

**POST PARTUM DEPRESSION AMONG WOMEN BANKERS AND TRADERS IN  
EKITI STATE NIGERIA**

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ABSTRACT

Postpartum depression is an unusual and frequently undocumented issue that impacts negatively on women and their children. The study was carried out among women bankers and traders in Ado Ekiti, Ekiti State, Nigeria. A cross-sectional study was conducted using a random selection technique. A total of 150 participants (60 bankers and 90 women traders) were randomly selected from 10 banks and two markets respectively. The participants selected age range between 18 and 58 years (mean age of 38.77). The instruments employed for data collection was a structured self-administered questionnaire developed by Aaron Beck (Beck Depression Inventory (BDI)) with 21-items and the socio-demographic questions developed by the first author. The result revealed that bankers in Ado Ekiti experienced more postpartum depression than traders ( $t(148) = 6.34, p < .05$ ). Findings were discussed in the light of existing literature.

Keywords: Depression, Maternal morbidity, Mental health.

## 1. INTRODUCTION

Postpartum mood disorders are a common form of maternal morbidity following delivery (stocky 2000). These affective disorders range in severity from the mild and transient 'baby blues' experienced by 50% to 80% of women to postpartum psychosis (Evins, Theofrastous, & Galvain 2000). Among these disorders is postpartum depression, a condition often exhibiting the disabling symptoms of uneasiness, irritability, confusion, forgetfulness, anhedonia, fatigue, insomnia, anxiety, guilt, inability to cope, and suicide ideation (Seyfried & Marcus 2003). The development of postpartum depression is greatest in the first three month of postpartum with duration frequently dependent on severity (Cox 1993). Some residual depressive symptoms are common up to a year after delivery (Cooper 1998). The Fourth edition (DSM-IV) for depression documented the incidence rate of postpartum depression from 11% to 42% varying from population to another (Evins, Theofrastous, & Galvain 2000).

According to Warner, Appleby, Whitton & Faragher (1996), postpartum depression affect 10% of new mothers, with the range been from 8 to 15%. This data cover only the women with non-psychotic depression levels, an additional one to two women per one thousand experience postpartum psychosis (Stanton & Gallant, 1995; Noncas & Cohen, 1998). Stanton and Gallant (1995) found the rates of postpartum depression to be higher, with a prevalence of 26% of women having at least mild depression and a similar study in Nigeria showing a prevalence rate of postpartum depression as 22.9% (Josephat MC, Odutola IO, Ikenna KN, Euzebus CE, Elias CA, Awoere T.C, & Ugochukwu E, 2016).

Some believe postpartum depression to be a biological problem (such as a thyroid dysfunction, as proposed by Harris (1993), and others contend that it is psychological (as

proposed by Appleby, Gregoire, Platz, Prince, & Kumer (1994), most agreed that the effects of postpartum depression are detrimental, and that it should be prevented if possible (Walther, 1997). O'Hara and Swain (1996) have stated that postpartum depression is a serious mental health problem for women and that its consequences have serious implications for the welfare of the family and the development of the child. Many aspects of postpartum depression have been studied (biochemical effects, socioeconomic effects, etc), but little has been done to study the relationship between actual birth experience and the incident and degree of postpartum depression. There has, however, been one study indicating that postpartum depression is more prevalent among women who have had cesarean births than women who had normal vaginal deliveries (Edwards, Porter, & Stein, 1994). This researcher had found that the increased rates of postpartum depression among cesarean subjects, those who had general anesthesia (a significant intervention) displayed higher depression rates than those who were given an epidural (the milder intervention). In addition, Areias, Kumar, Barros, & Figueiredo, 1996 have found correlations between postnatal depression and negative life events, which may suggest that if cesarean births and some hospital births are traumatic, they may be more likely to trigger postpartum depression than more positive birth experience.

Shields, Reid, Cheyne, Holmes, et.al. (1997), have documented that women who were cared for by midwives in their postnatal period were more likely to report satisfaction with their care, and were less likely to be depressed than women who were given traditional care. The researchers found that there were deficiencies in the psychological aspects of traditional medical care for women in the postnatal period, such as a lack of support. Women who were cared for by midwives were reported to have lower levels of depression than the traditional group, although both groups of women had good psychological outcome. It was also that group receiving mid

wife care give higher ratings to their care (indicating a greater satisfaction with their care than the traditional group). Results also indicated that those cared for by midwives reported receiving more support and better advice on infant feeding than those women cared for by traditionally, and felt more prepared for parenthood. If the level of care maybe one determinant in the prevalence and level of postpartum depression, then the findings of Lane, keville, Morris, Kinsella, Turner, and Barry (1997) that women who are public patients have higher clinical correlate of postpartum mood disturbance may be relevant.

Further, Cohan, Pimm, and Jude (1998) note that informed patients who feel in control of their situation have quicker recoveries and are less prone to depression than patients who do not have that knowledge or control. Patients who were found to have an external locus of control (felt that others determine their fate for them), were more apt to be depressed, while patient who were found to have a high internal locus of control (felt that they were in charge of their own fate), were less prone to depression.

As the authors point out, control is abdicated under general anesthesia, the author point out that the depression experience by patient after surgery is similar to the grief that survivals feel when a loved one dies. This depression is said to be “reactive,” or, as a result of the surgery. In addition an amazing one third of all surgery patients suffer “serious debilitating depression,” (p.215). However, the authors explain that a patient can find a comfortable level of control if he/she is prepared psychologically for the surgery. This preparation includes good education, which offers reassurance and lower stress levels though understanding. None the less, there is little consensus on the risk factors for postpartum depression (Warner, Appleby, Whitton, and Faragher, 1996).

The etiology of postpartum depression remains unclear and there is little evidence to support a biological basis (Beck 2001; O'Hara 1997). Despite considerable research, no single causative factor has been isolated; however, consistent findings suggest the importance of psychosocial variables (Cooper 1998; O'Hara 1997). In particular, stressful life events (Bernazzani 1997; O'Hara 1991), marital conflict (Bernazzani 1997; O'hara 1991; O'hara 1986), and the lack of social support (bernazzani 1997; Brugha 1998; Cooper 1998; O'Hara 1986; Small 1994; Stein 1989; Stuchbery 1998) have been found to significantly increase the risk of postpartum depression. The saliency of social support was especially highlighted in a predictive study of several thousand women, in which mothers who lacked social support were approximately two times more likely to develop postpartum depression than mothers with sufficient support (cooper 1996).

To address this issue, a variety of psychosocial and psychological interventions have been developed to treat postpartum depression. For example, randomized controlled trials evaluating cognitive behavioral counseling with antidepressants (Appleby 1997), cognitive behavioral therapy and non-directive counseling (Cooper 1997; Cooper 2003), health visitor-led non-directive counseling (Holden 1989; Wicberg 1996), peer support (Dennis 2003), and interpersonal psychotherapy (O'Hara 2000) have all demonstrated the amenability of postpartum depression to treatment.

## 2. METHODS

**Participants:** The subjects for this study were mainly married women bankers and traders in Ado-Ekiti, Ekiti State capital, the research made use of 150 respondents (those who have experienced weaning before), comprising 60 women bankers drawn from 10 different banks

across the city of Ado Ekiti, 90 market women drawn from the major markets (Oja Oba and Oja okesa) located at the heart of Ado Ekiti. The participants were randomly selected with age range between 18 and 58 years, and mean age of 38.77.

### 2.1.Measures:

The instrument used in the research contained two main sections, namely;

- i. Socio-demographic questionnaire which includes; age, sex, marital status, religion, nature of occupation.
- ii. Beck Depression Inventory (BDI) developed by Aaron T. Beck, a 21-item test. The questions are graded. Responses categories were scored 0, 1, 2, and 3 according to increased severity of the symptom. The scale in category describes specific behavioral manifestation of depression in graded series of four self-evaluative statements, rank ordered and weighted to reflect the range of severity of the symptom from neutral to maximum severity. Beck Depression Inventory (BDI) is known to be reliable and valid instrument for assessing depression with spearman-Brown correlation reliability coefficient of .93 and .77 validity coefficient.

### 2.2.Procedure:

The instrument employed for data collection was a structured self-administered questionnaire developed by Aaron Becks (Becks Depression Inventory (BDI)). It is a screening test for depression and it was used among women of young infants. The questionnaires was administered to the participants (women bankers and traders), the bankers were accessed through the assistance of the customer care officers, the questionnaires were translated to Yoruba language to enable the market women understand the contents since Yoruba speaking was the major

language use for communicating in Ekiti state. Consent was obtained from the women after they had been told that their participation was completely voluntary in nature and that they could discontinue their involvement anytime. Anonymity and confidentiality of responses were also conveyed. In all, one hundred and sixty questionnaires were administered to the respondents. By the time of retrieval, only one hundred and fifty (150) of the questionnaires were analyzed as a result of inappropriately filled ones.

### 3. RESULT

**t-test summary table of results showing the difference in post-partum depression between female bankers and female market traders in ado Ekiti**

Variables	N	Mean	SD	df	T	P
Bankers	60	40.22	9.12	148	6.34	<.05
Traders	90	28.31	12.48			

The table shows there is a significant difference between bankers and traders on their levels of postpartum depression ( $t(148) = 6.34, P < .05$ ). The result supports the hypothesis that bankers will experience more post partum depression than traders in Ado Ekiti.

### 4. DISCUSSION

This study has shown that postpartum depression does exist in our environment. However, result from this study revealed that bankers in Ado Ekiti experience postpartum depression more than market women. Research conducted on women, employment, and multiple roles provide a context for consideration of the particular issues involved in assessing the effects of maternity leave on well-being of women after childbirth.



Part of the concern for researchers' interest in unraveling factors that could make women susceptible to developing postpartum depression include interaction between women's roles as wives and/or mothers and their employment status, research revealed that women proved to be more stressful than men who occupy similar roles in terms of employment (Barnett, Marshall, Raudenbush, & Brennan, 1993., Baruch, Biener, & Barnett, 1987., Glass & Fujimoto, 1994., Hughes & Galinsky, 1994., Kandel, Davies & Raveis, 1985., Thoits , 1987., Thompson & Walker, 1989), and family life and maintenance suffer for this (Spitze, 1988., Thompson & Walker, 1989., Zedeck & Mosier, 1990).

Personality and environment play significant roles in the degree to which mothers experience postpartum health problems and the duration of recovery (Beck, 2001. Grice et al...2007., Robertson, Grace, Wallington, & Stewart, 2004. Schytt & Waldenstrom, 2007). Maternal age, maternal employment, family income, number of children, and the baby's re-hospitalization for more than 24 hours are also parts of the factors that could responsible for postpartum depression among women (Finello, Litton, Delmos & Chan, 1998).

## 5. CONCLUSION

The findings from this study showed that mothers of young infants who are bankers experience more postpartum depression than mothers of young infants who are traders in Ado-Ekiti, Ekiti state Nigeria . it may be inferred from this conclusion that the young infant mothers who are bankers seem to get concerned about their jobs and a such feel depressed because of perhaps they envisage job demands that is usually very tasking. This, however, may not be the case for a mother of young infant who is a trader who may be relatively free in terms of their trading activities.



## 6. RECOMMENDATION

Based on the findings from this study, mothers of young infants and employers should be educated on the possible biological and environmental causes of postpartum depression which can also be part of the advocates by psychologists.

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