisfied with their marriage. Marital dissatisfaction is more severe among women with anxiety and depression (22.0%).^[9] Marital distress was found in 39.55% of the mothers in the study group. The evaluations and providing emotional support should be the center of interest to cultivate maternal feelings of acceptance. Partners should be motivated to involve in household tasks, and baby care to reduce the overburden on the mother.

A longitudinal study examines the association of post-partum depression and marital dissatisfaction and its impact on infant outcomes among middle-class post-partum women from birth to 2.5 years. Post-partum depressive symptoms, marital dysfunction, and intimate partner violence is characterized by nearly one in three mothers.^[10]

In a study conducted among women between 37-42 weeks of pregnancy, the Edinburgh postnatal depression scale was used to identify depression and found that marital satisfaction is a predisposing factor of post-partum depression.^[11] Routine screening for post-partum depression in the obstetric unit is an effective and reasonable method to identify post-partum depression and there by minimizing its harm to mother and baby.

Post-partum depression and marital satisfaction are significantly correlated. The study results show a substantial correlation between PPD and marital satisfaction. Women with low or moderate levels of couple satisfaction are less likely to suffer from PPD than those with relationship distress. Women who reported high levels of partner satisfaction, on the other hand, were free of PPD. This finding demonstrates that a substantial PPD risk factor for women is a lack of support from their spouses.

Women with marital distress are more suffering from post-partum depression than women who have high marital satisfaction. This finding showed the lack of their husband's support as an important risk factor for post-partum depression. A longitudinal study among 332 expecting couples in 28-40 weeks of pregnancy showed that marital satisfaction, directly and indirectly, had a relationship with maternal depression. A cross-sectional study among women with post-partum depression showed the prevalence of physical, sexual, and emotional violence (84%). Emotional abuse was found to have a significant association with maternal

depressive symptoms.^[10-18] Postnatal screening, treatment of post-partum depression, and psychosocial support have to become part of routine postnatal care.

Management

Psychological treatments like Interpersonal Psychotherapy (IPT), cognitive and Behavior Therapy (CBT) can be used for women with depression. Patients who don't respond to medical management refuse antidepressants, CBT is the treatment of choice

Combined treatment modalities like CBT and

antidepressants are more cost-effective. Mental health counseling during the postnatal period will reduce symptoms of depression and post-partum depression appreciably.

Interpersonal psychoanalysis, staying active, establishing social connections and adequate sleep, and building resilience may help to prevent post-partum depression. Resilience means a group of personal resources that safeguard the individual from the negative effects of stressors. Postnatal women with high resilience showed higher mental well-being, lower psychiatric problems, and lower depression scores.^[15]

Table 1: Five points to become resilient

1	Connect with family and friends	Establishing strong positive relationships with family members and friends may provide support and recognition in good times and bad. Make other connections by joining a faith or spiritual community.
2	Do meaningful and purposeful activities every day	Involve in daily activities that give you a sense of achievement and motivation. Set goals that helped you get through the tough times.
3	Have lessons from experience	Think of how you have dealt with hardship in the past. Appraise the skills and strategies that helped you to deal with a difficult time.
4	Be optimistic	Accept and even anticipate change . This will help you to adapt and view new challenges with less anxiety.
5	Take care of yourself	Participate in physical activities and hobbies in a daily manner. Get adequate sleep, a Healthy diet , relaxation techniques, and stress management.

Conclusion

Marital dissatisfaction is a risk factor for post-partum depression. Post-partum depression level is low among women with higher marital satisfaction. It is noticed that women with post-partum depression showed very low marital satisfaction. This indicates the preventive role of marital satisfaction. Marital satisfaction is contributed by healthy family functioning and happiness, sexual satisfaction, conflict resolution, communication, etc. Couples should sensitize about this association, and male partners should be

courageous for increased participation in parenting roles. It is recommended to screen women for PPD and adequately manage the same. Management should include non-pharmacological interventions like individual therapy, supportive therapy and couple therapy counseling, and psycho-education to enhance maternal and couple resilience. This requires adequate training of health care professionals to provide prospective couples with predictive guidance and available community resources to raise the perception of mental health and marital mental health & risks during the post-partum transition.

Acknowledgement: None

Conflict of interest: None

Reference

1. Turkcapar AF, Kadioglu N, Aslan E, Tunc S, Zayifoglu M, Mollamahmutoglu L. Sociodemographic and clinical features of postpartum depression among Turkish women: a prospective study. *BMC Pregnancy Childbirth*. 2015 May 3;15:108.
2. Wang Z, Liu J, Shuai H, Cai Z, Fu X, Liu Y, Xiao X, Zhang W, Krabbendam E, Liu S, Liu Z, Li Z, and Yang BX. Correction: Mapping global prevalence of depression among postpartum women. *Transl Psychiatry*. 2021 Dec 20; 11(1):1-15
3. Zaheri F, Dolatian M, Shariati M, Simbar M, Ebadi A, Azghadi SB. Effective Factors in Marital Satisfaction in Perspective of Iranian Women and Men: A systematic review. *Electron Physician*. 2016 Dec 25;8(12): 3369-77.
4. Agrawal I, Mehendale AM, Malhotra R. Risk Factors of Postpartum Depression. *Cureus*. 2022 Oct 31; 14(10):e30898.
5. Oken BS, Chamine I, Wakeland W. A systems approach to stress, stressors, and resilience in humans. *Behav Brain Res*. 2015 Apr 1; 282:144-54.
6. Lawrence E, Rothman AD, Cobb RJ, Rothman MT, Bradbury TN. Marital satisfaction across the transition to parenthood. *J Fam Psychol*. 2008 Feb; 22(1):41-50.
7. Beck CT. Predictors of postpartum depression: an update. *Nurs Res*. 2001 Sep-Oct; 50(5):275-85.
8. Iani, F.; Khadivzadeh, T.; Sargolzaee, M. R.; Behnam, H. *Iranian Journal of Obstetrics, Gynecology and Infertility* 2010 Vol.13 No.5 pp.37-44.
9. Odinka JI, Nwoke M, Chukwuorji JC, Egbuagu K, Mefoh P, Odinka PC, Amadi KU, Muomah RC. Post-partum depression, anxiety and marital satisfaction: A perspective from Southeastern Nigeria. *S Afr J Psychiatr*. 2018 Mar 22;24:1109.
10. Roux G, Anderson C, Roan C. Postpartum depression, marital dysfunction, and infant outcome: a longitudinal study. *J Perinat Educ*. 2002 Fall; 11(4):25-36.
11. Barooj-Kiakalae O, Hosseini SH, Mohammadpour-Tahmtan RA, Hosseini-Tabaghdehi M, Jahanfar S, Esmacili-Douki Z, Shah Hosseini Z. Paternal postpartum depression's relationship to maternal pre and postpartum depression, and father-mother dyads marital satisfaction: A structural equation model analysis of a longitudinal study. *J Affect Disord*. 2022 Jan 15;297:375-380.
12. Baumgartner JN, Parcesepe A, Mekuria YG, Abitew DB, Gebeyehu W, Okello F, Shattuck D. Maternal mental health in Amhara region, Ethiopia: a cross-sectional survey. *Glob Health Sci Pract*. 2014 Dec 10;2(4):482-6.
13. O'Hara, Michael & Gorman, Laura.). Can Postpartum Depression Be Predicted?. *Primary Psychiatry* 2004; 11.(3):42-47.
14. Robles TF, Slatcher RB, Trombello JM, McGinn MM. Marital quality and health: a meta-analytic review. *Psychol Bull*. 2014 Jan; 140(1):140-187.
15. Jayne Cockburn and Michael E. Pawson, *Psychological challenges in Obstetrics and Gynecology The Clinical Management* © Springer-Verlag London Limited 2007 ISBN-13: 978-1-84628-807-4 e-ISBN-13: 978-1-84628-808-1
16. Manal H Abo Elmagd, Afnan A Albokhary, *Postpartum Depression and its Relation to Social Support and Marital Satisfaction ASEAN Journal of Psychiatry*, September, 2021: Vol. 22(7);1-13.
17. Sit DK, Wisner KL. Identification of postpartum depression. *Clin Obstet Gynecol*. 2009 Sep; 52(3):456-68.
18. Kabir ZN, Nasreen HE, Edhborg M. Intimate partner violence and its association with maternal depressive symptoms 6-8 months after childbirth in rural Bangladesh. *Glob Health Action*. 2014 Sep 12; 7:24725.