Original Article

Depression Level and Its Associated Factors among Postpartum Working Women in Kuching, Sarawak—A Cross-Sectional Study

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Abstract

***Background*: Postpartum depression (PD) among women, if left untreated, may result in long-term health and social consequences for them and their families. This cross-sectional study aimed to determine the factors contributing to PD among working mothers in Kuching, Sarawak, Malaysia.**

***Methods*: Systematic sampling was used to recruit working mothers who attended Kuching's maternal and child health clinics. They were interviewed with a validated translated questionnaire to obtain data on sociodemographics, health profiles, and Edinburgh Postnatal Depression Scale (EPDS) and postpartum symptoms. Data were analysed using IBM SPSS version 21.0.**

***Results*: Out of the total 281 respondents, 15.3% of respondents had depression symptoms. Fatigue (42.7%), back or neck pain (36.3%), breast discomfort (16.4%), dizziness (13.5%) and nipple irritation (11.0%) were the most common physical symptoms experienced by the mothers. Regression analysis showed that working mothers who exhibited higher scores of physical symptoms were 1.26 times more likely to develop PD (adjusted odd ratio 1.26, $P < 0.01$; 95% CI: 1.071, 1.487).**

***Conclusion*: Physical symptoms were the predictors of PD among working mothers.**

Keywords: *postpartum depression, working mothers, physical symptoms*

Introduction

Women make up the majority of the labour force as they contribute up to 55.6% of the Labour Force Participation rate (1). Regardless of gender, employees are expected to perform in complex and competitive work environments to increase the productivity of their organisations (3). Mazlan et al. (4) reported that 16.9% of Malaysian workers reported that family life might affect the quality of their work life and female workers had a lower quality of work life compared to males. Many studies in the literature have highlighted the difficulties faced by working women in balancing their work life and family. Very often, parenthood increases the likelihood of women quitting their employment when family obligations become a priority for them (2). Women who get married and become pregnant often contemplate their future career pathways. Most working mothers are likely to return to work within a year after childbirth. It is crucial to support working mothers who resume work after childbirth to ensure that women are not left behind in labour force participation. Strong mental health and emotional fitness are vital to ensure good work performance and low absenteeism.

In addition, there is a significant concern about the mental health issues that affect women, especially in the postpartum period. Childbirth, generally, is supposed to

be associated with great joy and happiness. However, the transition into parenthood can be overwhelming for new parents, occasionally leading to poor mental health among women during or after pregnancy (5). Depression experienced by mothers after childbirth, particularly during the first 4 weeks–6 weeks after birth can be debilitating. The postpartum period can go beyond 6 weeks and up to 6 months. The long-term consequences of postpartum depression (PD) can be devastating as they affect the functionality of the mother and also the wellbeing of her children, her partner, and other family members. It will also interfere with the child's cognitive development and the maternal-child bond (6, 7). In addition, PD has been linked with absenteeism, poor work performance, and increased disability costs at the workplace.

PD is a depressive episode that occurs anytime during the first year after childbirth. It affects one in seven women (8). The World Health Organization (WHO) reported that about 20% of mothers in developing countries suffered from PD after childbirth. The prevalence of PD varies across countries between 4% and 38% despite using the same instrument (9). There are several local studies on PD among mothers (10, 11). However, none focused on working mothers with PD. It is possible that many factors influencing the development of depression between working mothers and non-working mothers may be different, thus this study aimed to determine the depression level and its associated factors among postpartum working women in Kuching, Sarawak, Malaysia.

Methods

This was a cross-sectional study in Kuching, Sarawak, Malaysia. The study population consisted of working mothers who attended the Ministry of Health Malaysia's Maternal and Child Health (MCH) clinics in Kuching. The sample size was calculated using PS software (12). Based on the prevalence of PD between 3.5% (13) and 14.3% (11) as well as a non-response rate of 30%, the total sample size required was 280. There are nine MCH clinics in Kuching, each with an average monthly attendance of 40 mothers. A total of 32 eligible mothers were recruited from each clinic. A systematic sampling method was used. The sampling frame was the patient attendance list provided by the clinics. Every other patient (even number on the list) was approached until the required sample size for each clinic was achieved. The inclusion criteria were full-time working mothers on maternity leave 6 weeks after delivery, and those seeking postnatal care at the clinics. Mothers with severe childbirth outcomes, severe obstetric conditions and pre-existing psychiatric illnesses were excluded from this study.

Data was collected using a three-part questionnaire. Part 1 focused on sociodemographic profile (age, ethnicity, parity and monthly family income), prenatal factors (chronic health problems, self-perceived prenatal health status and mood disturbances), postpartum factors (delivery complications, caesarean delivery, infant girl, breastfeeding and elapsed time after childbirth) and employment characteristics (employment status, occupational sector classification, job satisfaction and supervisory support). Prenatal health refers to the overall health status rated by the mothers as a whole before childbirth. For job satisfaction and prenatal mood disturbance, dichotomous responses were provided: whether they were satisfied or not with their job and whether there was prenatal mood disturbance (yes or no). Prenatal perceived control and supervisory support were measured using a Likert scale from none to complete and disagree to agree, respectively.

Part 2 was the Edinburgh Postnatal Depression Scale (EPDS), a 10-item questionnaire designed specifically to measure PD. It has been used extensively worldwide among mothers after childbirth (9). Each item is rated on a 4-point scale (0 to 3), with a total score ranging from 0 to 30. The Malay-translated version of this instrument was used (10, 14). Following the study by Azidah et al. (10), the cut-off point score of the Malay version of EDPS was 11.5, with 72% sensitivity and 92.6% specificity. Mothers with a score of 12 or higher were categorised as individuals with depression symptoms. The third part of the questionnaire was a 28-item postpartum symptom checklist adopted from McGovern et al. (15) and Gjerdingen et al. (16). It consists of a list of postpartum symptoms under six main categories, namely neurological symptoms, gynaecological and breast symptoms, cardiovascular and respiratory symptoms, skin and hair problems, gastrointestinal symptoms and general symptoms such as fatigue, fever, back and neck pain. Respondents were required to answer a 'YES' or 'NO' for each symptom in the checklist.