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FAMILY RELATIONSHIP, NEEDS AND SOCIAL LIFE OF WOMAN WITH POSTPARTUM DEPRESSION

RELACIONAMENTO FAMILIAR, NECESSIDADES E CONVÍVIO SOCIAL DA MULHER COM DEPRESSÃO PÓS-PARTO

RELACIONAMIENTO FAMILIAR, NECESIDADES Y CONVIVENCIA SOCIAL DE MUJERES CON DEPRESIÓN POST-PARTO

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ABSTRACT

Objective: to describe family relationships and evaluate the needs of women with postpartum depression and their social life. ***Method:*** analytical study of qualitative approach. The instruments for the production of data were the semi-structured interview guide, dynamics and field diary. To analyze the data, the thematic analysis was used. The research project was approved by the Ethics Committee in Research, Protocol number 20110072. ***Results:*** the findings were organized into categories of family relationships and needs and social life, with their respective subcategories. It was possible to identify the social and family life of women with PPD suffering negative changes after the manifestation of the disease. ***Conclusion:*** the important role of nurses was highlighted, regarding the involvement of the family, especially the spouse/partner in woman´s care during home visits and even prenatal, identifying risk factors. ***Descriptors:*** Postpartum Depression; Nursing; Women´s Health.

RESUMO

Objetivo*:** descrever as relações familiares e avaliar as necessidades das mulheres com depressão pós-parto e seu convívio social. ***Método: estudo analítico de abordagem qualitativa. Os instrumentos para a produção dos dados foram o roteiro de entrevista semiestruturado, dinâmicas e diário de campo. Para analisar os dados, foi empregada a Análise Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 20110072. ***Resultados*:** os achados foram organizados nas categorias relacionamento familiar e necessidades e convívio social, com suas respectivas subcategorias. Foi possível identificar que o convívio social e familiar da mulher com DPP sofre alterações negativas após a manifestação da doença. ***Conclusão*:** destacou-se a importante atuação dos enfermeiros, no que concerne o envolvimento da família, especialmente do cônjuge/companheiro nos cuidados da mulher durante as visitas domiciliares, bem como ainda no pré-natal, identificando fatores de riscos. ***Descritores*:** Depressão Pós-Parto; Enfermagem; Saúde da Mulher.

RESUMEN

Objetivo*:** describir las relaciones familiares y evaluar las necesidades de las mujeres con depresión post-parto y su convivencia social. ***Método: estudio analítico de enfoque cualitativo. Los instrumentos para la producción de los datos fueron una guía de entrevista semi-estructurada, dinámicas y diario de campo. Para analizar los datos, fue empleado el Análisis Temático. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, protocolo número 20110072. ***Resultados*:** los hallados fueron organizados en las categorías relacionamiento familiar y necesidades y convivencia social, con sus respectivas subcategorías. Fue posible identificar que la convivencia social y familiar de la mujer con DPP sufre alteraciones negativas después de la manifestación de la enfermedad. ***Conclusión*:** se destacó la importante actuación de los enfermeros, en lo que se refiere a envolvimiento de la familia, especialmente del cónyuge/compañero en los cuidados de la mujer durante las visitas domiciliares, así como aún en el pre-natal, identificando factores de riesgo. ***Descriptores*:** Depresión Post-Parto; Enfermería; Salud de la Mujer.

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INTRODUCTION

The birth of a child is an important event for women, occurring different feelings of a life full of meaning. On the other hand, the transition to motherhood can be described as a time of disorder and imbalance, in which the mother needs support from her family to adapt to motherhood.[1]

The woman is surrounded by fantasies and changes in her day to day as a worker, wife and mother. Within the family environment, the woman changes her lifestyle to also suit the needs of the baby, causing some difficulties in family and social relationships.[2] Studies show that between 15 and 29% of women during the phase of post-delivery had some psychopathology, and postpartum depression (PPD) is in one every eight women after pregnancy.[3]

Postpartum depression (PPD) is a mental disorder causing emotional, cognitive, behavioral and physical changes. It begins insidiously, from the first four weeks after birth, usually reaching its greatest intensity in the first six months.[4] The most common symptoms are persistent dismay, feelings of guilt, sleep disturbances, suicidal ideas, fear of harming the child, decreased appetite and libido, decreased mental functioning level and presence of obsessive or overvalued ideas.[3]

Depression is considered a more disability disease causes among women in developed and developing countries. The postpartum depression occurs in 10-15% of mothers in developed countries.[5] In Brazil, cross-sectional studies show a prevalence of 16% to 39%[6-7] being considered a serious public health problem, often preceded by these remarkable life events, such as pregnancy, childbirth and the postpartum period.[6]

PPD is a condition recognized as a very important cause of maternal morbidity, with great relevance in the public health area. In addition to the serious consequences for their own health, depressive syndromes affecting women in the first months after delivery, also directly affect the entire family. Husbands of women with PPD also appear more likely to develop clinical manifestations of depression, causing worsening of marital conflict, and their children were more likely to delay in cognitive and social development, sleep disorders, diarrheal diseases, nutritional disorders and growth retardation.

With this problem, some questions have been elucidated: how is the family and social life of the woman who suffers from this disorder in Quixadá-CE? What is the kind of help that the family offers to the woman? From there, it is trying to understand what mothers think or feel about the support received by the family, assessing how women affected by the DPP reacts in the family and how she seeks to cope with the psychopathology.

It is believed, that the development of studies in this area is exciting because it is a more evident topic among women of society. In addition, it is a subject often neglected by healthcare professionals due to the large number of patients and the short time between nursing consultations. In this case, the professional tends to focus on peculiar issues to physiological changes in the immediate postpartum period, and initial care of the newborn.

Therefore, the nurse should prioritize assistance to women in their psychological and physiological needs, recognizing that this changes would trigger different effects on each family member of the family and the family should be part of the care plan offered to women with PPD.

OBJECTIVE

- To describe family relationships and evaluate the needs of women with postpartum depression and social life.

METHOD

Analytical study of qualitative approach, conducted in the city of Quixadá/CE, in Psychosocial Care Center (CAPS), with 5,672 clients assisted and 80% of them having a diagnosis of depression.

Initially, it was held the active search for mothers records diagnosed with PPD, who were in current or completed treatment. Based on this, three women were selected by the inclusion criteria: a) be a mother of an urban area of the city of Quixadá-CE; b) have proven medical diagnosis of PPD; c) be accompanied in the CAPS; d) women in physical and psychological conditions to participate. Exclusion criteria were: being younger than 18 years old and women whose infants had congenital malformation or died.

Four home visits were made to each participant, in October 2011 in a two-week period. At each visit, a semi-structured interview and dynamic were conducted. After the visit, impressions and perceptions of women were described in a diary.

The thematic analysis described by Minayo was used to analyze the data, which consisted in discovering the units of meaning that make up the verbal and nonverbal communication. The Minayo thematic analysis is divided into

three steps: pre-analysis, material exploration, processing of results and interpretation.[8]

It should be noted that all data collected were kept confidential and patients received fictitious names related to precious stones to ensure anonymity.

This study followed the recommendations of the National Health Council 196/96 and the research project was approved by the Ethics Committee on Research in Human Beings under protocol number 20110072.

RESULTS AND DISCUSSION

Three women in the city of Quixadá-CE were evaluated at four moments during home visits.

Next, the organized findings are presented in the categories Family Relationships, with the subcategories relationship with parents, relationship with the father of the child, relationship with the child, relationship with other children, relationship with other family members; Needs and social life, with the subcategories unidentified needs by the family and social life.

♦ Family relationships

♦ Relationship with Parents

It was observed in the reports that all participants had a good relationship with their parents, but all of them have had some serious disagreements, usually because of choices made by them without parental consent.

The relationship of women with their mother figure of identification may be considered an important factor that can influence the quality of emotional experience during pregnancy and the postpartum period.[9]

> *My family always treated me well, so normal, my parents always treated me well as a father and mother [...] but I've suffered a lot, there were a lot of family discussion. (Emerald)*
>
> *The relationship with my parents all life was good for the disease was even better, they supported me never with prejudice, because there are people who have it, you know, especially by my mother she always supports me [...] I almost never had disagreements with them. (Ruby)*
>
> *The relationship with my parents was good, as a child I was always accompanying my mother and when my father went fishing I was with him, as I told you I had to leave home when I was 15, my boyfriend left me and my family did not accept me, but it was not my parents who did not accept me but the whole family, my mother cried a lot, she wanted me at home. My family approach me again when I got married and built my family. (Sapphire)*

♦ Relationship with the father of the child

About the disease, all of them mentioned that always had the support of their partner, however, in some situations, the woman has difficulties to make her husband understand better their disease.

It is believed that parental emotional support is very important to the mother and the development of her child. Since various aspects of parenthood seem to be associated with maternal depression, there is a mutual influence between the roles of father and mother in this context.[10] Other authors also consider important parental support in marital relations, because the higher the social support of the partner, the lower the rates of PPD.[11] The biggest challenge in this area is to find the best way to help and encourage fathers to support their wives depressive and also help them to look after the baby.[12]

> *[...] My husband helped me and support me all the time [...] I found out that my husband was cheating on me, he was with another woman [...] I felt compelled to accept him back because I I was afraid to get a little daughter alone to create [...] I try to make our relationship good, but until now I have not forgiven him, I can not forget. (Emerald)*
>
> *The father of my child, our relationship is good, as I told you, in the beginning he did not care too much, only then he begin to understand and was very supportive. (Ruby)*
>
> *The relationship with my husband is good, all he could do for me he did it, only when he drank too much he did not understand me [...] I have a good husband I want him very well. (Sapphire)*

♦ Relationship with the child

It is necessary to understand that babies are vulnerable to the impact of maternal depression, because they heavily need on the quality of care and emotional response of the mother.[9] PPD condition can lead mothers to an affection style considered unsafe. Generally, the mother with PPD can see their children as more difficult to handle, slower, demanding and non-adapted. The mother can show listless in interacting with her son, looking rejection, neglect and sometimes aggression.[13]

> *Now I take care of her, but when she was born I could not. (Emerald)*
>
> *My son is great he is young and all passed, sometimes I feel something, but it's quick and passes, at the beginning my mother helped me take care of him, but as I told you I did not stop breastfeeding, then today I take care of him normal and dedicate most of my time, I love my son. (Ruby)*
>
> *I only managed to take care of my daughter when she was a big girl, so she was growing up and I think we are a bit distance, she did*

not understand me, gave me a lot of work, did not help me at all then when she was a mother we approach more and now we're friends, we have a good relationship. (Sapphire)

♦ Relationship with Other children

It is considered that the emergence of negative feelings, the disinterest in the baby and the blame for failing to take care of them are frequent and may result in an unsatisfactory development of mother-child interaction. In addition, removal or separation of the child by the need to be cared for someone else may hinder the establishment of emotional bonds between mother and children.[14]

The relationship with my other three children is good, they are loving me and my oldest girl, who is 11 years old, helps me a lot when I'm so unwilling to do anything she does for me, helps me take care of the smaller ones. (Emerald)

The relationship with my daughter was always good, we always got along, all life she obeyed me, she is a good daughter. (Ruby)

When my second son was born I did not stay with him because everything was starting all over again and I could not care for him or breastfeed if I wanted to, it happened to everyone, who helped me take care of them was my sister, I was like, as I told you before, I cannot see small child crying. So, the relationship with these my other children is good, they are all men, so they are very rude, they almost never understood me. (Sapphire)

♦ Relationships with the Family Members

It is considered that the physical and emotional health of family members plays an important role in family dynamics, since people are interconnected and are dependent on each other. When there is a health change in one of its members, the family dynamics is usually affected, since the family influences the health and well-being of its members.[15]

I have eight brothers and seven live in their house, there is only one we do not get along, when he drinks we fight, and we do not talk about because he humiliates me a lot. He says I have not a home that I don´t have nowhere to live, he is the one who says things to me. The relationship with all the other brothers is good, I like too much of my aunt who helped me and gave me lots of advice. (Emerald)

I have four brothers, two men and two women, but we always got along, our relationship is good, all live by, I always visit the house of my sisters. (Ruby)

I was very broken down by my sisters and my brother suffered a lot, he was also very bad with me, but today we already forgive and I will always visit everyone, our relationship today is good. (Sapphire)

♦ Needs and Social Life

♦ Unidentified needs by the family

In the speech of the participants, it was possible to find that all of them felt lack of understanding, two of them revealing feeling lack of dialogue, someone to talk to, affection and love from her husband or children. One of the participants revealed there was lack of respect from the family. On the other hand, they had different types of needs: patience, tolerance, affection gratitude, warmth and company.

Nurses should be aware and, when appropriate, they should report to the family that something is not right with the patient. They also point out, the union of health professionals can turn this moment into a phase in which the patient will feel more secure and confident to express their feelings, feeling welcomed and helped. Thus, they will provide a better overcome of the difficulties of postpartum depression.[16]

[...] Now I have a lot of understanding, but before I had not support by all my family, my parents and my husband, because my kids have great affection for me. I had lack of affection sometimes feeling neglected [...] humiliated [...] missing too much love from my husband. (Emerald)

At this stage of the disease I think we missed a lot of understanding [...] I think because it is very difficult to understand… also lacked a bit of conversation but for lack of my brothers, affection and love I ever had, missed also respect by my husband. (Ruby)

[...] Lack of understanding by my children, [...] also missed very much love, lacked time to talk, they thought I was weak and whiny [...] I think they were very ungrateful, had no patience [...] or affection [...] my husband was always busy had no time for me, time to talk. (Sapphire)

♦ Social Life

It was possible to identified through the speeches that social life of all participants changed much after the birth of their children.

It is understood that depression is an abnormal state of body and mind, and the affected person experiences psychological distress, which will hinder their social and family life. Thus, these people can report that they no longer interest by even their favorite entertainment, or by social activities, determining their obligations as a very tiring and exhausting priority.[17] Therefore, there is need for monitoring and observation of all new mothers in their social life.[18]

The only place that I frequent today is the church, I go three times a week, we do not go out to other places, I was just at home taking care of my children [...] I have no desire to go out. (Emerald)

Before we always would go out to parties, to the square, but now we don´t go anymore, just because of my little son [..] when the disease started I was afraid to go to the street, I do not want to leave but it was only at the beginning, then I went out [...] I also like to go fishing. (Ruby)

I can really relate well with people, I like to talk [...] Today I like to go fishing with my husband [..]. I go to the square, I like to travel and in my free time, I like to do crafts, paint pictures. (Sapphire)

CONCLUSION

In this study, it was possible to find that the social and family life of women with Postpartum Depression (PPD) suffer negative changes after the manifestation of the disease, since it is very difficult for women to express their feelings and difficulties. Therefore, it was observed that childcare is difficult, since such women are also not well understood by their husband. In the relationship with the children, it was possible to identify the lack of affect and interaction with them after the manifestation of the disease because their children are accepted by others and therefore suffered by the mother-child interaction deficit.

In family relationships, discord was identified among the families, involving feelings of rejection and prejudice, usually among the brothers. The needs identified as unmet by the family were: lack of understanding, dialogue, care, love by the husband or children, patience, tolerance, gratitude, affection, warmth and company, representing vulnerability reason for the woman to the development of Postpartum depression. However, it is recognized that the family is central to the satisfactory result after delivery and during the first year of the baby´s life, because it is a period of adjustment to the mother and the child´s needs.

This study allowed to understand better the feelings and difficulties that women affected by the PPD face, through the evaluation of woman living within the family context. In addition, it stressed the important role of nurses regarding the involvement of the family, especially the spouse/partner in the woman´s care in the postpartum period, which should be discussed during home visits.

It is important that nurses can contribute to identify PPD performing evaluation of risk factors even in prenatal care. Adding to this, they can also develop preventive actions in the basic health network, dedicated to woman´s health, highlighting her preparation for coping with feelings and difficulties arising after delivery in adapting to motherhood, strengthening family relationships, support to the development and healthy child bond.

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