



## Investigating the Relationship between Self-Esteem and Postpartum Blues among Delivered Women

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### ABSTRACT

Postpartum period is the most risky time for mental and psychological disorders including sadness, depression and psychosis. Postpartum depression is the most common postpartum disorder that may disturb relationship of mother with child and family and in the absence of appropriate attention and treatment may have irreparable damages. Therefore, the purpose of this study is investigating the relationship between self-esteem and postpartum depression. This study is cross-sectional and descriptive-analytic and was conducted in 2014 with 322 available samples from the research population, consisted of women who gave birth at Mobini Hospital, Sabzevar. The data collection tools were demographic and midwifery questionnaire, Edinburgh Postnatal Depression Scale, and Rosenberg's Self-Esteem Scale. Questionnaire within the first 24 hours after giving birth, in the situation where the mother was able to answer the questions, on the third, seventh and tenth day after childbirth, were completed. Then the data were analyzed using SPSS 18 and descriptive and Pearson tests, T-test, and Chi-squared test. The significance level was considered ( $p=0.05$ ). Blues of giving birth in different days did not differ significantly ( $p > 05$ ). The relationship between self-esteem and postpartum depression was significant ( $p < 0.001$ ). Results showed that increased self-esteem in pregnant women results in a reduction in postpartum depression.

**Key words:** Postpartum Depression, Self-Esteem, Pregnancy

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### INTRODUCTION

Pregnancy and postpartum period are associated with significant a psychological and physiological change, which sometimes leads to pathological changes and the occurrence of mental disorders and encounters the mother with many challenges. Although most mothers can take care of their child and adapt with these challenges, but for some mothers, the challenges of this period can be stressful to the extent that provokes mental disorders [1, 2]. These disorders may emerge in the form of occurrence or exacerbation of a mental

disorder or may cause a new mental disorder [3]. Postpartum mental disorders are classified into three categories: postpartum blues, postpartum depression, and postpartum psychosis [3]. Postpartum blues is the most common postpartum mood disorder, which about 50-80% of women after childbirth suffer from [5]. Postpartum blues is referred to with different names, including postpartum sadness, motherhood distress, child distress, temporary postpartum depression, or depression on the third, fourth or tenth day [6].

This disorder occurs within 3 to 10 days after childbirth, with symptoms like depression, including: insomnia, bad mood, tendency to

crying, fatigue, irritability, and emotional instability. These women may tear for several hours and then completely calm down and the next day they will cry again [7]. This mild mood is called "baby blues" and it is characterized by sadness or crying, which often subsides after 2 or 3 days, but sometimes it lasts for up to 10 days that can be the beginning of postpartum depression [8, 9]. The exact cause of postpartum blues is not known and in various researches, several factors have been linked with it [7]. Some researchers claim that it is because of the feeling of separation from her child so that the mother has lived with the fetus for a long time and she is adapted to changes in pregnancy. With the incidence of childbirth, these things go away and the mother feels like she has lost something. This vulnerability along with insecurity and inadequacy in her new role of motherhood reduces the self-confidence of the mother [10]. Also, the involvement of hormonal factors such as decrease in the level of endorphin, estrogen and progesterone also contribute to this condition, but none of them is known are recognized as the main etiologic factor [11, 12].

Postpartum blues have two important effects on postpartum health, first, the risk of postpartum depression and the second, its weakening effect on the mother's relationship with her child [13]. Evidence suggests the occurrence of postpartum depression in women who have experienced postpartum blues increases. Postpartum depression leads to the ineffective adaptation of mother to child, spouse and family, resulting in her inability to perform maternity and marital duties [14].

Also, various studies have shown that baby of mothers with emotional instability display inappropriate reactions in their communications so that they do abnormal behaviors such as indifference, the lack of trust to others, abnormal behaviors along with social and emotional isolation. Husband of women who experience postpartum depression are exposed to depression with a probability of 20%-50% [15]. On the other hand, research has shown that self-esteem is a powerful and important factor in creating satisfaction and happiness. Self-esteem is a worthwhile feeling that the person has to herself and it is the most critical factor in the mental growth of individuals and mental health. It is also revealed that low self-esteem causes people to be more vulnerable and exposes them to the

occurrence of psychological disorders including anger, depression, anxiety and disorder in interpersonal relationships [16]. Self-esteem has a mutual relationship with depression [17]. High levels of depression as well as low levels of self-esteem can endanger mother's mental health and also lead to adverse postpartum effects [18, 19]. So, since postpartum blues is a common illness and has adverse effects on the relationship between mother and baby, and because it seems, so far, no study has been carried out in the country in this regard, therefore, the present study aims to investigate the relationship between self-esteem and postpartum depression in women who have just gave birth.

## MATERIALS AND METHODS

This cross-sectional descriptive-analytic study was conducted in 2014. The research community included delivered women at Mobini Hospital, Sabzevar. 322 samples were selected based on available sampling method. The research tools were a questionnaire including demographic and midwifery information, Edinburgh Postnatal Depression Scale, and Rosenberg's Self-Esteem Scale with 10 items. After collecting data we analyzed them using SPSS 18, descriptive and Pearson tests, including t-test.

Rosenberg self-esteem scale is one of the most widely used instruments for self-esteem evaluation. The items are scored -1 or +1. Score of +10 indicates high self-esteem and -10 indicates low self-esteem. Cronbach's alpha coefficient is 71% and its reliability is 0.85. Edinburgh depression scale for postpartum depression evaluation includes 10 items with four options, which based on severity of symptoms, each items will be scored between 0 and 3. Getting a score less than 10 implies a healthy mother, a score between 10 and 15 implies postpartum blues, and a score equal or greater than 15 implies postpartum depression. Edinburgh test is a standard questionnaire for postpartum depression evaluation and studies have shown that this tool can be used to measure blues and mood disorders in the first days of lochia [11, 20]. After obtaining informed consent and establishing appropriate communication with qualified mothers, the questionnaire was completed by interviewing them with the questioner. The qualification criteria were as follows: gestational age of 37 to 42 weeks, age of mother over 18 years, single pregnancy and normal childbirth or

uncomplicated cesarean childbirth, the lack of fast or prolonged childbirth, no severe bleeding in childbirth, live and healthy being of infant in sono and when being born, the lack of pregnancy complications such as nausea, not having complications such as blood pressure, Preeclampsia, the absence of any known physical and mental illness so far, not having mental health problems during pregnancy such as the death of loved ones, losing a job or failing financially or missing her job or spouse during pregnancy, being the first marriage and her husband not having another wife.

Questionnaire was completed within the first 24 hours after childbirth, in the situation when the mother was fit and able to answer the questions on the third, seventh and tenth day after childbirth. Criteria for leaving the study were unwillingness to continue cooperation, the lack of access to the mother at a later date, mother's disease, her postpartum hemorrhage, mother's hospitalization for any reason, and hospitalization of the infant. This project was submitted to the medical ethics committee of the vice-chancellor for approval and before the implementation, the written agreement was received from the university authorities. The patient's name was not mentioned in the questionnaire and with the informed and complete consent of the mother, the questionnaire was completed so that mother could abandon her cooperation with the presenter freely. In case we diagnosed symptoms of postpartum blues, we referred mother to the physician for follow-up and therapy.

## RESULTS

Age range of studied women was 18 to 42 years with an average of  $26.5 \pm 5.04$ . 26 respondents (8.1%) were employed and 296 ones (91.9%) were housewives. 243 respondents (75.5%) were living in the city and 79 respondents (24.5%) were rural, 75% of respondents had less or less than diploma education, 107 respondents (32.9%) experienced their first pregnancy, 215 respondents (66.8%) had experienced more than one pregnancy. 132 respondents (41.1%) were primiparous and the rest (190 people, 59%) had before gave birth. 164 respondents (50.9%) have a baby girl and 158 respondents (49.1%) had boys. 244 respondents (75.8%) had normal childbirth and 78 respondents (24.2%) used cesarean. 23 postpartum blues on different days are given in Table 1. According to the definition of

postpartum blues, anyone in the first 10 days after pregnancy has experienced symptoms of postpartum blues at least once and her blues score with respect to Edinburgh's questionnaire is over 10 places into a group with postpartum blues and the others are places into the healthy group. Two groups of healthy and with postpartum blues had no significant difference in terms of age ( $p = 0.77$ ), marital age ( $p = 0.29$ ), occupation ( $p = 0.082$ ), place of residence ( $p = 0.125$ ), spouse's job ( $p = 0.937$ ), sex of the infant ( $p = 0.298$ ), acceptance of pregnancy ( $p = 0.168$ ), childbirth type ( $p = 0.407$ ), childbirth time ( $p = 0.66$ ), age difference with spouse ( $p = 0.83$ ), prenatal care ( $p = 0.472$ ), experience of previous pregnancy ( $p = 0.09$ ), being primiparous ( $p = 0.117$ ), pain experienced mothers with normal childbirth ( $p = 0.151$ ) and severity of pain in mothers with cesarean ( $p = 0.576$ ). There was no significant difference in the level of education and postpartum distress ( $p = 0.018$ ). 21 out of 24 people who had low self-esteem experienced postpartum blues (Table 2). The relationship between self-esteem and postpartum blues is significant ( $p < 0.001$ ).

**Table 1: Prevalence of postpartum blues in different days after childbirth**

Time blues	First day		Third day		Seventh day		Tenth day	
	No	%	No	%	No	%	No	%
does not has	224	75.8	229	71.1	238	73.9	231	71.7
has	78	24.2	93	28.9	84	26.1	91	28.3

No: number; %: Percentage

**Table 2: Postpartum blues in different groups of self-esteem**

Self-esteem Blues	Very high		High		Low		Very low	
	No	%	No	%	No	%	No	%
has	23	5.24	103	51	21	5.87	0	0
does not has	71	5.75	99	49	3	5.12	0	0
Total	94	100	202	100	24	100	0	0

No: number; %: Percentage

## DISCUSSION AND CONCLUSIONS

One of the most sensitive periods in a woman's life is pregnancy and childbirth that leads to great changes, including physiological and psychological changes as well as new social and family roles [22].

The results of this study showed that there is a significant relationship between self-esteem and postpartum blues, so that those who had higher

self-esteem experience lower postpartum blues, while those who have low self-esteem experienced postpartum blues. The results also showed that postpartum blues in different days did not differ significantly.

Low self-esteem causes more injuries to individuals and results in psychological disorders such as anger, depression, anxiety and disorders in interpersonal relationships. Evidence suggests that incidence of postpartum depression increases in women who have experienced postpartum blues and postpartum blues leads to ineffective adaptation of mother to child, spouse and family, as well as inability in performing maternity and marital duties [14].

Self-esteem is related to a wide range of physical and mental health indicators and plays a significant and important role in protecting individuals and improving their ability to deal with stressors [21]. Self-esteem is a key psychological factor and low self-esteem can have adverse effects on women's experiences of pregnancy and affect the various outcomes of pregnancy.

In the field of pregnancy, low self-esteem is one of the most important and significant risk factors for incidence of postpartum depression and pregnant women with high levels of self-esteem can resist stressors and, consequently, preserve sense of being worth and in this regard likelihood of incidence of postpartum depression in them decreases [23]. Dolatiyan *et al.*, (2013) showed that there is a significant statistical correlation between self-esteem and perceived stress level; therefore, by educating the skill of increasing self-esteem, we can reduce the perceived stress of pregnant women and, consequently, the probability of negative psychological outcomes. On the other hand, according to Maslow's view, each person in order to achieve the desired level of health and well-being has needs that must be met. According to Maslow, self-esteem is one of the basic human emotional needs and people with low self-esteem suppress their ability to express sexual desires, but if they have high self-esteem, healthy sexual behavior would be created [24]. Therefore, people with high self-esteem will also have higher sexual satisfaction, which can lead to effective sexual relationships with their spouse so as to meet their emotional needs. Therefore, these people feel more supportive and also less likely suffer from mental postpartum disorders [25, 26],

while low levels of self-esteem in individuals lead to a negative attitude toward one's self, which can have an adverse effect on sexual satisfaction and lead to more distances than one another, and thus being more exposed to psychological trauma [23, 26]. These results are in line with Ahmadi *et al.* (2014) [26].

Another factor explaining the lack of self-esteem in pregnant women is physical and apparent changes caused by pregnancy [26]. Pregnancy, due to hormonal changes and body deformation, leads to incorrect imaginations about the body and low self-esteem, and, on the other hand, increases the tendency to depression. The physical image is one of the psychological characteristics and a central concept for health psychologists [27] and is considered as one of the important aspects of formation of identity and self-esteem of individuals. People who feel good about themselves usually have a good sense to life. Having a bad mental image of herself causes changes in sense of being valuable, in other words, inappropriate understanding of one's body and dissatisfaction with the body can be lead to physical and emotional problems like depression [28]. In this regard, Garoosi *et al.*, (2013) examined the relationship between depression and self-esteem with conception of pregnant women of their body and the results showed that the relationship between depression and a good impression of the body was a significant and negative and the relationship between self-esteem and having a sense of satisfaction about body was positive and meaningful [28].

Few studies have been carried out to understand this important issue during pregnancy. Most researches on self-esteem have been linked to depression, and so far, connection between self-esteem and postpartum blues is not studied. Therefore, according to the results of this study, which indicates high impact of self-esteem on postpartum blues, and in order to improve outcomes of pregnancy and reducing negative symptoms such as poor motivation, emotional and social isolation and improving social function of individuals, consideration of self-esteem as a protective factor against postpartum blues is of great importance. It is recommended that by holding up the training and counseling classes for pregnant women to improve their skills for increasing their self-esteem during pregnancy and to decrease postpartum psychological problems and disorders.

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