



“The Role Of Socioeconomic And Psychosocial Factors In Postpartum Depression: A Correlational Study Among Postpartum Women”

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Abstract

This study investigates the prevalence of postpartum depression (PPD) and its associated risk factors in a cohort of 100 postpartum women. Using the Edinburgh Postnatal Depression Scale (EPDS), this research assesses the influence of socioeconomic status, social support, sleep quality, and emotional well-being on postpartum depression. The results indicate that low social support, sleep difficulties, and emotional disturbances are significantly correlated with higher PPD scores, while factors such as education and age exhibit weaker correlations. This study underscores the importance of early screening and targeted interventions to mitigate PPD and improve maternal mental health. Future research is recommended to expand the sample size and explore long-term outcomes.

I.INTRODUCTION

Postpartum depression (PPD) is a pervasive mental health condition that can significantly impact the well-being of new mothers and their families. Globally, approximately 10-20% of women experience PPD, with symptoms ranging from prolonged sadness and irritability to suicidal ideation. Several factors influence the onset of PPD, including hormonal shifts, emotional stressors, and social circumstances.

This study aims to explore the role of socioeconomic and psychosocial factors in influencing PPD. Specifically, it investigates how social support, sleep quality, and emotional well-being correlate with EPDS scores. By identifying key risk factors, this research hopes to contribute to better postpartum care and early interventions.

II. KEYWORDS:

Postpartum depression, EPDS, social support, sleep quality, maternal health, correlational study.

III.RESEARCH METHADODOLOGY

This quantitative, correlational study was conducted with a sample of 100 postpartum women, recruited within 12 months of childbirth. Data was collected using the Edinburgh Postnatal Depression Scale (EPDS) and a socio-demographic questionnaire. Participants completed the survey through an online platform, ensuring anonymity and confidentiality.

3.1.Inclusion Criteria:

Women aged 18 – 40 years.

Within 12 months postpartum.

Accessible internet connection.

3.2. Exclusion Criteria:

Women with pre-existing mental health conditions unrelated to pregnancy.

Women beyond 12 months postpartum.

3.3. Variables:

Dependent variable: Postpartum depression; measured via EPDS.

Independent variables: Socioeconomic status, social support, sleep quality, age, education level, number of children.

3.4. Statistical Analysis:

Pearson correlation was used to assess the strength and direction of relationships between EPDS scores and the independent variables.

IV. ANALYSIS AND RESULTS:

Table 1: Correlation Between Independent Variables and EPDS Scores

VARIABLES	CORRELATION WITH EPDS	CORRELATION WITH ITSELF	INTERPRETATION
LOW SOCIOECONOMIC STATUS	-0.298	1	WEAK NEGATIVE CORRELATION
LACK OF SUPPORT	0.756	1	STRONG POSITIVE CORRELATION
DIFFICULTY IN SLEEPING	0.780	1	STRONG POSITIVE CORRELATION
MOOD/ EMOTION	0.801	1	STRONG POSITIVE CORRELATION
AGE	0.003	1	VERY WEEK CORRELATION
NUMBER OF CHILDREN	0.18	1	VERY WEEK CORRELATION

V. SUMMARY OF FINDINGS:

The findings of this study provide a comprehensive understanding of postpartum depression and its profound impact on new mothers and their families. The results reveal that a significant portion of new mothers face emotional, psychological, and social challenges that directly affect their well-being and family dynamics. Postpartum depression, as evidenced by the data, manifests in various forms, including loss of interest in daily activities, poor sleep quality, feelings of guilt or worthlessness, and dissatisfaction with social support. These issues collectively contribute to the overall mental and emotional strain experienced by new mothers, which in turn affects their ability to bond with their new-borns and maintain healthy family relationships.

This correlation study explored the correlations between various socio-demographic and psychological factors and postpartum depression, as measured by the Edinburgh Postnatal Depression Scale (EPDS). The analysis focused on the relationships between low socioeconomic status, lack of support, difficulty in sleeping, mood/emotion, age, number of children, and education, with EPDS scores serving as the primary outcome measure.

Socioeconomic Status: The analysis revealed a moderate negative correlation between low socioeconomic status and EPDS scores. This suggests that women from lower socioeconomic backgrounds tend to report higher levels of postpartum depression. The results underscore the importance of socioeconomic factors in mental health outcomes during the postpartum period, indicating that financial strain and related stressors may exacerbate depressive symptoms.

Lack of Support: A strong positive correlation was found between lack of social support and EPDS scores. This indicates that women who perceive themselves as lacking emotional or practical support are significantly more likely to experience elevated levels of postpartum depression. This finding highlights the critical role of social support networks in mitigating depressive symptoms among new mothers and suggests that interventions aimed at enhancing support could be beneficial.

Difficulty in Sleeping: The results indicated a very strong positive correlation between difficulty in sleeping

and EPDS scores. This suggests that sleep disturbances are closely associated with increased levels of postpartum depression. The importance of sleep hygiene and effective management of sleep difficulties should be emphasized in postpartum care to help alleviate depressive symptoms.

Mood / Emotion: A very strong positive correlation was observed between mood / emotional disturbances and EPDS scores. This indicates that women experiencing significant mood swings or emotional instability are likely to report higher levels of postpartum depression. This finding emphasizes the need for psychological support and interventions targeting emotional regulation in postpartum women.

Age: The analysis revealed virtually no correlation between age and EPDS scores, suggesting that age does not significantly influence postpartum depression in this sample. This finding may indicate that postpartum depression can affect women across different age groups without significant variance based on age alone.

Number of Children: A weak positive correlation was found between the number of children and EPDS scores, suggesting a slight tendency for women with more children to report higher levels of postpartum depression. However, the relationship is weak, indicating that this factor may not be as influential as others in determining depressive symptoms.

Education: Finally, the correlation analysis revealed almost no correlation between education level and EPDS scores, indicating that education does not significantly affect postpartum depression in this study. This finding suggests that other factors may play a more crucial role in influencing mental health outcomes during the postpartum period.

VI.OVERALL IMPLEMENTATIONS:

The results of this study highlight several key factors associated with postpartum depression. Low socioeconomic status, lack of social support, sleep difficulties, and emotional disturbances are strongly linked to higher levels of postpartum depression, indicating that these areas may be critical targets for intervention. Conversely, factors such as age, number of children, and education appear to have a lesser impact on postpartum depression levels.

Given these findings, it is imperative for healthcare providers to consider these variables when assessing and supporting new mothers. Interventions aimed at enhancing social support, improving sleep quality, and providing psychological support for mood disturbances could play a significant role in reducing postpartum depression and promoting overall maternal mental health.

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