

Socioeconomic Status and Postpartum Depressive Symptoms among Nursing Mothers in Port Harcourt, Rivers State, Nigeria

URI INOPE¹, ASSOCIATE PROF. SAMUEL A. EGBUCHU², DR. LAWRETTA ONYEKWERE³

¹*Department of Psychology, Faculty of Social Sciences, Rivers State University, Nkpolu-Ororukwo, Port Harcourt, Nigeria*

^{2, 3}*Department of Psychology, Rivers State University, Port Harcourt, Nigeria*

Abstract—This study examined the relationship between socioeconomic status (SES) and postpartum depressive symptoms among nursing mothers in Port Harcourt, Rivers State, Nigeria. A sample of 340 nursing mothers was drawn using the snowball sampling technique across 20 wards in the Port Harcourt metropolis. Data were collected using the Socio-Economic Status and Risk of Postpartum Depression Among Nursing Mothers Questionnaire (SESRPDNMQ), which incorporated the Edinburgh Postnatal Depression Scale (EPDS) and a socio-economic indicator scale. Descriptive and inferential statistics, including Pearson's correlation and chi-square tests, were used to analyze the data. Findings revealed a non-significant inverse relationship between SES and postpartum depression, with lower SES associated with a higher prevalence of depressive symptoms. Social support networks appeared to buffer depressive symptoms. It is recommended that government and health stakeholders establish community-based maternal mental health programs that offer affordable screening, counselling, and treatment for postpartum depression. Integrating maternal mental health care into primary health services would ensure early detection and promote psychological well-being among new mothers.

Index Terms—Socioeconomic Status, Postpartum Depression, Maternal Mental Health, Social Support, Nigeria, Clinical Psychology.

I. INTRODUCTION

The transition to motherhood is often celebrated as a joyful and transformative experience, yet it also represents a period of significant physiological, emotional, and social change. For many women, these changes can precipitate postpartum depression (PPD), a major depressive disorder that occurs within the first year after childbirth. Globally, PPD affects approximately one in seven women, with prevalence rates in developing countries reported to be nearly three times higher than in developed regions. In Nigeria, PPD prevalence estimates range from 10.7% to 44.5%. Socioeconomic status (SES) is a well-

established determinant of health outcomes and encompasses income, education, and occupation. Low SES has been linked to higher rates of depressive symptoms due to financial strain and limited access to healthcare. This study therefore investigates how socioeconomic conditions influence postpartum depressive symptoms among nursing mothers in Port Harcourt.

II. RESEARCH ELABORATIONS

The study was guided by the Social Determinants of Health (SDOH) Theory and the Diathesis-Stress Model. The SDOH Theory posits that health outcomes are shaped by socioeconomic and environmental conditions such as income, education, and social networks. The Diathesis-Stress Model explains that mental disorders arise from the interaction between predispositional vulnerabilities and environmental stressors. The study employed a descriptive correlational design and was conducted in Port Harcourt Local Government Area, Rivers State, Nigeria. The population consisted of nursing mothers with infants under one year old. Using the snowball sampling technique, 340 participants were selected from 20 wards in the Port Harcourt metropolis. Data were collected using the Socio-Economic Status and Risk of Postpartum Depression Among Nursing Mothers Questionnaire (SESRPDNMQ), which included the Edinburgh Postnatal Depression Scale (EPDS). Validity and reliability tests confirmed strong internal consistency (Cronbach's alpha = 0.67–0.88). Data analysis employed SPSS version 25 using descriptive statistics, Pearson's correlation, and chi-square tests at a 0.05 significance level.

III. RESULTS OR FINDINGS

Findings revealed that postpartum depressive symptoms were most prevalent among low-income

and unemployed mothers, while mothers in higher SES brackets reported fewer depressive symptoms. Statistical analysis showed a weak but inverse correlation between SES and PPD ($r = -0.24$, $p > 0.05$). Financial instability, unemployment, and low educational attainment emerged as strong predictors of depressive symptoms. However, social support—particularly from spouses, extended family, and community networks—was associated with lower depression scores.

IV. DISCUSSION

The findings align with global and regional evidence that low socioeconomic status contributes to postpartum depression. The moderating effect of social support suggests that strong family and community relationships may serve as protective factors. This finding supports the Social Determinants of Health framework and the Diathesis-Stress Model, showing that socioeconomic hardship combined with psychosocial stress can trigger depressive symptoms. Traditional practices such as Omugwo (postpartum care by older female relatives) may mitigate emotional distress and promote recovery.

V. CONCLUSION

This study concludes that socioeconomic status is inversely related to postpartum depressive symptoms among nursing mothers in Port Harcourt. Although not statistically significant, patterns indicate that lower SES contributes to higher vulnerability due to financial hardship, limited healthcare access, and educational constraints. Social support emerged as a critical protective factor. It is recommended that the Ministry of Health integrate postpartum depression screening and counselling into primary healthcare, establish community-based maternal wellness centers, and implement women-focused economic empowerment programs.

VI. ACKNOWLEDGMENT

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