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Research Paper

Sociocultural Bias about Female Child and its Influences on Postpartum Depressive Features

Medical Science

KEYWORDS : Sociocultural bias, Female gender, Postpartum depression.

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ABSTRACT

Background - Pregnancy, labor and childbirth are most significant life events experienced by women. It is time of extreme physical and emotional transition with intense hormonal, psychological and biological changes. The birth of a child can trigger powerful emotions, ranging from excitement and joy to fear and anxiety. It can also result in something unexpected – Depression. Aims and objectives: To find out prevalence of depression during immediate postpartum period in mothers who already have female child. Material & methods: EPDS scale was given to mothers who delivered at a tertiary care hospital within 24 hours of delivery, and result analyzed by appropriate statistical method .Result & analysis: significantly higher prevalence of depression was seen in mothers who delivered female child, and in illiterate mothers. Conclusion: In India the gender bias is still prevalent, but it can be decreased with increased education.

Introduction:

Pregnancy, labor and childbirth are most significant life events experienced by women. It is time of extreme physical and emotional transition with intense hormonal, psychological and biological changes. The birth of a child can trigger powerful emotions, ranging from excitement and joy to fear and anxiety. It can also result in something unexpected – Depression. Postpartum period is distinct in three phases. The initial or acute period involves the first 6-12 hours postpartum. Postpartum psychiatric illness is divided into three main categories- postpartum blues, postpartum depression and postpartum psychosis. The most common constellation of mood symptoms experienced by women in the immediate postpartum period is typically referred to as the *postpartum blues* or *baby blues*. It represents normal biological and psychosocial adjustments to giving birth and do not impinge on maternal-newborn bonding experience[1] Approximately 50 to 80% of postpartum women experience the "blues" which are due to hormonal changes that take place within the first 48 hours after giving birth. Postpartum blues include transient symptoms and rapid mood shifts, including tearfulness, irritability, anxiety, insomnia, and lack of energy, loss of appetite, and the general experience of feeling overwhelmed – particularly with regard to newborn care giving tasks [2].Onset typically occurs after the third postpartum day. Symptoms typically peak by day 5 and spontaneously resolve by day 10 postpartum. It has been estimated that 75 % of women who experience symptoms of postpartum blues will display such a time-limited course. However approximately 20-25% may experience major postpartum depression.Symptoms and clinical criteria of PPD are considered similar to ordinary depression. Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR) [3]criteria for major depression includes at least a two week periods of depressed mood or less interest in all activities and at least four other symptoms from the following: changes in weight, sleep or psychomotor activity, feelings of guilt or worthlessness, difficulty in thinking, concentrating or making decisions, lethargy, or recurrent suicidal thoughts, ideation or attempts. International Classification of Disease (ICD-10)[4]classifies depression into three categories: Mild, Moderate and Severe. Ten symptoms are identified including changes in appetite, pessimism and low self-esteem in addition to DSM-IV-TR. PPD is common, and its occurrence has been estimated between 10-15% worldwide[5, 6]. Different studies carried out in different countries reported the prevalence rate for PPD ranging from 8-33%. It is 8.4% in Canada[7], 9.3% in U.S.[8], 9.8% in Malay women[9], 17.4% in Australia[10], 17.9% in Egypt[11], 27% in Turkey[12], 33% in Pakistan[13], and 34% in Jamaica[14]. In India the prevalence rate of PPD ranges from 5-23 %. The risk to become depressed is higher during first three months, especially during the first five weeks postpartum then during other times of a women's life[15].Many studies have reported increased risk of PPD in mothers with low level of education[16-20]. Thangappah R. Prabhu (2005)[21] and B.Leigh (2008)[22] reported in their studies that there was no significant association between education statuses of women with development of depression during postpartum period. Vikram Patel (2002)[23] and K.Gausia (2012)[24] reported in their studies that higher education acts as a protective factor against PPD, due to better awareness about health seeking. Many studies reported female gender of infant as predisposing factor for development of PPD[25]. Culturally in our male dominant Indian society, male children are preferred and this male bias is deeply rooted. When a girl child is delivered, the mother may be subjected to antipathy, criticism and even hostility from her spouse and extended family, leading her to major depression. If the father is dissatisfied with the girl child, postnatal depression is more likely to occur. Women who already had a girl child, faces greater stress because of social and family pressure to give birth to a male child and if the child is a girl again, the risk of postpartum depression is greater.

Material & Method:

The subjects to be enrolled in the study were the females who delivered at the C.U.Shah Medical College and hospital, and only those mothers were included in the study who already had a female child. Subjects who were enrolled in the study were informed about the study and an informed consent was taken. EPDS (Edinburgh Postnatal Depression Rating Scale) is a screening instrument which is used to detect depression during pregnancy and postpartum period. It's a 10 question self-rating scale, each question scored from 0 to 3. There are 5 questions marked with a *, which are scored reverse from 3 to 0. Special importance is given to Q. no 10 which includes suicidal thoughts[26].

All subjects were given EPDS scale, and women who scored 10 or more considered as having depression.

Result& Analysis:

No	Sample population	Sample size	Depressed	Not depressed
1.	Mothers already having female child	155	50(32%)	105
	Female new born	84	31(36%)	53
	Male new born	71	19(26%)	52
2.	Educated mothers	98	26(26%)	72
	Female new born	49	13(26.53%)	36
	Male new born	49	13(26.53%)	36
3.	Illiterate mothers	58	24(41%)	34
	Female new born	35	18(51%)	17
	Male new born	23	6(26%)	17

Total 155 mothers were included in the study who already had one or more previous female child. From which 32 % (50) mothers found to be depressed on EPDS scale. There were 84 mothers who gave birth to female child, and from which 36% (31) were found to be depressed. 26% mothers found to be depressed from those mothers who had male new born. In mothers who had education of primary level or more, 26% were found depressed. There was no difference in presence of depression according to the gender of the new born. In illiterate mothers 41% were found to be depressed. Those mothers who had delivered a female child, 51% of the were found to be depressed, but only 26% were found to be depressed who had delivered male new born.

Discussion:

In the present research it was found that depression was more common in those mothers who delivered a female child than those who had male new born. With educated mothers we found no difference in the presence of depression and gender of infant. But in illiterate it was found that there is significant difference in presence of depression according to the gender of infant. Those mothers who already had female child and delivers female child were found more depressed than those who delivered male child. In our research we found that illiterate mothers were more depressed compared to educated mothers. Vikram Patel (2002)[23] and K.Gausia (2012)[24] reported in their studies that higher education acts as a protective factor against PPD, due to better awareness about health seeking which supports our finding. In our study we found that gender of infant was significantly associated with depression. Gender bias is deeply rooted in Indian culture, people still prefers male gender more than female gender. In such cases when there is already a girl child in the family pregnant mothers become more depressed when they delivers girl child again. They don't get support from family and their husband as well. In such situation they are more prone to be depressed. Chandran et al. (2002)[20], Desai Nimisha (2012)[25] have reported in their study that female gender is more commonly associated with depression in postpartum period. Screening for depression among target population of illiterate postpartum female having a female child and female new born will be cost effective and much preventive value. Early detected patients can be helped with appropriate early interventions.

Conclusion:

In our research we found that birth of a female child makes a mother more vulnerable to postpartum depression. Illiterate mothers are more prone to develop depression in postpartum depression when they delivers female child. With education this gender bias is reduced.

Limitations:

This study was a cross sectional study, and mothers were screened only once during the immediate postpartum period. The limiting points of the study were its small sample size, and no follow ups.

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