



Research paper

Living with parents or with parents-in-law and postpartum depression: A preliminary investigation in China



Yue-Yun Wang^a, Hui Li^b, You-Jie Wang^b, Hong Wang^a, Yan- Ru Zhang^{a,c}, Lin Gong^a, Jian Ma^d, Yan Wang^e, Ming-Zhen Wang^f, Shi-Xian Qiu^a, Shi-Xin Yuan^{a,*}

^a Shenzhen Maternity and Child Health Hospital, Guangdong, China

^b Department of Maternal and Child Health, School of Public Health, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

^c Department of Epidemiology and Biostatistics, School of Public Health, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China

^d Futian District Maternity and Child Health Hospital, Guangdong, China

^e Longgang District Maternity and Child Health Hospital, Guangdong, China

^f Yantian District Maternity and Child Health Hospital, Guangdong, China

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ABSTRACT

Background: Few studies have investigated the association between puerperal women's living situation and postpartum depression. The aim of this study was to examine the association between living with parents or with parents-in-law and postpartum depression among Chinese puerperal women.

Methods: A total of 1126 participants who completed questionnaire were included in our analysis. Postpartum depression status was assessed using the Edinburgh Postnatal Depression Scale. Logistic regression models were used to estimate the association between living with puerperal women's parents or with parents-in-law and risk of postpartum depression after adjustment for potential confounders.

Results: The prevalence of postpartum depression among participants was 11.8%. Of the 1126 participants, 524 (46.5%) lived only with their husbands, 387 (34.4%) lived with their parents-in-law, and 215 (19.1%) lived with their parents. Compared with those living only with their husbands, puerperal women living with their parents-in-law had higher risk of postpartum depression after adjustment for potential confounders (OR = 2.48; 95% CI: 1.20, 5.15). No association between living with puerperal women's parents and postpartum depression was found after adjustment for confounders (OR = 1.05; 95%CI: 0.42, 2.65).

Limitations: Although we adjusted for a wide range of potential confounders, we cannot rule out the possibility of residual confounding by other unmeasured factors, such as breastfeeding, intimate partner violence, and marital relationship.

Conclusions: Our findings suggest that living with parents-in-law may be a risk factor for postpartum depression among Chinese puerperal women. Future preventive interventions should include strategies that target the puerperal women who lived with parents-in-law.

1. Introduction

Postpartum depression (PPD) refers to depressive episodes that are prevalent during the first year after delivery (O'Hara and McCabe, 2013). Evidence suggests that PPD has adverse effects on both mothers and their offspring (O'Hara and McCabe, 2013; Stewart and Vigod, 2016). A literature review of 143 research studies conducted in 40 countries demonstrated that the prevalence of PPD ranged from almost 0.5% to over 61.5% (Halbreich and Karkun, 2006), depending on the samples, screening instruments used, and the time assessed.

In China, grandparents usually are the first choice for childcare providers (Lau, 2011; Li et al., 2015). Therefore, puerperal women are likely to choose to live with their parents or parents-in-law after childbirth. Puerperal women who experienced stressful events such as childbirth may get support from their parents (Heh et al., 2004). In contrast to the relationship between puerperal women and their biological parents, the in-law relationship (the relationship between puerperal women and their parents-in-law) is based on circumstance, not blood relation. Puerperal women often complain of having a difficult relationship with their in-laws (Chan and Levy, 2004). This

Abbreviations: EPDS, Edinburgh Postnatal Depression Scale; PPD, Postpartum depression; PSRS, Pregnancy Stress Rating Scale; SSRS, Social Support Rating Scale

* Corresponding author.

E-mail address: 1481997952@qq.com (S.-X. Yuan).

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poor in-law relationship is a common phenomenon in China. Few studies have investigated the association between living with puerperal women's parents or with parents-in-law and PPD, and the results remain inconsistent (Abou-Saleh and Ghubash, 1997; Rahman et al., 2003).

The aim of this study was to examine the potential association between living with their parents or their parents-in-law and risk of PPD among Chinese puerperal women.

2. Methods

2.1. Study participants

This study was carried out in Shenzhen Maternity and Child Health Hospital, located in Guangdong province, in the south of China. Shenzhen had 10.55 million population by the end of 2013. Its per capita GDP was \$22,198 as of 2013.

Shenzhen Maternity and Child Health Hospital is the biggest maternity hospital in Shenzhen city. There are around 20,000 deliveries occurred in this hospital each year. A total of 3071 deliveries were occurred during November 1, 2013 and December 30, 2013. However, not all women who gave birth in this hospital would be back to take postpartum checkup. We invited all women (1329 in total) who came to this hospital to take postpartum checkup at 14–60 days after delivery. A total of 1204 (90.6%) women agreed to complete a questionnaire by a face-to-face interview. We collected information on demographic characteristics, obstetric information, pregnancy stress and socio-cultural factors. For current analysis, we excluded 78 participants with missing information regarding living situation or PPD. Finally, 1126 participants were included in our study.

The study protocol was approved by the ethics committee of the Shenzhen Maternity and Child Health Hospital. Written informed consent at enrollment was provided by all participants.

2.2. Assessment of postpartum depression

Postpartum depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS) (Cox et al., 1987), a 10-item self-reported screening tool for PPD. Respondents were asked to rate the intensity of their depressive symptoms in the past seven days using 4-point Likert-type scales. The categories of responses range from 0 (i.e., not at all) to 3 (i.e., quite often). Total possible score ranged from 0 to 30, with higher scores indicating worse postpartum depression.

The Chinese version of the EPDS was used to ascertain postpartum depression levels, with a threshold of 13. Lee validated the Chinese version of EPDS and found that its sensitivity and specificity were 0.82 and 0.86, respectively (Lee et al., 1998).

2.3. Assessment of puerperal women's living situation

Information on puerperal women's living status was obtained via a question asking: who did you live with after delivery? (a) Only with my husband, (b) With my parents, (c) With my parents-in-law.

2.4. Assessment of stress during pregnancy

The Pregnancy Stress Rating Scale (PSRS) was used to measure women's perceptions to stressful situation (Chen et al., 1983). The scale contains 30 items. A 4-point Likert scale was used to score each item, for a total potential score of 90 points (0 = none; 1 = slight; 2 = moderate; 3 = extremely severe). A higher score shows higher perceived stress during pregnancy. The Cronbach's α value for this scale was 0.89.

2.5. Assessment of social support

Social support was evaluated using the 10-item Social Support

Rating Scale (SSRS) (Xiao, 1994, 1999). The scale was developed to reflect Chinese environmental and cultural conditions, and can be separated into three dimensions: subjective support (3 items), objective support (3 items) and support utilization (3 items). Item scores were added up to generate a total score, with a higher score reflecting a higher level of social support. The scale had been validated with a Cronbach's α value ranging between 0.89 and 0.94 and a test–retest reliability of 0.92.

2.6. Assessment of covariates

Demographic characteristics on age, household registration (native or immigrant), education level (junior high school or below, high school or above), occupation (employed or unemployed), household income ($\leq 10,000$ or $> 10,000$ RMB per month) and medical insurance (yes or no) were collected via questionnaire. Caregiver of puerperal women in the first month after childbirth (mother-in-law, mother, yuesao (yuesao is an in-house professional nurse for mother and infant), other relatives) and obstetric information on parity (primiparous or parous), mode of delivery (vaginal or caesarean section), infant's sex, and infant's birth weight (< 2500 g, 2500 – 4000 g, ≥ 4000 g) were also obtained from the questionnaire.

2.7. Statistical analysis

Continuous variables were summarized as mean \pm standard deviation (SD). Student *t*-tests were used to examine difference in means for continuous variables among participants with PPD and those without PPD. Categorical variables were presented as proportion (%) and compared using Chi-square tests. Logistic regression analyses were performed to estimate odds ratios (ORs) and 95% confidence intervals (95% CIs) of the association between living with puerperal women's parents or with parents-in-law and risk of PPD. The puerperal women living only with husbands were used as the reference group. Model 1 examined the association between living with puerperal women's parents or with parents-in-law and PPD without adjustment for any covariates. Model 2 included demographic characteristics (age, household registration, education level, occupation, household income, and medical insurance). Model 3 made an additional adjustment for obstetric information (parity, mode of delivery, infant's sex, and infant's birth weight) and stress during pregnancy. Finally, Model 4, the fully adjusted model, included the covariates in Model 3 plus socio-cultural factors (caregiver of puerperal women in the first month after childbirth, social support in the postpartum period). These covariates have previously been reported to be associated with the risk of PPD (Gaillard et al., 2014; O'Hara and Wisner, 2014; Xie et al., 2007). The statistical analyses were performed using SAS 9.4 software (SAS Institute Inc., Cary, NC, USA). All the statistical tests were two-tailed, and the cutoff of significant level was defined as $P < 0.05$.

3. Results

Of the 1126 puerperal women, 133 (11.8%) had PPD. The mean age of the participants was 27.88 ± 4.50 years. The proportion of puerperal women who lived only with their husbands, lived with their parents-in-law, and lived with their parents was 46.5%, 34.4%, and 19.1%, respectively. Characteristics of the participants according to PPD are presented in Table 1. Primipara with lower educational level and worse economic status were more likely to develop PPD (all $P < 0.05$). Depressed women had higher scores for stress during pregnancy and lower scores for social support in the postpartum period (all $P < 0.001$).

Table 2 shows the unadjusted and multivariate-adjusted OR and 95% CI of PPD according to whether puerperal women lived with their parents or with their parents-in-law. Compared with those who lived only with their husbands, puerperal women who lived with their parents-in-law were at higher risk of PPD (OR = 1.50; 95%CI: 1.02,

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