JOURNAL OF
CONTEMPORARY MEDICINE

DOI:10.16899/jcm.1206828
J Contemp Med 2023;13(1):153-159

Original Article / Orijinal Araştırma

Evaluation of the Correlation between Spousal Support, Postpartum Depression, and Breastfeeding Self-Efficacy in the Postpartum Period

Doğum Sonu Dönemde Eş Desteği, Postpartum Depresyon ve Emzirme Öz Yeterliliği Arasındaki İlişkinin Değerlendirilmesi

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Abstract

Aim: This study aimed to determine the correlation between spousal support, postpartum depression and breastfeeding self-efficacy (BSES) in the postpartum period.

Material and Method: This descriptive study was performed on 300 postpartum women. Data collected with using The Perceived Spousal Support among Women in Early Postpartum Period Scale (PSSAWEPP), The Edinburgh Postpartum Depression Scale (EPDS) and Postpartum Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF).

Results: There was a negative correlation between women's perceived level of spousal support and their postpartum depression status (p<.001). A negative correlation was found between the postpartum depression status of women and the level of breastfeeding self-efficacy (p<.05). MANOVA analysis showed that spousal support did not affect breastfeeding self-efficacy (p>0.05). And satisfaction with the relationship with their spouse (p=0.000 η2=0.055) and the employment status of the spouse (p=0.040 η2=0.014) have a statistically significant effect on the PPD scores of women; also the breastfeeding self-efficacy of women with a single child is lower than others (p=0.000 η2=0.051).

Conclusion: Our study findings are important for to realize that spousal support perceived by women in the early postpartum period may be a predictor of PPD and breastfeeding self-efficacy, and they should evaluate women in terms of spousal support. Health care professionals working in obstetrics should assess all women in early postpartum period as a part of routine care for symptoms of postpartum depression by using objective screening tools and plan supporting initiatives in cooperation with psychiatric consultation for the women at risk.

Keywords: Postpartum depression, spousal support, breastfeeding, nursing, midwifery

Öz

Giriş: Bu çalışmada doğum sonu dönemde dönemde eş desteği, postpartum depresyon ve emzirme öz-yeterliliği arasındaki ilişkinin değerlendirilmesi amaçlanmıştır.

Gereç ve Yöntem: Tanımlayıcı tipte planlanan bu çalışma postpartum dönemdeki 300 kadın ile gerçekleştirilmiştir. Veriler "Doğum Sonu Erken Dönemde Eş Destek Ölçeği (PSSAWEPP)", "Edinburgh Postpartum Depresyon Ölçeği (EPDS)" ve "Postpartum Emzirme Öz-Yeterlilik Ölçeği-Kısa Formu (BSES-SF)" kullanılarak toplanmıştır.

Bulgular: Kadınların algıladıkları eş desteği düzeyi ile doğum sonrası depresyon durumları arasında negatif bir ilişki vardır (p<.001). Kadınların doğum sonrası depresyon durumu ile emzirme öz-yeterlik düzeyleri arasında negatif ilişki bulunmuştur (p<.05). MANOVA analizi, eş desteğinin emzirme öz yeterliliğini etkilemediğini göstermiştir (p>0.05). Eşiyle ilişkisinden duyduğu memnuniyet (p=0,000 η2=0,055) ve eşinin çalışma durumu (p=0,040 η2=0,014) kadınların postpartum depresyon puanları üzerinde istatistiksel olarak anlamlı bir etkiye sahiptir; ayrıca tek çocuğu olan kadınların emzirme öz yeterliliği diğerlerine göre daha düşüktür (p=0,000 η2=0,051).

Sonuç: Çalışma bulgularımız, kadınların erken postpartum dönemde algıladıkları eş desteğinin doğum sonrası depresyon ve emzirme öz yeterliliğinin belirleyicisi olabileceğini ve kadınları eş desteği açısından değerlendirmeleri gerektiğinin vurgulanması açısından önemlidir. Obstetri alanında çalışan sağlık profesyonelleri, erken postpartum dönemdeki tüm kadınları rutin bakımın bir parçası olarak postpartum depresyon semptomları açısından objektif tarama araçlarını kullanarak değerlendirmeli ve risk altındaki kadınlar için psikiyatri konsültasyonu ile iş birliği içinde destekleyici girişimler planlamalıdır.

Anahtar Kelimeler: Postpartum depresyon, eş desteği, emzirme, hemşirelik, ebelik

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Received *(Geliş Tarihi)*: 18.11.2022 **Accepted *(Kabul Tarihi)*:** 26.01.2023

INTRODUCTION

The early postpartum period, which covers the first week after childbirth, is a complicated process in which the mother tries to adapt to physical and psychological changes.[1,2] While the new mother tries to cope with the problems caused by the physical changes, she also tries to adapt to changing situations such as maintaining her daily activities, along with caring for a newborn baby, insomnia, fatigue, and motherhood. Therefore, mothers need more support within the first weeks after delivery.[3,4] The physical, social, and emotional support the spouse would provide would be important for the physical and mental well-being of the mother, her adaptation to the role of motherhood, and the breastfeeding process.[4]

The changeover to motherhood and the adaptation process may increase the risk of developing various emotional and anxiety disorders in some women.[5] Postpartum depression (PPD) is the most common mental disorder during postpartum period. PPD is a significant public health problem negatively affecting the health of the mother and the infant.[6] Although PPD is usually experienced around the 4th to 6th weeks after delivery, it can develop right after the delivery or following the pregnancy depression.[7] Studies report that factors such as low socioeconomic status, unplanned pregnancy, low social support, insufficient spousal support, a history of depression, unemployment of the spouse, and stressful life events are the predictors of PPD.[8-10] Studies also indicate higher PPD rates in women not receiving adequate support from their spouses.[5,11] On the other hand, women supported by their spouses in the early postpartum period are more socially active, feel better psychologically, easily cope with the stressful situations they encounter, and easily and quickly achieve the changeover process to motherhood.[4]

One of the crucial components of the transition to motherhood in the postpartum period is breastfeeding. Women need self-confidence and support in the successful initiation and maintenance of breastfeeding, the benefits of which are indisputable for maternal and infant health. Breastfeeding self-efficacy appears to be a factor affecting women's breastfeeding success. Studies have shown a high level of breastfeeding self-efficacy to be associated with the success of starting and maintaining breastfeeding,[12,13] and breastfeeding self-efficacy to be influenced by the support of the spouses, among other factors.[14] Additionally, studies in the literature report a positive correlation between the level of spousal support and breastfeeding self-efficacy.[4,14]

Considering that women with low spousal support are at risk for PPD, it is probable that the mental well-being of women who do not receive enough support from their suppose would deteriorate, thus breastfeeding would be negatively affected, causing a decrease in breastfeeding self-efficacy.

Zubaran and Foresti[15] report a negative correlation between breastfeeding self-efficacy and PPD. Several studies in the literature examine the relationship between spousal support, breastfeeding self-efficacy, and depression in the postpartum period. However, there were no studies where these three variables were evaluated together in the same sample group of women in the early postpartum period to the best of our knowledge. This study examined the relationship between the perceived spousal support, postpartum depression, and breastfeeding self-efficacy of women in the early postpartum period and the factors affecting them.

MATERIAL AND METHOD

This cross-sectional and descriptive study was conducted in Ankara, Turkey, between May 1st and November 30th, 2019. The study sample consisted of 300 women in the early postpartum period (first 72 hours) who gave birth in a public tertiary training and research hospital. This hospital has the title of a baby-friendly hospital, and breastfeeding education is provided to all women by midwives and nurses during the postpartum period. The study sample included 300 women in the postpartum period volunteering to participate in the study and satisfying the inclusion criteria.

Inclusion criteria

The sample of the study included volunteering women over 18 years old who delivered at term (37 – 42 weeks), who were in the first 72 hours of postpartum, breastfeeding their baby, who could speak and understand Turkish, and who had no history of psychiatric diseases, and who had no complications in the mother or the baby during postpartum period.

Measures

Four separate forms were used to collect the data. In order to determine the socio-demographic and obstetric characteristics of women, a personal information form prepared by the researchers was used. "The Perceived Spousal Support among Women in early Postpartum Period Scale (PSSAWEPP)" and "The Edinburgh Postpartum Depression Scale (EPDS)" were used to determine the level of spousal support and to determine the risk of postpartum depression in women, respectively. The "Postpartum Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF)" was used to determine the state of breastfeeding self-efficacy.

Perceived spousal support among women in early postpartum period scale (PSSAWEPP)

The scale was developed by Hotun Şahin et al.[2] to determine the perceived spousal support of women during the early postpartum period. The scale, consisting of 16 items, is a 5 points Likert-type scale. Positive and negative statements are intricately listed on the scale. While items 1, 2, 3, 4, 5, 6, 7, 11, 13, 16 are scored positively, the items 8, 9, 10, 12, 14, 15 are scored negatively. The total score obtained from the scale is between 16 and 80. A high score indicates that support during the early postpartum period is at a sufficient level, and a low score indicates that it is insufficient. The Cronbach alpha value of the scale was calculated by Hotun Şahin et al.[2] as 0.87, and it was calculated in our study as 0.90.

Edinburgh Postpartum Depression Scale (EPDS)

The scale was developed by Cox et al.[16] in 1987 to determine the risk of depression in the postpartum period. The Turkish validity and reliability study of the scale was conducted by Engindeniz et al.[17] The scale, consisting of 10 items, is a 4-points Likert-type scale. The total score obtained from the scale varies between 0 and 30. The cut-off score of the scale is 13, and women who receive this score and above are considered at risk for postpartum depression. The scale is widely used in studies. Cronbach's alpha value for EPDS was determined by Cox et al. as 0.87, Engindeniz et al. determined this value as 0.79, and it was determined as 0.84 in our study.

Postnatal Self-Efficacy Scale Short Form (BSES-SF)

This scale was first developed by Dennis and Faux[18] as 33 items to assess the level of breastfeeding self-efficacy of the mothers. Later, the scale was revised and converted into a short form of 14 items. The total score obtained from the scale, a 5-points Likert-type scale, ranges from 14 to 70. A high score obtained from the scale indicates that breastfeeding self-efficacy is high. The Turkish validity and reliability study of the scale was conducted by Aluş Tokat et al.,[19] and the Cronbach alpha value was calculated as 0.87. In our study, the Cronbach alpha value of the scale was calculated as 0.88.

Data collection

The study data were collected by the researchers using the face-to-face interview method. Before the study, the women were informed about the study, and their consent was taken. Filling out the data collection forms took 10-15 minutes.

Ethical considerations

The study was conducted following the principles of the Helsinki Declaration. The permission of the ethics committee was obtained (June 11th, 2019, 19 /231) before starting the study. After the participants were informed about the study, women's verbal consent who agreed to participate was obtained.

Data analyses

The data were transferred to a computer environment and evaluated in the research. The quantitative variables were summarized as mean, standard deviation, minimum, and maximum values, and the qualitative variables were summarized as numbers and percentages. The Kolmogorov-Smirnov test was used to test the suitability of the data for normal distribution. In the study, the scores obtained by women from postpartum depression, breastfeeding self-efficacy, and perceived spousal support scales are dependent variables. The relationship between the scale scores was examined by Pearson's correlation analysis. MANOVA (Multivariate ANOVA) was used in analyzing the independent variables affecting the scores obtained from the scales used in the study. The significance level was taken as $p<0.05$ in all analyses.

RESULTS

In the study, the average age of the women was found to be 29.02±5.92, and the duration of marriage was 6.44±5.64. Most women were high school graduates (40%), do not work in an income-generating job (74.3%), have a nuclear family (88.3%), and report that their family income is equivalent to their expenses (69.7%) (**Table 1**).

Table 1. Socio-demographic and obstetric characteristics of women

Specifications (n=300)		
Age (Mean ± SD)	29.02±5.92	
Duration of marriage (Mean ±SD)	6.44 ± 5.64	
Educational status	**n**	**%**
Primary school	34	11.3
Secondary school	57	19.0
High school	120	40.0
University and above	89	29.7
Educational status of the spouse		
Primary school	14	4.7
Secondary school	64	21.3
High school	120	40.0
University and above	102	34.0
Employment status		
Unemployed	223	74.3
Employed	77	25.7
Employment status of the spouse		
Unemployed	4	1.3
Employed	296	98.7
Perception of income level		
My income is less than my expense	57	19.0
My income is equal to my expense	209	69.7
My income is more than my expense	34	11.3
Family type		
The nuclear family	265	88.3
Extended family	35	11.7
Being dissatisfied with the relationship with a spouse		
Satisfied	276	92.0
Partially satisfied	22	7.3
Not satisfied	2	0.7
Gravida		
Primipara	124	41.7
Multipara	176	58.3
Number of children		
One	125	41.7
Two	105	35.0
Three and more	70	23.3
Type of birth		
Vaginal delivery	140	46.7
Cesarean delivery	160	53.3
The weight of the newborn		
SGA (≤2500 grams)	15	5.0
Normal	268	89.3
LGA (≥4000 grams)	17	5.7
	300	100

40% of women's spouses were high school graduates, and only 1.3% were unemployed. Of the participant women, 92% reported being satisfied with their spouse, and 82% reported that their spouse spent enough time at home. Among the participants, 41.7% of women had their first baby, 46.7% had normal spontaneous births, 5% of newborns were underweight, and 5.7% were large for gestational age babies (**Table 1**).

When the mean and standard deviations of the scores of the women who participated in the research were examined, it was found that "the Edinburgh postpartum depression scale", "the Postnatal Breastfeeding self-efficacy Scale-short form", and "the Perceived Spousal Support of Women in the Early Postpartum Process scale" scores were 5.50±4.88, 57.94±8.09, and 67.39±10.69 respectively (**Table 2**).

Table 2. The scores obtained by women from the scales used in the study

Scales (n=300)	$\bar{X}$ ± SD (min-max)
EPDS	5.50 ± 4.88 (0-23)
BSES-SF	57.94 ± 8.09 (30-70)
PSSAWEPP	67.39 ± 10.69 (24-80)

Abbreviations: EPDS, Edinburgh postpartum depression scale; PSSAWEPP, Perceived spousal support among women in early postpartum period scale; BSES-SF, Postnatal Self-Efficacy Scale Short Form.

According to the Edinburgh Postpartum Depression Scale scores, 8% of women had a risk of depression (**Figure 1**).

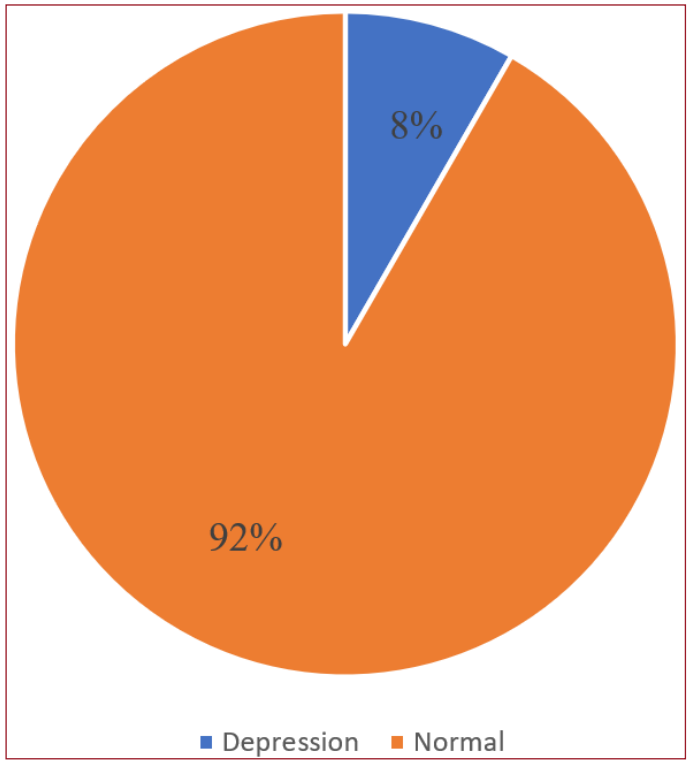

Figure 1. Prevelance of postpartum depression

There is a statistically significant inverse relationship between the scores of women on the Edinburgh Postpartum Depression Scale and the Perceived Spousal Support Spouse During Early Postpartum Process Scale (r= -.425, p < .001). As the perceived spousal support of women decreases, depression scores increase. Similarly, there is a statistically significant inverse relationship between the Edinburgh Postpartum Depression Scale scores and the Postnatal Breastfeeding Self-Efficacy Scale, implying that as the depression score increases, breastfeeding self-efficacy decreases (r= -.125, p = .031). There was no relationship between breastfeeding self-efficacy and perceived spousal support of women (r= .086, p= .139) (**Table 3**).

Table 3. Correlation of scale scores (n=300)

	R	p
EPDS PSSAWEPP	-.425	.000**
EPDS BSES-SF	-.125	.031*
BSES-SF PSSAWEPP	.083	.150

**Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed). Abbreviations: EPDS, Edinburgh postpartum depression scale; PSSAWEPP, Perceived spousal support among women in early postpartum period scale; BSES-SF, Postnatal Self-Efficacy Scale Short Form.

In the study, MANOVA was applied to examine the effect of independent variables on scale scores. According to the results of MANOVA, perceived spousal support scale scores of women in the early postpartum process indicate statistically significant differences according to the variables, respectively being satisfied with their relationship with their spouses (p=0.000), thinking that their spouses are spending enough time at home (p=0.022), their spouses' employment status (p=0.002), family type (p=0.027) and the number of children (p=0.000).

Eta square values are a statistical measure used to sort the effect of independent variables on dependent variables. If this value is close to 1, this indicates that the effect of the variable is excessive. When Eta square values were considered, the factors affecting the perceived spousal support the most were: Being satisfied with the relationship with their spouses (η2=0.091), the number of children (η2=0.044), the spouses' employment status (η2=0,031), thinking that their spouses are spending enough time at home (η2=0.018) and family type (η2=0.017). The results of the post hoc analysis revealed that women: Who are dissatisfied or partially satisfied with their relationship with their spouse, have children aged 2 and over, whose spouse is unemployed, who do not think that her spouse spends enough time at home and women with extended families receive lower spousal support (**Table 4**).

The results of MANOVA respectively show that satisfaction with the relationship with their spouse (p=0.000 η2=0.055) and the employment status of the spouse (p=0.040 η2=0.014) have a statistically significant effect on the depression scale scores of women. Women who are dissatisfied and partially satisfied with their relationship with their spouse and women whose spouse is unemployed have higher depression scores (**Table 4**).

When the variables affecting the breastfeeding self-efficacy scores of women were evaluated according to the results

of MANOVA, it was determined that the breastfeeding self-efficacy of women with a single child is lower than others (p=0.000 η2=0.051), and their relationship with the spouse and their family type did not show a statistical difference (**Table 4**).

Table 4. Multivariate ANOVA results

	Type III Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
The Correlation Model						
PSSAWEPP	9726.106	5	1945.221	23.347	.000	.284
BSES-SF	1054.095	5	210.819	3.349	.006	.054
EPDS	889.463	5	177.893	8.393	.000	.125
Intercept						
PSSAWEPP	35064.813	1	35064.813	420.855	.000	.589
BSES-SF	9516.205	1	9516.205	151.191	.000	.340
EPDS	102.054	1	102.054	4.815	.029	.016
Employment status of the spouse						
PSSAWEPP	788.835	1	788.835	9.468	.002	.031
BSES-SF	5.220	1	5.220	.083	.774	.000
EPDS	89.919	1	89.919	4.242	.040	.014
Being dissatisfied with the relationship with a spouse						
PSSAWEPP	2441.151	1	2441.151	29.299	.000	.091
BSES-SF	9.834	1	9.834	.156	.693	.001
EPDS	360.854	1	360.854	17.025	.000	.055
Do not think that the spouse spends enough time at home						
PSSAWEPP	443.273	1	443.273	5.320	.022	.018
BSES-SF	42.656	1	42.656	.678	.411	.002
EPDS	36.107	1	36.107	1.704	.193	.006
Number of children						
PSSAWEPP	1127.203	1	1127.203	13.529	.000	.044
BSES-SF	1003.991	1	1003.991	15.951	.000	.051
EPDS	51.213	1	51.213	2.416	.121	.008
Family type						
PSSAWEPP	414.267	1	414.267	4.972	.027	.017
BSES-SF	17.541	1	17.541	.279	.598	.001
EPDS	7.772	1	7.772	.367	.545	.001

Abbreviations: EPDS, Edinburgh postpartum depression scale; PSSAWEPP, Perceived spousal support among women in early postpartum period scale; BSES-SF, Postnatal Self-Efficacy Scale Short Form.

DISCUSSION

In our study assessing the relationship between the perceived spousal support in the early postpartum period, PPD, and breastfeeding self-efficacy, we found that "as the perceived spousal support of mothers decreased, their postpartum depression scores increased" and "as their postpartum depression scores increased their breastfeeding self-efficacy scores decreased" and the perceived spousal support scores did not show a statistically significant correlation with breastfeeding self-efficacy (p = .000).

The early postpartum period is a difficult transition process for women, and during this period, mothers need the support of their spouses more than ever. Possibly, the psychological well-being of women who do not receive enough support from their spouses may deteriorate, and related problems may arise. We found the PPD scale scores of women with low perceived spousal support in the early postpartum period to be higher (p = .000). Spousal support affects depression, which may develop during or after childbirth.[5,20] Decreased spousal support is associated with postpartum depression.[3,7,21,22] In a meta-analysis examining the risk factors affecting PPD, the spouse/father support was the risk factor with the greatest impact.[5] Results in our study revealed that women who are dissatisfied/partially satisfied with their relationship with their spouses and whose spouse is unemployed have higher depression scores, in accordance with the literature. This confirms that poor marital relationships or dissatisfaction with marriage are important predisposing factors for PPD.[6-9,11] Although PPD is associated with various financial, psychological, and lifestyle variables, it may be possible to prevent or reduce PPD by providing adequate spousal support.[21]

Our results, about the variables affecting women's perceived spousal support, show that women who live in an extended family, who are "dissatisfied/ partially satisfied" with their relationship with their partner, whose spouse is unemployed, and who do not think that their spouse spends enough time at home, receive lower spousal support.

Another study in Turkey, showed that "the spousal support scores of women" stating to be happy in their marriage, got along well with their spouse, and thought that their spouses spent enough time at home were significantly higher than the others.[1] Our results point out that women who live in an extended family and do not have an excellent marital relationship are in the risk group for PPD since they do not receive adequate spousal support, and should be evaluated more carefully at the early postpartum period. Therefore, it is important for midwives and nurses to evaluate especially spouse/partner support and spouse-related characteristics in the care of women in the early postpartum period and to plan interventions to increase the spouse and/or social support of women who are at risk in this respect.

Postpartum depression can be mentioned as "a dangerous thief" stealing women's dreams about their precious time to spend with their babies during their pregnancies.,and may have many negative effects on newborn's health.[23] We found that breastfeeding self-efficacy decreased as women's risk of postpartum depression increased (p = .000). Similarly, in the literature, there are many studies showing that postpartum depression negatively affects breastfeeding.[15,20,24-26] The risk of PPD was found in the vast majority of mothers who do not want to breastfeed their babies.[24] A decrease in breastfeeding self-efficacy is expected in women with impaired mental well-being and a high risk of postpartum depression. Therefore, it would be an important preventive service for midwives and nurses working in obstetrics to screen the risk of PPD in women using objective tools as part of routine care in the early postpartum period and not to miss mothers in the risk group.

PPD is the most common mental disorder in the postpartum period.[9] The prevalence of PPD was 23.8% in a meta-analysis conducted in Turkey.[11] PPD in the CDC's 2018 report was 13.2%, and its incidence was reported to be increasing in the later weeks postpartum, rather than the first week.[20] We found the risk of PPD in women in the early postpartum period to be 8%. Closely, another study made in the early postpartum period reported the incidence of PPD as 9.1%.[7] Our study findings indicate that PPD symptoms occur earlier in women who lack spousal support and it negatively affect breastfeeding self-efficacy. Considering breastfeeding problems are often experienced during the first days of postpartum and that the first days are crucial for the successful initiation and continuation of breastfeeding, the risk assessment and planning of appropriate interventions for early symptoms of PPD in women will be important initiatives for breastfeeding.

Contrary to what we expected, there was no relationship between perceived spousal support and breastfeeding self-efficacy in the early postpartum period, and our MANOVA analysis also showed that spousal support did not affect breastfeeding self-efficacy. Previous studies reported a positive correlation between breastfeeding self-efficacy and spousal support.[4,27,28] Women who received more support from their spouse, mother, father, and nurse/midwife in the early postpartum period had higher breastfeeding self-efficacy scores.[14] Our MANOVA results to determine the variables affecting spousal support and breastfeeding self-efficacy showed that women with a single child had lower breastfeeding self-efficacy, but their perceived spousal support was higher than women with two or more children. It is a fact that previous breastfeeding experience affects breastfeeding self-efficacy.[14] Similar to our results, studies conducted in China and America in the early postpartum period showed that breastfeeding self-efficacy was higher in multiparas than in primiparous women.[14,28,29]

Determination of perceived spousal support to be lower in women with two or more children in our study could be related to the traditional Turkish family structure. Our results showed that the majority of the women in our sample did not work in a paying job. This suggests that their husbands, took responsibility for supporting the family, while women were responsible for household chores and baby care. Therefore, especially with the increasing number of children in this patriarchal family structure, women's domestic workload and support expectations- are increasing. Another study in Turkey determined that the perceived spousal support of women decreased as the number of children increased, as in our results.[1]

Our findings showed higher spousal support for women with single child. We found no correlation between spousal support and breastfeeding self-efficacy, and since the previous breastfeeding experience was the most effective variable in breastfeeding self-efficacy, this finding suggested that the first time mothers could not take particular support from their spouses about breastfeeding. We believe expecting couples should participate in antenatal breastfeeding trainings together and prospective fathers should be thought how to support mothers during breastfeeding, this practice should be supported by all health professionals as a part of antenatal care.

CONCLUSION

Our study results show that women who live in an extended family and do not have a good marital relationship are in the group at risk for PPD because they do not receive adequate spousal support, and that the breastfeeding self-efficacy of women who have high risk of PPD, is impaired. We found that as the level of spousal support perceived by women at early postpartum period decreased, their PPD scores increased, and also their breastfeeding self-efficacy scores decreased. However, contrary to what was expected, there was no relationship between the level of perceived spousal support by women and their breastfeeding self-efficacy. Perceived spousal support levels of women are affected mainly by their satisfaction with their relationship with their spouse, the number of children, the employment status of the spouse, the thought that the spouse spends enough time at home, and the family type. Women's PPD scores were most affected by satisfaction with the relationship with their spouse and the partner's employment status. Breastfeeding self-efficacy levels were affected by the number of children.

ETHICAL DECLARATIONS

Ethics Committee Approval: Ethics committee permission was obtained from the University of Health Sciences Non-Interventional Researches Ethical Committee with the code 19 /231 and the date June 11th, 2019,

Informed Consent: Because the study was designed retrospectively, no written informed consent form was obtained from patients.

Referee Evaluation Process: Externally peer-reviewed.

Conflict of Interest Statement: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

Author Contributions: All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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