

ORIGINAL ARTICLE

Role of Coping Skills, Perceived Social Support during Postpartum

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ABSTRACT

Background: The postpartum period is a time that is faced with greater challenges which involve physical, emotional, and social adjustments, these factors can increase vulnerability to psychological distress.

Objective: The postpartum period presents a unique psychological challenge for new mothers, encompassing physical recovery, emotional adjustment, and increased social expectations. This study aimed to investigate the relationship between coping skills, perceived social support, and psychological distress during the postpartum period.

Method: A correlational research design was employed with a purposive sample of 50 postpartum women (within 40 days post-delivery) recruited from a gynecology department. Inclusion criteria required participants to have completed at least matric-level education and have some form of social support. Data were collected using the Brief COPE Inventory (Carver, 1997), the Multidimensional Scale of Perceived Social Support (Zimet, 1988), and the Kessler Psychological Distress Scale (K10). Statistical analysis was conducted using Pearson product-moment correlation via SPSS v16.

Results: The findings revealed that adaptive coping skills were significantly negatively correlated with psychological distress ($r = -0.40$, $p < 0.01$), indicating that women who employed adaptive coping strategies reported lower psychological distress.

Maladaptive coping showed a positive correlation with psychological distress ($r = 0.27$). Furthermore, perceived social support exhibited a strong negative correlation with psychological distress ($r = -0.51$, $p < 0.01$), confirming its protective role in maternal mental health.

Conclusion: The results underscore the importance of both adaptive coping strategies and perceived social support in reducing psychological distress among postpartum women. These findings suggest that interventions enhancing coping skills and strengthening social support networks may improve psychological outcomes during the postpartum period.

Keywords: Postpartum period, coping skills, perceived social support, psychological distress, maternal mental health.

INTRODUCTION

Post partum period brings a whole set of changes in the lives of the women. During this transitional period, women face a dual challenge: Firstly, they must adapt to the changes in their physical appearance and the added expectations of new responsibilities. Secondly, they experience physical discomforts resulting from pregnancy and childbirth, potential marital discord, and negative social interactions such as conflict, insensitivity and interference, especially with their husbands¹. Births to older mothers increased from 10.1% to 19.9% between 2011 and 2016 with the change of birth policy in China². Numerous factors associated with the risk of developing psychological symptoms after childbirth have been identified, with several studies highlighting the harmful impact of perceived lack of social support on maternal mental health. Research indicates that mothers experiencing depression tend to have fewer supportive figures compared to other mothers and report receiving less emotional and instrumental support from their spouse³. Empirical evidence yielded that Pakistani women are at risk of PPD due to familial and cultural factors, such as a lack of awareness about providing special care, including social and moral support to new mothers, while 'unlucky' new mothers also tend to be reluctant to seek professional help to deal with postpartum depression because of a lack of awareness⁴. Temperament and Character Inventory is based on a seven-dimensional model consisting of temperament (four dimensions) and personality (three dimensions). The four dimensions of temperament are Novelty Seeking (NS), Harm Avoidance (HA), Reward Dependence (RD), and persistence (P), and the three dimensions of personality are, self-directedness (SD), Cooperativeness (C), and Self-Transcendence (ST)⁵. Thus, investigating the factors and underlying mechanisms contributing to postpartum stress and employing preventive measures might help promote maternal physical and mental health.

Several factors, particularly perceived social support, might contribute to postpartum stress. A systematic review reported five key themes that contribute to postpartum stress, namely social support, women's experience with health care, social norms and expectations, factors that influence coping and maternal and child health⁶. Untreated postpartum depression (PPD) and postpartum anxiety (PPA) can have negative consequences on both the birthing parent and child. Birthing parents with PPD or PPA are more likely to experience challenges, such as the inability to breastfeed or substance abuse⁷. Perceived social support of a mother indicates her cognitive assessment of the environment and her certainty of the availability of assistance when necessary. The importance of social support in coping with stress and mental/physical symptoms is well documented⁸. The weeks following childbirth can be stressful for new mothers. Longstanding evidence shows that women's capacity to cope with change related to stress postpartum has associations with biological, social, and environmental factors. These factors vary across cultures, and location⁹.

MATERIAL & METHODS

Research Design and Participants: In the present study correlational research design was used to assess coping skills, perceived social support and psychological distress during postpartum period. Purposive sampling strategy was used to collect data from females. The Sample comprised of 50 women who were going through the postpartum period up to 40 days post delivery. Participants were required to have at least matric-level education and some form of social support.

Participants' ages ranged between 20 to 40 years ($M \approx 28.5$), majority of the women being married for less than five years. Most of them belonged to middle-income households and had completed at least matric level education. As far as the delivery-related factors are concerned, 78% underwent cesarean delivery, and 58% reported of receiving social support, primarily from their in-laws, while the rest 42% reported of receiving support from their

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paternal families. All participants were observed to have reported of having some form of family-based social support.

Measures: Brief COPE inventory (Carver,1997) measures adaptive and maladaptive coping. The brief cope inventory (carver, 1997) comprises 2 subscales i.e. Adaptive coping (16item) and maladaptive coping (12item) . The scale item were scored on a 4-point likert type scale with four reaction alternative 0=I usually don't do this at all to 3=I usually do this a lot.

Multidimensional Scale of Perceived Social Support (Zimet,1998) Assesses support from family, friends, and significant others. Perceived social support was measured by using multidimensional scale of perceived social support (Zimet GD,1988).it is designed to measure the perceived adequacy of social support from three sources : family , friends and significant other. Response choices are in the form of a 7-point likert type scale (1=very strongly disagree to 7=very strongly agree)

Kessler Psychological Distress Scale (K10;Kessler,1992) measures distress symptoms. Psychological distress was measured by using the Kessler psychological distress scale (Kessler RC, 1992) The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress.

Procedure: The study was conducted at Gynaecology and Obstetrics Outpatient department of a tertiary care setting of Lahore Pakistan, from Jan to Dec 2022. Patients reporting was obtained as convenient sample. The aim of the research was clarified to them. Participant were given the questionnaires those who signed informed consent filled the questionnaires, they were asked to first fill the demographic sheet and then proceed to other questionnaires. Participant was instructed regarding the completion of scales. Some participants were refused due to some security issues to give personal data. Most of them solved the questionnaire with full attention while few participants were little bit lazy while solving the questionnaire. Average time of 10 minutes will take to fill the questionnaire by each participant.

Analysis: After this procedure, data was analyzed by using following analysis that is correlational using SPSS 16 version by IBM.

RESULTS

The present study was conducted to investigate the relationship between coping skills, perceived social support and psychological distress during postpartum period. In this chapter, series of statistical analysis were conducted to test hypothesis. (I) Pearson product movement correlation was used to find relationship between coping skills, perceived social support and psychological distress during postpartum period.

It was hypothesized that there would be significant relationship between coping skills, perceived social support and psychological distress during postpartum period. Pearson product movement correlation was used to find relationship. Results have been shown in table 1

Table 1. Correlation between coping skills, perceived social support and psychological distress (N=50)

Variables				
Adaptive coping	-	.17	.12	-.40**
Maladaptive coping		-	-.31*	.27
Perceived social support			-	-.51**
Psychological distress				-

Note: p<0.01 p<0.05

Result in table 1 showed that overall coping skills has a significantly negative relationship with psychological distress. The first hypothesis was partially accepted that there would be significant relationship between adaptive coping skills and psychological distress during postpartum period. Result also showed that perceived social support has a significant negative relationship with psychological distress. The second hypothesis

was accepted that there would be significant relationship between perceived social support and psychological distress during postpartum period.

DISCUSSION

This present study was conducted to investigate the relationship between coping skills, perceived social support, and psychological distress during the postpartum period.

In other research (2022) higher social support decreased the likelihood of AD, not only directly but also through the mediating roles of coping styles. Social support should be strengthened, and positive coping styles should be advocated at every stage of pregnancy. Specifically, inter-family support should be given more attention for pregnant Chinese women.¹⁰ my result is this: In this chapter, a series of statistical analyses were conducted to test the hypothesis. In other research (2025) the CZ-SSSI demonstrates strong psychometric properties, establishing it as a reliable and valid tool for assessing social support in Czech postpartum women. This instrument's multidimensional approach enables a comprehensive evaluation of various support domains, crucial for identifying specific needs and informing targeted interventions. These findings underscore the CZ-SSSI's potential application in both clinical and research settings, where it can aid in enhancing social support strategies and improving maternal mental health outcomes during the postpartum period.¹¹ My result is this Pearson product-moment correlation was used to examine the relationship between coping skills, perceived social support, and psychological distress during the postpartum period.

In other research (2023): This study concluded that postpartum depression has a positive relationship with physical health and a negative relationship with insomnia and perceived social support. The findings also revealed that postpartum depression and social support are significant predictors of insomnia, physical health, and perceived social support.¹² my result is this: It was hypothesized that there would be a significant relationship between coping skills, perceived social support, and psychological distress during the postpartum period. Pearson product-moment correlation was used to examine this relationship.

Additionally in another study (2020) Facilitators of social support, such as increased home visits, educational program interventions, culturally appropriate health care, and communication with informal and formal support persons to normalize postpartum distress, were evident in many studies, showing varying degrees of success in reducing postpartum isolation and distress.¹³ My result is this The first hypothesis was partially accepted that there would be a significant relationship between adaptive coping skills and psychological distress during the postpartum period.

Furthermore, according to another research (2023) this systematic review explored the impact of social support on postpartum depression in Asian countries. Support from close relatives, such as partners and mothers, is important for the well-being of new mothers during the postpartum period.¹⁴ My result is this: Results also showed that perceived social support has a significant negative relationship with psychological distress.

In other research (2022): Results indicated that poor social support worsens depressive symptoms in women with high HA during pregnancy. Limitations included possible selection bias due to the limited number of target facilities; most variables were evaluated through self-report questionnaires, and different sample sizes were available for analysis between harm avoidance and SD.¹⁵ My result is this: The second hypothesis was accepted—that there would be a significant relationship between perceived social support and psychological distress during the postpartum period.

In other research (2023) Our study revealed that perceived social support could influence postpartum stress not only through a direct effect (41.80% of the total effect), but also through the indirect effect (mediation effect) of marital satisfaction and maternal postnatal attachment (58.20% of the total effect), suggesting that improving postpartum women's social support,

enhancing maternal-infant attachment, and improving marital satisfaction could help lower postpartum stress.¹⁶

CONCLUSION

This study found that both coping skills and perceived social support play a significant role in reducing psychological distress during the postpartum period. Adaptive coping strategies and higher perceived social support were associated with lower levels of distress, while maladaptive coping showed a positive correlation with psychological distress. These findings highlight the importance of strengthening social support systems and promoting healthy coping mechanisms to support maternal mental health.

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