

Original Article

Relationship of Women's Perceived Partner Support and Depression Levels with their Breastfeeding Self-Efficacy in the Postpartum Period

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Abstract

Objective: The research was conducted to examine the relationship between women's perceived partner support and depression levels with their breastfeeding self-efficacy in the postpartum period.

Methods: The study, which used a cross-sectional design, was conducted with 430 women in the postpartum period between January and May 2023. Data were collected through the "Personal Information Form", the "Perceived Spousal Support Among Women in Early Postpartum Period", the "Edinburg Postpartum Depression Scale" and the "Breastfeeding Self-Efficacy Scale".

Findings: The results showed that participating women's perceived partner support was adequate, and their breastfeeding self-efficacy was high. In this study, 90% of the women were found to be at risk for postpartum depression. Women's breastfeeding self-efficacy was found to increase with the increase in perceived partner support and depression levels in the postpartum period.

Conclusion: In our study, it was determined that women's perceived spousal support in the postpartum period was sufficient, their breastfeeding self-efficacy was high, and the majority of them were at risk for depression. It has been determined that as women's perceived partner support increases, their breastfeeding self-efficacy also increases and that some sociodemographic characteristics affect partner support.

Keywords: Partner Support, Depression, Breastfeeding Self-Efficacy, Postpartum Period, Women

Introduction

The postpartum period is an important and critical period in which the mother experiences many physical, psychological, and social changes with the addition of a new member to the family (Aksu and Yilmaz 2019; Martínez-Galiano et al. 2019). During this period, the mother's need for social support increases due to several factors, such as adjustment to these changes and motherhood, maintenance of the baby's care, sleep deprivation, and fatigue (Kizilirmak et al., 2021; Ugurlu et al. 2023). While the mother wants her partner to be with her and support her during this period, the spouse plays a primary role in providing physical, social, and emotional support to the mother

and helping her to go through this process more comfortably and healthily. Partner support also has an important role in facilitating the woman's adaptation to the maternal role and breastfeeding process, increasing her strength to cope with stress, and feeling psychologically well (Aidin et al. 2022; Ugurlu et al. 2023; Uludag and Ozturk 2020). Depression is one of the most common psychological disorders in the postpartum period. Postpartum depression does not affect only the mother and the baby; it is an important problem that affects partners, the whole family, and even public health (Ardiani, Soemanto, and Murti 2020). A systematic review and meta-analysis study reported that the prevalence of postpartum depression varies across countries and is

more common, especially in developing countries (Liu, Wang, and Wang 2022). With postpartum depression, mothers could experience symptoms such as emotional disorder, loss of interest, guilt, worthlessness, sleep and eating problems, decreased energy, and fatigue, which causes them to feel weak to take responsibility and care for their babies, experience attachment and breastfeeding problems, have increased anxiety levels, and may even reveal the risk of infanticide and suicide (Hajipoor et al. 2021; Liu, Wang, and Wang 2022; Ozkan et al. 2019). Breastfeeding is among the most important components of the transition to the role of motherhood in the postpartum period. Breastfeeding is very beneficial for maternal and infant health, and as soon as possible, it should be successfully initiated and maintained (Ugurlu et al. 2023). Many factors such as age, marital status, income level, smoking, mode of delivery, previous breastfeeding experience, social support, and psychological status affect this condition (Beheshti et al., 2022; Maleki-Saghooni, Barez, and Karimi, 2020). Investigating the factors affecting the mother's breastfeeding self-efficacy has an important place in the continuation of the next period for the mother and newborn for the initiation and maintenance of a healthy postpartum period. In line with this information, this study aims to examine the relationship between women's perceived partner support and depression levels and their breastfeeding self-efficacy in the postpartum period.

Study Questions

- Q1. What is women's perceived partner support level in the postpartum period?
- Q2. What is women's perceived depression level in the postpartum period?
- Q3. What is women's perceived breastfeeding self-efficacy level in the postpartum period?
- Q4. Do partner support and depression levels have effects on women's breastfeeding self-efficacy in the postpartum period?
- Q5. What variables have effects on women's breastfeeding self-efficacy, perceived partner support, and depression levels in the postpartum period?

Methods

Design: This study used a cross-sectional design.

Study Setting and Population: This study was conducted between January and May 2023 with women in the postpartum period in the maternity ward of a university hospital in a province located in eastern Turkey. The study was conducted with 430 mothers who met the inclusion criteria during the period when the study was conducted. This study included mothers who were aged 15-49 years, who were in the postpartum period and had a healthy newborn, who did not have any problems preventing breastfeeding in the mother and newborn, who did not have any communication problems, and who agreed to participate in the study.

Data collection tools: Data were collected through the "Personal Information Form", the "Perceived Spousal Support Among Women in Early Postpartum Period", the "Edinburg Postpartum Depression Scale" and the "Breastfeeding Self-Efficacy Scale".

Personal Information Form: The Personal Information Form was prepared by the researchers and consisted of a total of 15 questions concerning women's socio-demographic and obstetric characteristics.

Perceived Spousal Support Among Women in Early Postpartum Period: The scale developed by Sahin et al., in 2014 aims to determine women's perceived partner support in the postpartum period. The 16-item scale includes 3 sub-scales, and the items are responded on a 5-point Likert scale. The scale includes some reverse-scored items (8, 9, 10, 12, 14, 15). Scores to be obtained from the scale range from 16 to 80, with higher scores indicating adequate perceived partner support and lower scores indicating inadequate perceived partner support in the early postpartum period. Cronbach's alpha value was reported to be 0,87 (Sahin et al., 2014). In this study, Cronbach's alpha value was found 0.93.

The Breastfeeding Self-efficacy Scale: Turkish adaptation of the scale, which was developed by Dennis in 2003, was performed by Aluř Tokat. The scale assesses mothers' breastfeeding self-efficacy levels. The 14-item scale is responded on a 5-point Likert scale (1= "Not at all confident" and 5 = "Always confident"). Scores to be obtained from the scale range from 14 to 70, with higher scores indicating higher breastfeeding self-efficacy. Cronbach's alpha value of the scale was reported to be 0.86 (Tokat et al., 2010). It was found 0.85 in the present study.

The Edinburg Postpartum Depression Scale (EPDS): Turkish adaptation of the Edinburg

Postpartum Depression Scale (EPDS), which was developed by Cox et al., was performed by Engindeniz et al., in 1996. The scale is composed of 10 items and responded on a 4-point Likert Scale ranging from 0 to 3. Scores to be obtained from the scale range between 0 and 30. The scale includes some negative items scored reversely (3, 5, 6, 7, 8, 9, and 10.). The cut-off point of the scale is 12, so women who score 12 and higher are considered a risk group. Cronbach's alpha value of the scale was determined as 0.79 (Engindeniz, Kuey, and Kultur 1996). In this study, it was found to be 0.83.

Data collection: The data collection forms were administered to women who were hospitalized in the maternity ward of the hospital where the study was conducted, met the inclusion criteria, and agreed to participate in the study. Before the study was conducted, the participants were informed about the purpose of the study, and their written and verbal consent was received. The data collection tools were administered to the participants by the researchers by meeting them face-to-face. Women who were hospitalized in the maternity ward and met the research criteria were included in the study using the random sampling method. Filling in each form took about 10-15 minutes.

Statistical Analysis: Data obtained from the study were transferred to the computer in the IBM SPSS (version 25.0) statistical package program. Normality tests were performed, and Skewness and Kurtosis values were found to be between -2 and +2, indicating the normal distribution of the data. Comparisons of the means of independent two groups were done using the Independent Sample t-test; comparisons of the means of three or more groups were done using the One-way ANOVA test; and the relationships between scales were determined using the Pearson Correlation test. Statistical significance was accepted $p < .05$.

Ethical considerations: Before the study was conducted, written permission was obtained from the authors of the scales via e-mail. Ethics committee approval was received from the Agri Ibrahim Cecen University Scientific Research Ethics Committee (Approval no: 257, 06.12.2022). Written permission and approval were obtained from the hospital and units

where this study was conducted. Consent was received from all participating mothers.

Findings

The average age of the participating women was 27.00 ± 5.29 (min. 17,00 – max. 49.00) years; 1.4% (n = 6) were illiterate, 10%(n = 43) were literate, 64.1% (n = 276) had an education level of high school and below, and 31.9 % (n = 137) had an occupation. Average number of pregnancies was 2.63 ± 1.48 (min. 1,00; max. 9,00), and average number of deliveries was 2.29 ± 1.30 (min. 1.00; max. 8.00).

The participants were found to score an average of 53.05 ± 6.56 (min. 26.00, max. 80.00) on the "Perceived Spousal Support Among Women in Early Postpartum Period", and their perceived partner support level was found to be adequate. The participants scored an average of 48.33 ± 7.38 (min. 22.00, max. 70.00) on the "Breastfeeding Self-Efficacy Scale", indicating a high level of breastfeeding self-efficacy.

The participants scored an average score of 16.37 ± 3.59 (min. 0.00, max. 25.00) on the "Edinburg Postpartum Depression Scale" and 90% of them (n = 387) were found to be at risk for postpartum depression.

Table 1 presents the relationship between women's perceived partner support, breastfeeding self-efficacy, and depression levels in the postpartum period. Women's breastfeeding self-efficacy in the postpartum period was found to increase with the increase in their perceived partner support and the risk of postpartum depression ($p < 0.001$ for each; Table 1).

A statistically significant relationship was found between participating women's perceived partner support and their age, education level, occupational status, partner's age, partner's education level, income level, total number of pregnancies, total number of children, having planned the last pregnancy, and mode of delivery. A statistically significant relationship was found between women's breastfeeding self-efficacy and income level. No significant relationship was detected between women's postpartum depression levels and the variables ($p < 0.05$ for each; Table 2).

Table 1. The relationship between women's perceived partner support, breastfeeding self-efficacy, and postpartum depression levels in the postpartum period

Scales	1	2	2.1	2.2	2.3	3
1. Breastfeeding self-efficacy	1					
2. Perceived partner support	0.227**	1				
2.1. Emotional support	0.212**	0.782**	1			
2.2. Social support	0.018	0.341**	-0.255**	1		
2.3. Physical support	0.041	0.274**	-0.232**	0.416**	1	
3. Postpartum depression	0.180**	-0.049	0.050	-0.163**	-0.074	1

** $p < 0.001$

Table 2. Distribution of women's breastfeeding self-efficacy, perceived partner support, and postpartum depression levels in the postpartum period according to some socio-demographic and health-related conditions

Variables	n	Breastfeeding efficacy Ort±SD	Self- t/F; p	Perceived Partner Support Ort±SD	t/F; p	Postpartum Depression Ort±SD	t/F; p
Age group							
≤ 20 years (1)	43	47.88±7.72		50.02±9.24		15.97±4.86	
21-25 years (2)	139	48.38±7.14	0.261;	52.26±6.45	4.465;	16.55±3.24	0.368;
26-30 years (3)	157	48.61±7.74	0.903	53.82±5.30	0.002	16.47±3.55	0.831
31-35 years (4)	58	47.58±6.15		54.65±5.71		16.27±3.42	
≥ 36 years (5)	33	48.66±8.36		53.84±6.56		16.37±3.59	
Within-group Comparison				(3-1) $p = 0.021$ (4-1) $p = 0.014$			
Education level							
Illiterate (1)	6	53.83±9.94		41.33±11.48		16.33±5.46	
Literate (2)	43	48.79±5.90	1.323;	50.81±6.85	11.391;	16.69±2.92	0.094;
High school and below (3)	276	47.96±7.67	0.261	52.67±6.37	0.000	16.34±3.59	0.984
Associate degree (4)	32	49.68±6.48		55.21±5.19		16.34±3.90	
Graduate degree and higher (5)	73	48.41±7.07		55.82±5.33		16.34±3.72	
Within-group Comparison				(2-1), (3-1), (4-1), (5-1), (5-2), (5-3) for each $p < 0.05$			
Presence of an occupation							
No	293	48.17±7.61	-0.65;	52.04±6.45	-4.776;	16.35±3.57	-0.184;
Yes	137	48.67±6.86	0.507	55.21±6.27	0.000	16.42±3.64	0.854
Partner's age							
≤ 29 years (1)	188	48.45±7.63	0.049;	54.34±5.94	13.284;	16.48±3.44	0.157;
30-34 years (2)	125	48.19±6.62	0.952	53.48±6.10	0.000	16.26±3.59	0.855
≥ 35 years (3)	117	48.29±7.77		50.52±7.28		16.32±3.85	
Within-group Comparison				(1-2) $p = 0.000$ (2-3) $p = 0.002$			
Partner's education level							
High school and below	285	48.30±7.58	-0.094;	52.07±6.64	-4.429;	16.51±3.45	1.096;
Associate degree and above	145	48.37±6.98	0.925	54.97±5.96	0.000	16.11±3.84	0.273
Income level							
Income less than expenses (1)	165	47.24±7.28	4.091;	51.33±5.97	9.723;	16.58±3.19	0.596;
Income equal to expenses (2)	227	48.72±7.05	0.017	54.04±6.64	0.000	16.19±3.75	0.551
Income more than expenses (3)	38	50.68±8.95		54.60±7.03		16.52±4.23	
Within-group Comparison		(3-1)		(3-1)	-	-	
Total number of pregnancies							
1 (1)	95	48.47±7.91		54.76±5.66		16.33±3.71	
2 (2)	157	48.18±7.60	0.048;	54.32±5.83	14.358;	16.26±3.50	0.204;
3 (3)	79	48.50±6.05	0.986	52.75±5.15	0.000	16.35±3.35	0.893
4 and more (4)	99	48.29±7.54		49.63±8.05		16.61±3.83	
Within-group Comparison		-		(1-4), (2-4), (3-4)	-	-	
Total number of children							
1 (1)	135	48.32±7.69	1.787;	54.97±5.27	14.511;	16.17±3.64	0.306;

2	(2)	152	48.67±7.64	0.149	53.92±5.90	0.000	16.35±3.45	0.821
3	(3)	74	46.68±6.53		50.77±6.58		16.55±3.60	
4 and more	(4)	69	49.36±6.86		49.84±8.22		16.62±3.83	
Within-group Comparison		-			(1-3), (1-4), (2-3), (2-4)	-		
Having planned the last pregnancy								
No		134	47.73±7.58	0.223;	50.26±7.96	20.268;	16.02±3.89	0.279;
Yes		296	48.60±7.28	0.637	54.31±5.37	0.000	16.53±3.44	0.598
Type of delivery								
Vaginal		234	48.42±7.36	0.020;	53.84±6.20	3.898;	16.55±3.48	0.036;
Ceserrean section		196	48.21±7.41	0.887	52.11±6.85	0.049	16.16±3.71	0.849
Baby's nutrition type								
Only breastmilk		234	48.68±7.54		53.07±6.80		16.58±3.71	
Only formula		6	51.00±4.09	1.123;	53.83±1.47	0.047;	15.83±3.54	0.921;
Breastmilk and formula		190	47.81±7.24	0.326	53.01±6.37	0.954	16.13±3.44	0.399
Within-group Comparison		-			-	-		
Presence of postpartum support								
No		176	47.32±7.14	1.182;	51.64±7.00	10.196;	16.26±3.38	0.972;
Yes		254	49.03±7.47	0.171	54.03±6.05	0.002	16.45±3.73	0.325
Total		430	48.33±7.30		53.05±6.56		16.37±3.59	

* Scheffe test

Discussion

This study aimed to examine the relationship between perceived partner support and depression levels and breastfeeding self-efficacy among women in the postpartum period, and the findings are discussed in line with the literature. Participating women were found to have an adequate level of perceived partner support in the postpartum period. Studies conducted in our country reported similar findings to the present study, indicating an adequate level of perceived partner support in the postpartum period (Cicek, and Okumus 2021; Isik and Bal 2022; Kizilirmak et al., 2021; Usar et al., 2022; Ugurlu et al., 2023). Studies conducted in different countries also reported that partner support was perceived as high and adequate by women (Eslahi et al., 2021; He et al., 2022). It is considered that partners generally do not leave mothers alone in the postpartum period and provide them with the necessary support to go through this process healthily. Participating women's breastfeeding self-efficacy was found to be high in this study. Studies on breastfeeding self-efficacy in the postpartum period conducted in our country similarly found women's breastfeeding self-efficacy high (Acikgoz and Yoruk, 2022; Altiparmak, Yilmaz, and Aksoy 2021; Ugurlu et al., 2023; Uludag and Ozturk 2020). Studies conducted in different countries also reported high breastfeeding self-efficacy among women (Beheshti et al., 2022; Maleki-Saghooni, Barez, and Karimi 2020; Tsaras et al., 2021). Addressing the importance of breastfeeding for

the mother and the newborn by many organizations, especially the World Health Organization, and in all health institutions as well as providing the necessary support for the

maintenance of breastfeeding especially by health professionals are considered important. In addition, adequate partner support perceived by mothers in the present study is also considered to be effective in breastfeeding.

In this study, 90% of participating women were found to be at risk for postpartum depression. In their cross-sectional study conducted with 120 women in the postpartum period, Tsaras et al., (2021) found that one-fourth of the women were at risk for depression (Tsaras et al., 2021). Various studies determined that the prevalence of postpartum depression ranged from 28.2% to 33.5% among women in the postpartum period (Cinar et al., 2023; Kizilirmak et al., 2021). Postpartum depression is known to be a serious risk factor for mothers after childbirth and many factors, especially hormonal and physical changes, predispose to depression. The high rate of women at risk for depression in our study is considered to be related to the high number of participants who had low income, living conditions triggering depression in women, and very high fertility rates in the province where the study was conducted.

It is known that mothers who perceive inadequate partner support are more at risk for postpartum depression, which leads to a decrease in breastfeeding self-efficacy (Ugurlu et al., 2023). Breastfeeding self-efficacy was

found to increase with the increase in the partner support perceived by participating women in the postpartum period. An analysis of the literature indicated similar results to our study; a significant relationship was detected between partner support and breastfeeding self-efficacy, and women's breastfeeding self-efficacy was found to increase with the increase in partner and social support (Acikgoz and Yoruk, 2022; Beheshti et al., 2022; Tsaras et al., 2021; Ugurlu et al., 2023; Uludag and Ozturk 2020). This study found that the perceived partner support increased with the increase in women's and partners' education levels. A study conducted with breastfeeding mothers in the postpartum period reported that partners supported women more as their education level increased (Durmazoglu, Cicek, and Okumus 2021). Another study reported a significant relationship between women's education level and perceived partner support (Isik and Bal 2022). Partners' positive contribution in terms of understanding and supporting each other is considered to increase as the level of education increases. In addition, it is estimated that partners can express themselves and their expectations better as their level of education increases. Women's perceived partner support in the postpartum period was found to increase with the decrease in the total number of pregnancies and children. Ugurlu et al. reported that women with two or more children had lower perceived partner support (Ugurlu et al., 2023). The findings of this study are similar to those of previous studies; the partners' responsibility increases and couples become more interested in the children instead of each other as the number of pregnancies and children increases. This study found that women's perceived breastfeeding self-efficacy in the postpartum period increased with the increase in their perceived income level. An analysis of the literature showed that while some studies reported no significant relationship between income level and breastfeeding self-efficacy (Acikgoz and Yoruk, 2022; Evcili and Kaya, 2019; Topuz et al., 2021; Tsaras et al., 2021), others indicated a significant relationship (Canturk and Kostak, 2020; Han, Ho, and McGrath 2023). It is considered that income level alone is not an effective factor in increasing breastfeeding self-efficacy.

Strengths and limitations: This study was conducted in only one province and in a single hospital, which can be considered a limitation. Therefore, the results cannot be generalized.

Besides these limitations, the study also includes some strengths. For instance, selecting a province with high fertility and women with low education and income levels is of great importance in terms of determining how they perceive and evaluate this process.

Conclusion: In conclusion, women were found to perceive adequate support from their partners in the postpartum period; their breastfeeding self-efficacy was high; and the majority of them were at risk in terms of depression. Women's breastfeeding self-efficacy was found to increase with the increase in their perceived partner support, and some sociodemographic characteristics were found to affect partner support. In line with these results, partners could be provided with necessary trainings to support women physically, emotionally, and socially; women who are at risk for pre-pregnancy depression could be determined and referred for psychological counseling; and besides mothers, the importance of breastfeeding could be explained to partners through counseling.

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