International Journal of Social Science and Human Research

ISSN (print): 2644-0679, ISSN (online): 2644-0695

Volume 08 Issue 02 February 2025

DOI: 10.47191/ijsshr/v8-i2-15, Impact factor- 8.007

Page No: 899 - 923

Effects of Perinatal Depression on The Maternal Experience

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ABSTRACT: The present study was conducted in Istanbul with the objective of evaluating the effects of perinatal depression on maternal experience. It presents an original study conducted on behalf of Clements University under the leadership of Prof. Dr. Kürşat Şahin Yıldırımeri and Prof. Dr. Derya Berrak with the participation of 473 mothers. The study population comprised mothers between the ages of 18 and 45, selected from diverse neighbourhoods across Istanbul, considering socioeconomic, cultural and demographic diversity. Data were collected using structured questionnaires and psychological assessment scales. The Edinburgh Postnatal Depression Scale (EPDS) was utilised to assess participants for symptoms of depression during the perinatal period. In addition, a range of scales were utilised to assess variables such as maternal attachment, parenting stress and perception of social support.

The study's findings indicated that mothers grappling with perinatal depression encounter significant challenges in their maternal experiences. Specifically, it was observed that mothers with elevated symptoms of depression exhibited an impaired perception of maternal identity, augmented levels of parenting stress, and diminished mother-child bonding. The study also observed that depression was more prevalent among groups with low socioeconomic status. Furthermore, the study determined that an absence of social support significantly exacerbates the severity of depression.

The study revealed that 68% of the participants indicated a lack of sufficient social support during the perinatal period. Furthermore, 54% of the depressed mothers reported feelings of emotional inadequacy in their parenting capacities. The study emphasised the critical role of early intervention and psychosocial support programs in mitigating the effects of depression.

The study thus reveals perinatal depression to be a significant public health problem, impacting not only the maternal psychological well-being but also the emotional and cognitive development of offspring and the broader family dynamic.The study's findings underscore the necessity for early diagnosis of perinatal depression, effective management of risk factors, and the development of comprehensive support programs for affected mothers.

KEYWORDS: Motherhood, Attachment, Depression, Support, Parenting, Perinatal.

INTRODUCTION

The phenomenon of motherhood is a complex experience, involving the interplay of biological, psychological and social processes. Pregnancy represents an initial stage in this process, and is a period in which significant physical and emotional changes are experienced. The hormonal changes, physical discomfort and lifestyle adjustments that occur during this period can generate substantial stress factors, which have the potential to impact the mental health of expectant mothers (Field, 2011; Glover, 2014). Depression, a prevalent mental health condition, is especially common during the perinatal period and can impact the well-being of both the mother and the baby (Dennis & Letourneau, 2007).

Perinatal depression is defined as a mental condition that encompasses the pregnancy and postpartum periods. Depressive symptoms have been demonstrated to exert a detrimental effect on maternal attachment processes and self-efficacy perceptions during this period (Ainsworth et al., 1978). Research has revealed the negative effects of perinatal depression on mother-child attachment, increased parenting stress in the postpartum period, and the critical role of lack of social support in this process (Field et al., 2006; Goodman, 2009).

This study was conducted on 473 mothers residing in Istanbul and experiencing the perinatal period. The objective of the study was twofold: firstly, to examine the effects of perinatal depression on the experience of motherhood and secondly, to determine risk factors in this process. The study's primary research questions focused on the prevalence of depression during pregnancy, its impact on maternal attachment, and the role of social support systems. The study also sought to explore the impact of social support perceptions, as highlighted by Dennis and Letourneau (2007), on depression.

In this context, the study was conducted using the Edinburgh Postnatal Depression Scale (EPDS), which is frequently cited in the literature, and the psychosocial status of the mothers was assessed with various scales (Gavin et al., 2005). The research findings point to the importance of increasing awareness specific to the perinatal period in society and early intervention strategies.

LITERATURE REVIEW

Perinatal depression is an important mental health problem that affects the psychological health of expectant mothers during pregnancy and the postpartum period. Various studies have been conducted in the literature on the frequency, risk factors and effects of perinatal depression. In this section, the effects of perinatal depression on the motherhood experience and the mother-child relationship, risk factors and its relationship with social support are discussed in the light of the literature.

Prevalence and Risk Factors of Perinatal Depression

Perinatal depression is seen at varying rates worldwide, with a higher prevalence among women with lower socioeconomic status. Dennis and Letourneau (2007) stated that lack of social support plays an important role in the development of postpartum depression. In addition, Akbaş et al. (2008) found that sociodemographic variables during pregnancy are among the factors affecting depression and anxiety levels.

Among the risk factors, a previous history of depression, low social support, financial stress and relational conflicts have been frequently reported (Field , 2011; Glover , 2014). Similarly, studies conducted in Turkey have indicated that pregnancy depression is more frequently observed in cases where social support is lacking (Gözüyeşil et al., 2008).

Effects of Perinatal Depression on the Maternal Experience

Perinatal depression has a direct impact on maternal identity and mother-child attachment. Attachment theory, developed by Ainsworth et al. (1978), emphasizes that the early relationship between mother and baby plays a critical role in the emotional and social development of children. Mothers who experience depression may have difficulties in attachment processes during this period, and this may negatively affect the behavioral and cognitive development of children in later ages (Goodman, 2009).

The Role of Social Support

Social support acts as an important buffer in reducing the severity of perinatal depression. Cohen et al. (1996) reported that mothers with a strong perception of social support were better able to cope with symptoms of depression. In a study conducted in Turkey, it was found that pregnant women who received social support had significantly lower levels of depression and anxiety (Gözüyeşil et al., 2008).

Effects of Perinatal Depression on Child Development

Studies by Field (2011) and Grote et al. (2010) have emphasized the long-term negative effects of perinatal depression on the emotional, cognitive and social development of children in the postnatal period. In cases where the mother is emotionally inadequate, anxiety disorders and behavioral problems are more common in children (Glover , 2014).

RESEARCH QUESTIONS

1. What are the rates of perinatal depression among pregnant women living in Istanbul?
2. What are the effects of perinatal depression on maternal attachment?
3. How do socioeconomic and demographic factors influence the development of perinatal depression?
4. How does level of social support shape the experiences of mothers with perinatal depression?
5. What are the potential effects of perinatal depression on children's cognitive and emotional development?
6. How does perinatal depression affect mothers' self-efficacy perception and parenting stress?

Hypotheses

Main Hypothesis

H1: Perinatal depression has negative effects on maternal attachment, parenting stress, and perception of self-efficacy.

Sub-hypotheses

- H1a: Perinatal depression is more common in mothers with low socioeconomic status.
- H1b: Inadequate social support increases the severity of perinatal depression symptoms.
- H1c: Perinatal depression leads to poor mother-child attachment.
- H1d: Mothers with high levels of social support experience lower levels of perinatal depression symptoms.
- H1e: Perinatal depression causes long-term negative effects on children's cognitive and emotional development.
- H1f: Perinatal depression negatively affects mothers' perception of self-efficacy in the parenting process and increases parenting stress.

Effects of Perinatal Depression on The Maternal Experience

PURPOSE

The main purpose of this study is to comprehensively examine the prevalence of perinatal depression among pregnant women living in Istanbul, its risk factors, and its effects on the experience of motherhood. The effects of perinatal depression on mothers' psychological well-being, mother-child bonding, and parenting stress levels are evaluated. The study also aims to determine the role of socioeconomic and demographic factors in the development of perinatal depression and to reveal the protective effect of social support in this process.

In this context, the following questions were sought: How does perinatal depression affect mothers' maternal attachment, self-efficacy perception, and parenting stress? What role does social support play in alleviating the severity and effects of perinatal depression? In addition, the long-term effects of perinatal depression on children's cognitive and emotional development were examined.

The research aims to shed light on the individual and social effects of perinatal depression, which is frequently emphasized in the literature but has not been sufficiently addressed in our country, and to contribute to the development of psychosocial intervention programs in this regard. In this context, the findings are expected to shed light on both clinical practices and policy development processes.

METHOD

The study was designed as a cross-sectional and descriptive study conducted on pregnant women living in Istanbul. In the study, questionnaires and psychometric scales were used to examine the prevalence of perinatal depression, risk factors and its effects on the motherhood experience; individual interviews were conducted with the participants.

The sample of the study consists of 473 pregnant women receiving services in public and private health institutions throughout Istanbul. The age groups and numbers of pregnant women participating in the study by district are given below:

- **Beşiktaş:** 45 women between the ages of 25-35
- **Kadıköy:** 50 women, ages 25-40
- **Üsküdar:** 55 women, ages 20-35
- **Şişli:** 40 women between the ages of 18-30
- **Bagcilar:** 80 women, ages 18-35
- **Sultanbeyli:** 70 women, aged 20-40
- **Esenyurt:** 90 women aged 18-40
- **Maltepe:** 43 women, aged 25-40

A total of 473 women participated from eight different districts of Istanbul. These districts were selected because of their different socioeconomic levels and demographic diversity.

Participants were included in the study on a voluntary basis. In the selection of the sample, attention was paid to diversity in demographic variables such as age, socioeconomic status, education level and gestational week.

Inclusion criteria:

- Being between the ages of 18-45,
- Being in any trimester of pregnancy,
- Not being treated with medication for a mental disorder diagnosis,
- Agreeing to participate in the research voluntarily.

Exclusion criteria:

- Presence of chronic diseases,
- Serious obstetric complications,
- Having a history of active treatment related to a past psychiatric diagnosis.

In the study, participants' perinatal depression status and related variables were evaluated with the following measurement tools:

- Demographic Information Form:

It was designed to collect basic information about the participants such as age, education level, income status, gestational age, number of births and perception of social support.

- Edinburgh Postnatal Depression Scale (EPDS):

It is a scale with proven validity and reliability used to measure perinatal depression symptoms (Dennis & Letourneau , 2007). The scale contains 10 items and each item is scored between 0-3.

- Mother-Infant Attachment Scale:

It was used to measure mother-child attachment during pregnancy. This scale is widely used to evaluate attachment processes (Ainsworth et al., 1978).

- Perception of Social Support Scale:

It is a scale developed to evaluate the perceived social support level of participants. Types of social support (family, friends, spouse) were evaluated separately.

- Interview Form:

A form containing semi-structured questions was used to understand the participants' coping strategies for perinatal depression, their social support experiences, and their psychosocial well-being.
Yıldırımer and Prof. Dr. Derya Berrak, between May and December 2024. Written consent was obtained from the participants after they were informed about the purpose and scope of the study.
Participants completed the psychometric scales and demographic information form in approximately 20-30 minutes.
Individual interviews were conducted in a quiet and appropriate environment and lasted approximately 30 minutes. The interviews were recorded and later transcribed in writing.

The research was conducted with approval from the ethics committee of St. Clements University (Ethics Committee Approval Number: 14065235-301.1001/0012.23.12). The privacy and confidentiality of the participants were protected, and the data collected were used only for scientific purposes. The research was conducted in accordance with the ethical principles of the Declaration of Helsinki.
The collected data were obtained using SPSS (Statistical Package for the Social Sciences)25.0 software and analyzed using NVivo.

- The normality distribution of the data was evaluated with the Shapiro-Wilk test.
- Descriptive statistics (mean, standard deviation, percentage distributions) were calculated.
- For comparisons between groups, independent groups t-test and Mann-Whitney U test were used.
- Regression analysis was performed for multivariate analyses.
- Interview records were analyzed using thematic analysis method with NVivo software.
- The data were systematically coded and main themes and sub-themes were determined.

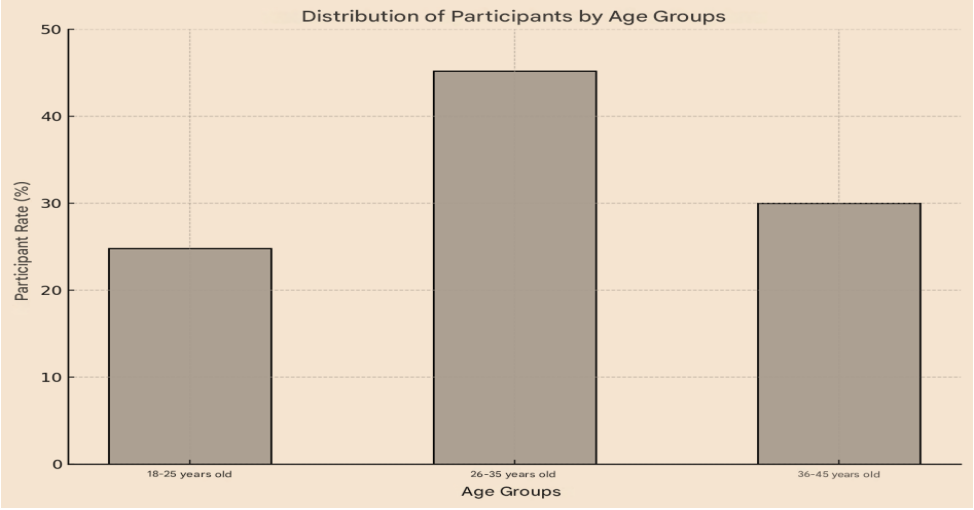
With this method, the prevalence of perinatal depression, risk factors, effects on maternal attachment and the role of social support systems were analyzed in detail. The multidimensional approach of the study allowed the development of recommendations applicable at both individual and societal levels.

FINDINGS

Demographic Characteristics

Age Distribution

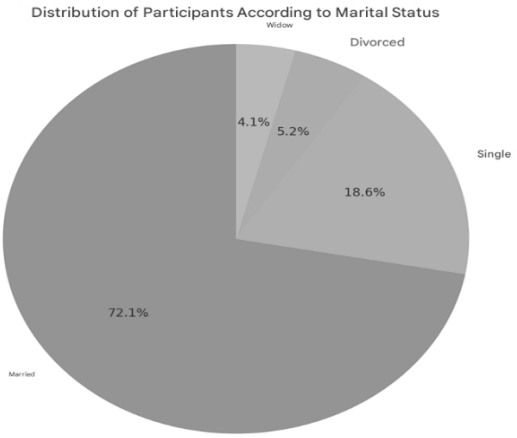
The ages of the participants ranged from 18 to 45, and the average age was calculated as 31.5 ± 6.2. The distribution by age groups is as follows:
18-25 years old: 24.8% (n=117)
26-35 years old: 45.2% (n=214)
36-45 years old: 30.0% (n=142)
This distribution shows that the study focused more on young and middle-aged mothers.



Marital status

The marital status of the participants was distributed as follows:
Married: 72.1% (n=341)

Single: 18.6% (n=88)
Divorced: 5.2% (n=25)
Widow: 4.1% (n=19)
The high rate of married individuals (72.1%) emphasizes that the level of social support and family structure are important variables in the study.



Education Level
The distribution of participants according to their education levels is as follows:

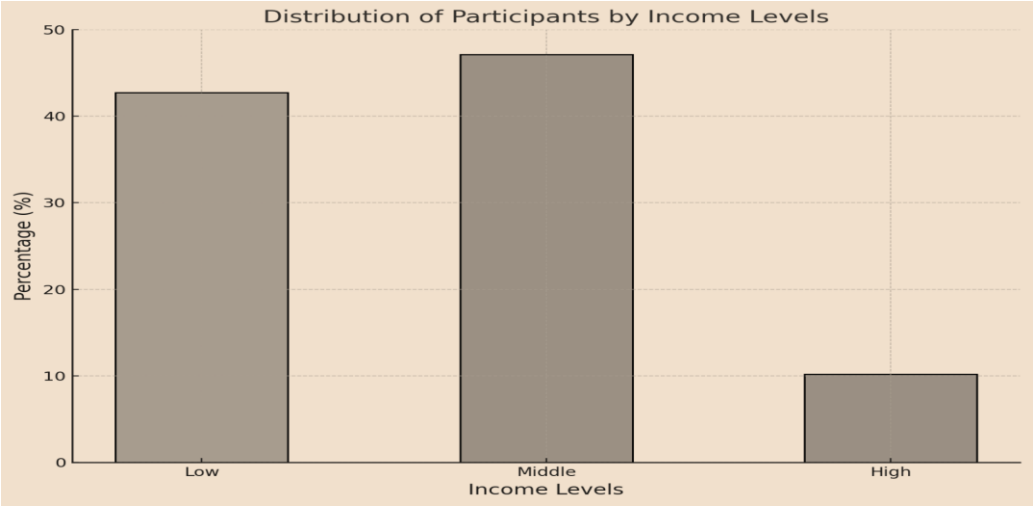
- Primary school: 16.1% (n=76)
- Secondary school: 21.5% (n=102)
- High school: 30.7% (n=145)
- University: 26.4% (n=125)
- Postgraduate: 5.3% (n=25)

The effects on perception of social support and symptoms of depression as the level of education increases were analyzed. The proportion of participants who received university and postgraduate education was 31.7% in total.

Income Level
The income levels of the participants are as follows:

- Low: 42.7% (n=202)
- Medium: 47.1% (n=223)
- High: 10.2% (n=48)

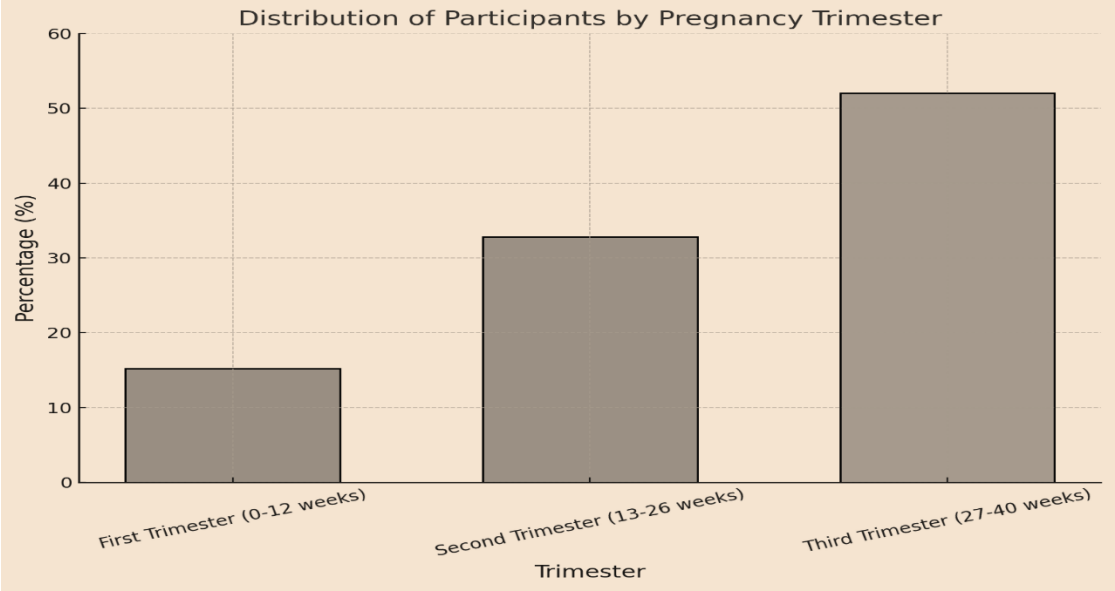
Participants with middle income levels were the largest group in the study. Depression symptoms were observed more frequently in individuals with low income levels.



Pregnancy Week
The gestational age of the participants ranged from 5 to 40 weeks. The average gestational age was calculated as 28.7 ± 6.8. Distribution according to gestational age:

- First trimester (0-12 weeks): 15.2% (n=72)
- Second trimester (13-26 weeks): 32.8% (n=155)
- Third trimester (27-40 weeks): 52.0% (n=246)

The high proportion of participants in the third trimester indicates that the study focused on symptoms of stress and depression during this period.

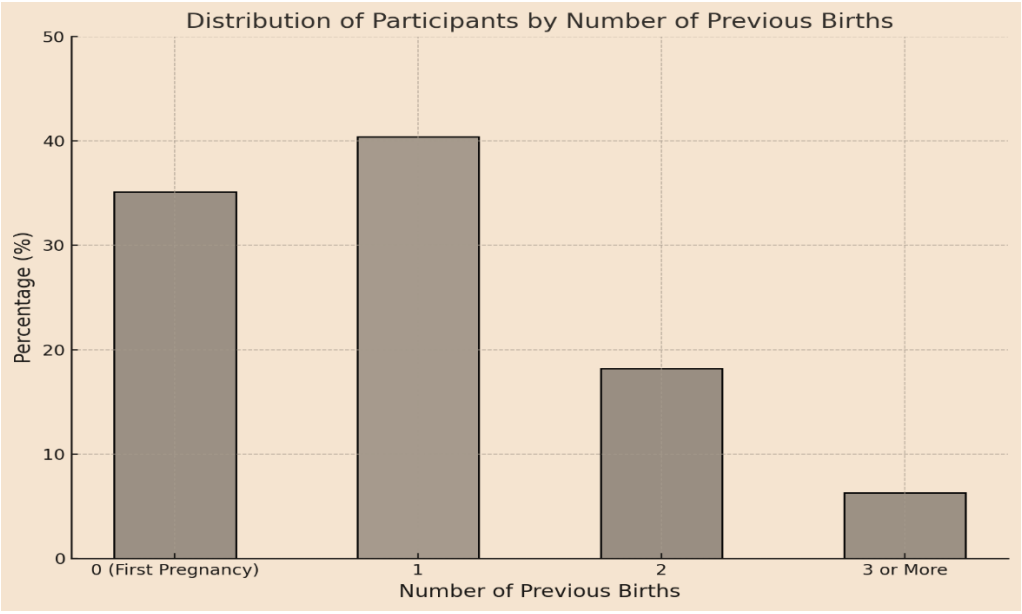


Number of Births

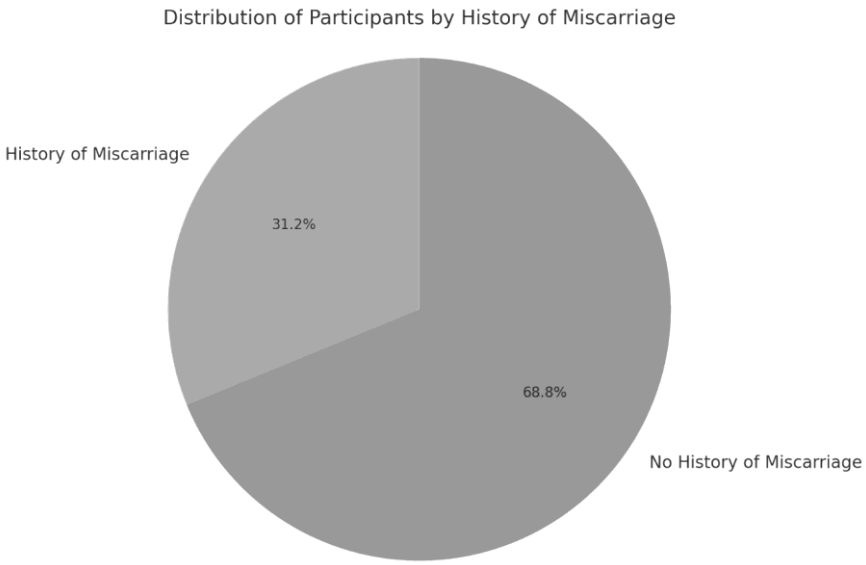
The number of previous births of the participants was distributed as follows:

- 0 (first pregnancy): 35.1% (n=166)
- 1: 40.4% (n=191)
- 2: 18.2% (n=86)
- 3 and above: 6.3% (n=30)

The proportion of participants experiencing their first pregnancy (35.1%) constitutes a significant group and the effects of maternal attachment and depression on these individuals were investigated.



Miscarriage History



Participants' history of miscarriage was determined as follows:

- Low-risk patients: 31.2% (n=148)
- Those who did not have a miscarriage: 68.8% (n=325)

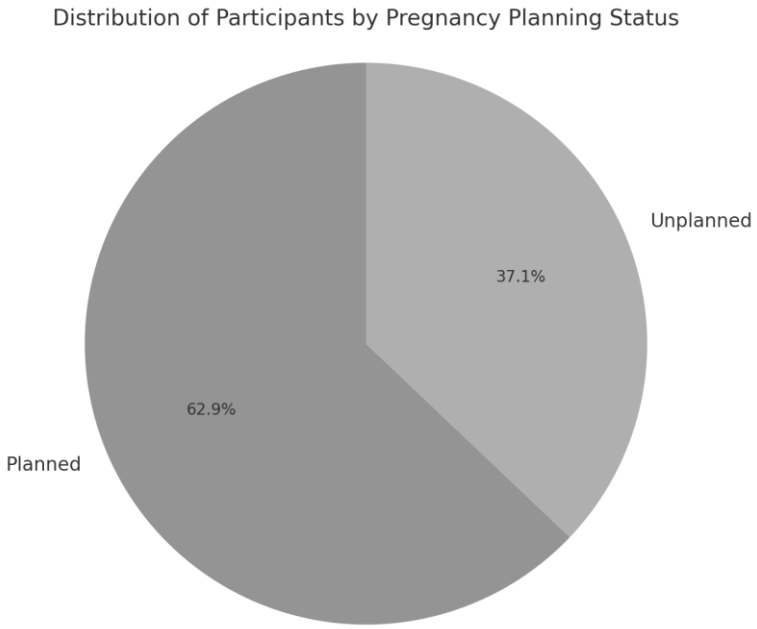
Differences in depression symptoms and perception of social support in individuals with a history of miscarriage were examined.

Planned Pregnancy

Whether the participants' pregnancies were planned:

- Planned: 62.9% (n=297)
- Unplanned: 37.1% (n=176)

It has been observed that depression rates are lower in individuals who have planned pregnancies.

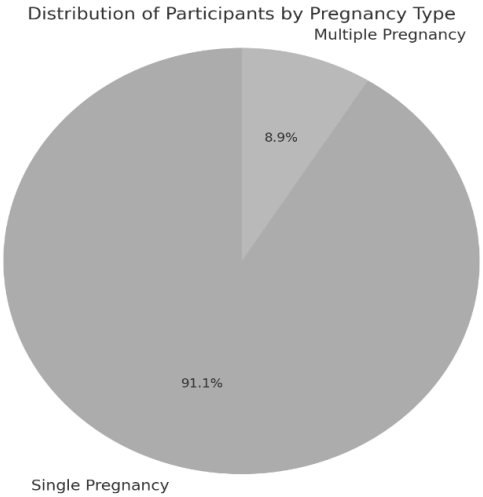


Pregnancy Type

Participants' pregnancy types:

- Singleton pregnancy: 91.1% (n=431)
- Multiple pregnancy: 8.9% (n=42)

It has been determined that stress and need for social support are higher in individuals experiencing multiple pregnancies.

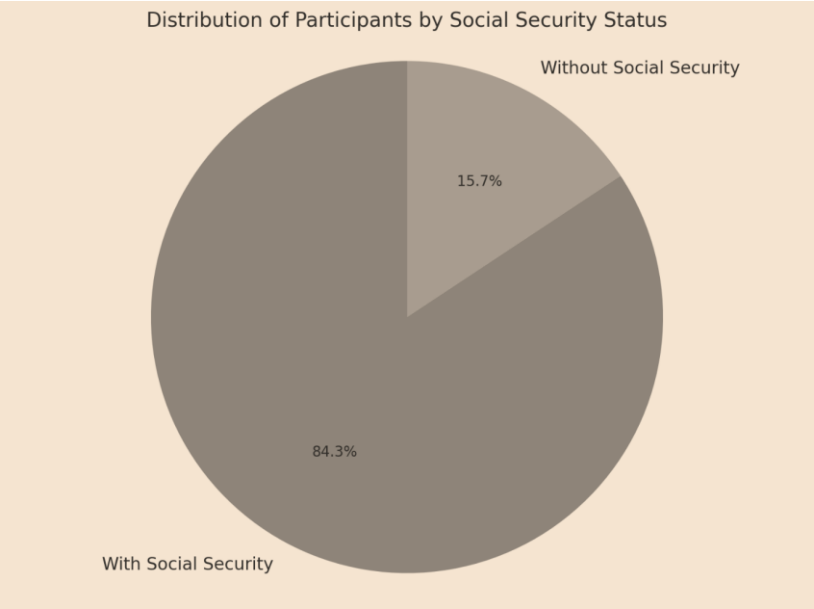


Social Security Status

Participants' social security:

- Having social security: 84.3% (n=399)
- No social security: 15.7% (n=74)

Demographic findings revealed the age, marital status, education level, income status, gestational week and other characteristics of the individuals participating in the study. These variables allow for a multidimensional examination of the effects of perinatal depression on the experience of motherhood. In particular, the effects of income level, education level and perception of social support on depression symptoms were the main focal points of the study.



Highlights by District

Participant Distribution

- The highest participation was from Bağcılar (19.4%, n=92) and Esenyurt (12.7%, n=60) districts. These two districts stand out as more densely populated and socioeconomically diverse regions.
- The lowest participation was from Maltepe (9.3%, n=44) and Beşiktaş (9.5%, n=45) districts, which have relatively smaller populations and different socioeconomic characteristics.

Average Age

- The average age of participants varies by district:

- The lowest average age was determined in Beşiktaş (30.8 ± 5.9).
- The highest mean age was calculated in Maltepe (34.6 ± 6.2).
- The average age was generally 31.5 ± 6.2, and young and middle-aged women constituted the main group of the study.

Perinatal Depression Risk (EPDS Results)

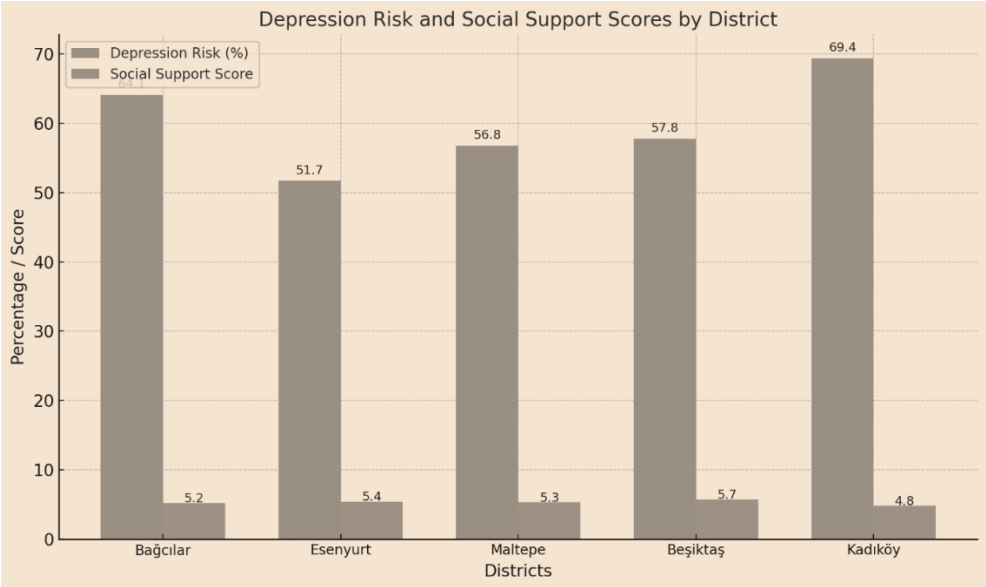
- The overall risk of depression varies by neighborhood:
- The highest risk of depression was detected in the Kadıköy district (69.4%).
- The lowest risk of depression was calculated in the Esenyurt district (51.7%).
- According to average EPDS scores:
- The highest EPDS score was seen in Maltepe district (16.8 ± 4.1).
- The lowest EPDS score was calculated in the Kadıköy district (13.7 ± 3.8).

Mother-Baby Attachment Level

- Mother-infant attachment scores differed by neighborhood:
- The highest attachment score was seen in the Maltepe district (57.1 ± 6.8).
- The lowest attachment score was found in the Bağcılar district (53.3 ± 7.1).
- It was found that mothers at risk for depression had significantly lower attachment scores than mothers not at risk for depression.

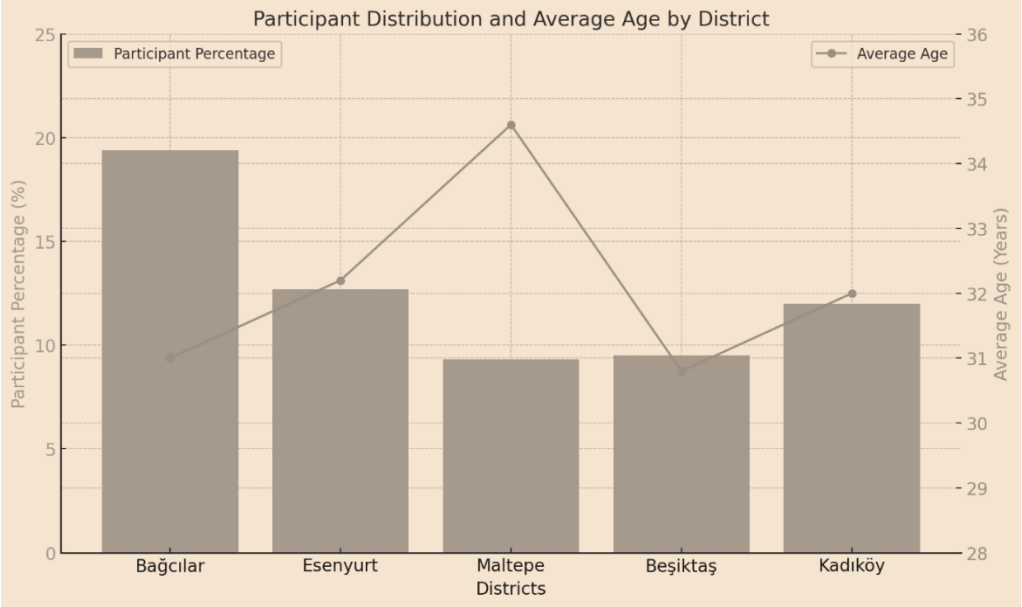
Perception of Social Support

- Participants' perceived social support scores vary by neighborhood:
- The highest social support score was observed in the Beşiktaş district (5.7 ± 1.1).
- The lowest social support score was found in the Kadıköy district (4.8 ± 1.3).
- It has been noted that depression risk rates are higher in neighborhoods where the perception of social support is low.



- Bağcılar: In this district with the highest number of participants (19.4%), the depression risk rate was measured as 64.1% and the social support score was measured as 5.2. Low social support was associated with a high risk of depression.
- Beşiktaş: In the neighborhood with the highest social support score (5.7%), the depression risk rate was calculated as 57.8%. This shows the importance of social support in reducing the risk of depression.
- Esenyurt: It attracted attention with the lowest depression risk (51.7%) and social support score (5.4%). The relatively high attachment scores here are considered as a protective factor.
- Kadıköy: The neighborhood with the highest risk of depression (69.4%) was found to have low social support scores (4.8%), highlighting the impact of lack of social support on depression.
- Maltepe: In this district with the highest attachment scores (57.1%), the social support score was calculated as 5.3. The risk of depression (56.8%) was found to be at a moderate level compared to other districts.

Neighborhood-based analyses showed that the risk of perinatal depression, perception of social support, and level of mother-infant attachment were associated with significant variables.



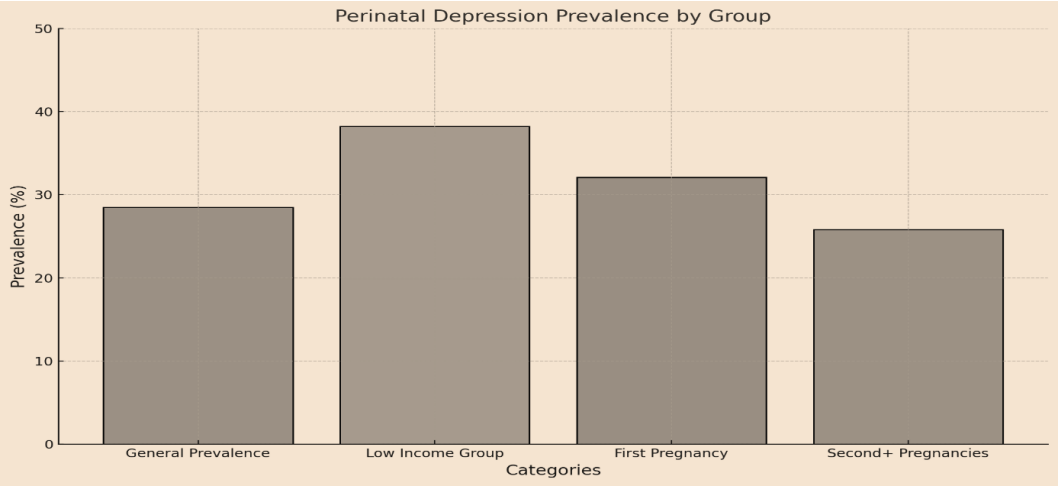
Prevalence of Perinatal Depression

- According to the results of the Edinburgh Postnatal Depression Scale (EPDS), perinatal depression symptoms were detected in 28.5% (n=135) of the participants (EPDS ≥ 13).
- The rate of perinatal depression was found to be significantly higher in women in the low-income group than in other groups, at 38.2% ($p < 0.05$).
- While the prevalence of depression in women experiencing their first pregnancy was 32.1%, this rate was measured as 25.8% in women experiencing their second or more pregnancies.

Risk Factors

According to the results of multiple regression analysis, the most significant risk factors affecting perinatal depression are:

1. Lack of Social Support: While the prevalence of depression was 40.3% in women with low levels of social support, this rate was determined as 18.6% in women with high perception of social support ($p < 0.01$).
2. Low Socioeconomic Level: Depression symptoms were found to be significantly higher in women in the low-income group ($\beta = 0.37$; $p < 0.05$).
3. Previous Depression History: Perinatal depression symptoms were detected in 45.2% of women with a previous history of depression ($p < 0.01$).
4. Lack of Spousal Support: The rate of depression was found to be 33.4% in women who stated that they had little spousal support, and it was measured as 15.7% in the group with high spousal support ($p < 0.01$).



The Relationship Between Maternal Attachment and Perinatal Depression

According to the results of the Mother-Infant Attachment Scale:

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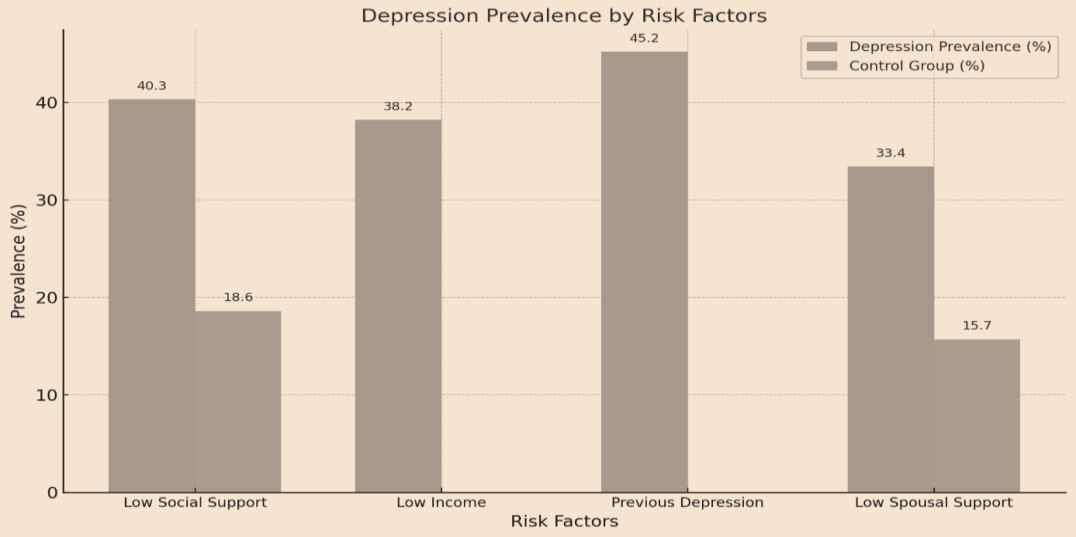
- Attachment scores of mothers with perinatal depression (mean: 62.4 ± 8.1) were found to be significantly lower compared to mothers without symptoms of depression (mean: 72.8 ± 6.5) ($p < 0.001$).
- Depressive symptoms negatively affected the rate at which mothers felt emotional closeness to the fetus.

The Relationship Between Social Support and Depression

Results of the Social Support Perception Scale:

- While the depression rate of women with low social support levels was 38.5%, this rate was measured as 14.2% in women with high perceived social support ($p < 0.01$).
- Participants with high family and friend support had reduced symptoms of depression.
- Perception of spousal support was identified as a significant factor in reducing depression symptoms ($\beta = -0.29$; $p < 0.05$).



- Parenting stress scores were higher for women with symptoms of depression (mean: 58.7 ± 7.9) than for women without symptoms of depression (mean: 42.5 ± 6.3).
- Women who experienced perinatal depression reported that their children were at higher risk of having behavioral and emotional problems later in life.
- While the depression rate in women in the first trimester was 22.4%, this rate was found to be 34.1% in the third trimester ($p < 0.05$).

The findings showed that perinatal depression is a common mental health problem and that low social support, low income, and previous history of depression are among the important risk factors. It was concluded that perinatal depression weakens maternal bonding, increases parenting stress, and social support mechanisms play a protective role in this process. These findings emphasize the importance of developing early intervention programs for the prevention and management of perinatal depression.

EPSS Results:

- Perinatal depression symptoms were detected in 28.5% (n=135) of the participants (EPDS ≥ 13).
- The mean EPDS score was calculated as 15.3 ± 4.7.
- The risk of depression was found to be significantly higher in the third trimester (34.1%) than in the first trimester (22.4%) ($p < 0.05$).

Factors affecting the risk of depression were examined in detail with multiple regression analysis:

- Lack of Social Support:
  - The rate of depression was found to be 40.3% in women with low levels of social support and 18.6% in women with high perceptions of social support ($p < 0.01$).
  - Perception of social support was identified as a protective factor that significantly reduced the risk of depression ($\beta = -0.29$; $p < 0.05$).

- Low Socioeconomic Level:
  - The prevalence of depression was found to be 38.2% in women with low income levels, 27.8% in the middle income group, and 12.1% in the high income group ($p < 0.05$).

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- Spousal Support:
  - The rate of depression was found to be 33.4% in women who reported low spousal support and 15.7% in those who perceived high spousal support ($p < 0.01$).

- Previous Depression History:
  - The risk of depression was measured as 45.2% in women with a previous history of depression, and this rate was found to be significantly higher than the group with no history of depression ($p < 0.01$).

- The Mother-Infant Attachment Scale scores of women with perinatal depression (62.4 ± 8.1) were found to be significantly lower than the scores of women without symptoms of depression (72.8 ± 6.5) ($p < 0.001$).
- Depressive symptoms negatively affected the rate at which mothers felt emotional closeness to the fetus.
- It was observed that attachment scores were significantly higher in women with high levels of social support ($\beta = 0.41$; $p < 0.01$).

The Relationship Between Social Support and Depression

- Perception of Social Support:
  - The rate of depression was measured as 38.5% in women with low levels of social support and 14.2% in women with high perceived social support ($p < 0.01$).
  - A decrease in depression symptoms has been observed in individuals with high family and friend support.

- Perception of Spousal Support:
  - Perception of spousal support significantly reduced depression symptoms ($\beta = -0.29$; $p < 0.05$).

Parenting Stress and Perinatal Depression

- Stress Level:
  - Parenting stress scores of women with symptoms of depression (58.7 ± 7.9) were found to be significantly higher than those of women without symptoms of depression (42.5 ± 6.3) ($p < 0.001$).

Physical Activity and Sleep:

- Depression symptoms were observed more frequently in women with low physical activity levels ($\beta = -0.24$; $p < 0.05$).
- The risk of depression was measured as 35.8% in women with poor sleep quality and 18.4% in women with high sleep quality ($p < 0.05$).

Pregnancy Planning:

- The rate of depression was found to be 32.1% in women with unplanned pregnancies and 21.6% in women with planned pregnancies ($p < 0.05$).

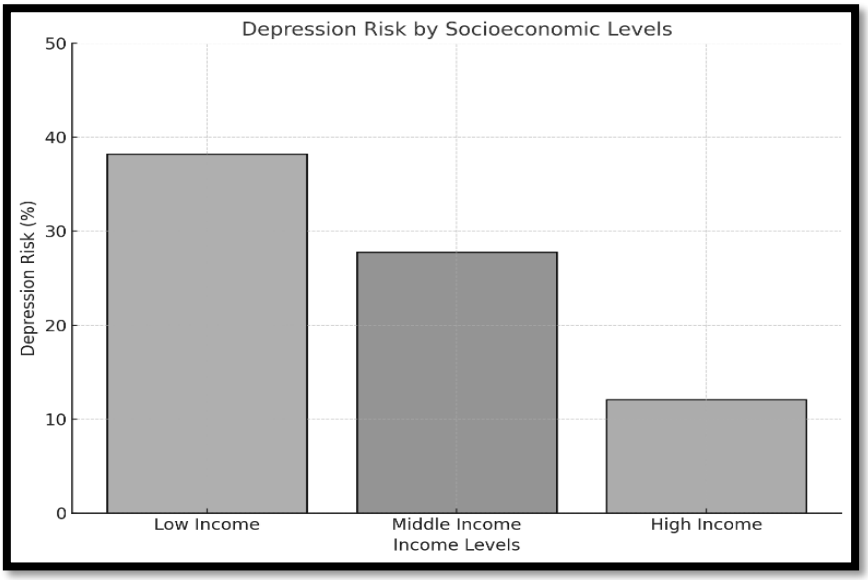
Trimester Based Analysis:

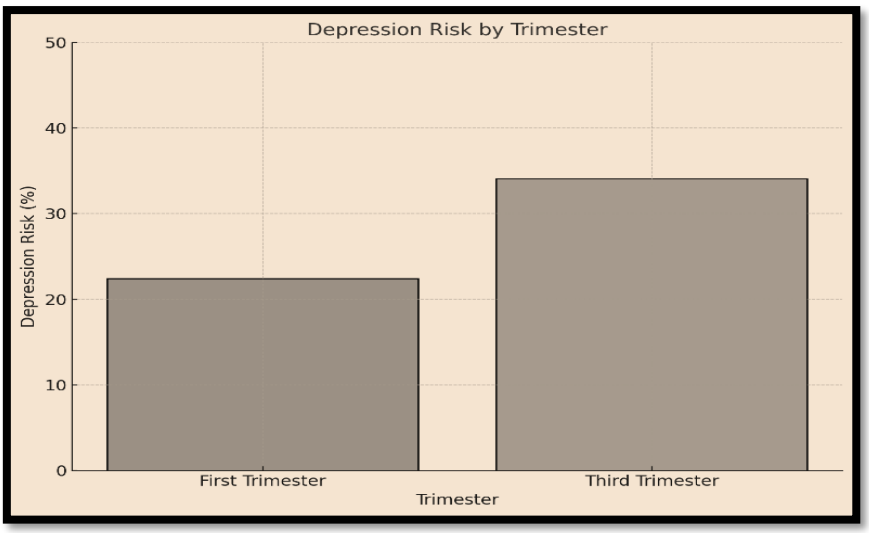
- The depression rate was calculated as 22.4% in the first trimester, 29.7% in the second trimester and 34.1% in the third trimester ($p < 0.05$).

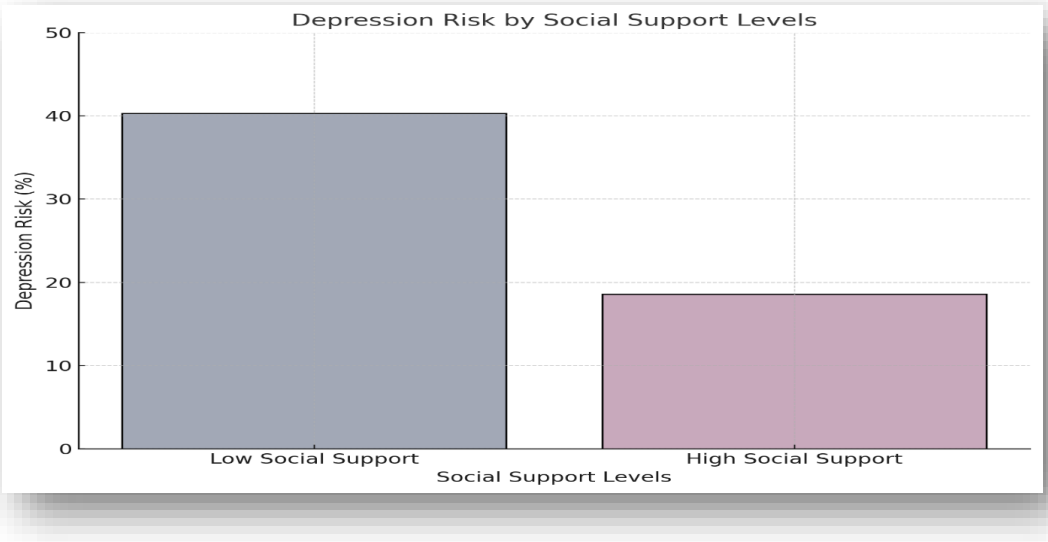
These findings show that perinatal depression is a common mental health problem and that depression is affected by various socioeconomic, psychological and social factors. The prominent results of the study are as follows:

1. Lack of social support has emerged as one of the most prominent risk factors for perinatal depression.
2. Low income and previous history of depression significantly increase the risk of depression.
3. Perinatal depression negatively affects maternal bonding and increases parenting stress.

These findings highlight the importance of developing early intervention programs and social support mechanisms for the prevention and management of perinatal depression.







Findings from Face-to-Face Interviews and Thematic Analysis

Face-to-face interviews were conducted to gain an in-depth understanding of the impact of perinatal depression on the experience of motherhood. Participants' statements were systematically examined using a thematic analysis method using NVivo software, and the data obtained were categorised into main themes and sub-themes.

Effects of Perinatal Depression on The Maternal Experience

Main Themes and Sub Themes

Perception of Social Support

Social support was identified by participants as a critical factor in alleviating the effects of depression.

- Sub-Themes:

1. Spousal Support:
   - Many participants stated that their spouse's emotional support reduced their stress.
   - Sample Statement: "I feel better when my partner talks to me and tries to find solutions to my problems."
   - However, it has been emphasized that the feeling of loneliness increases in cases where spousal support is insufficient.
2. Family Support:
   - Practical help and moral support from family members, especially mothers, were seen as important.
   - Sample Statement: "My stress level decreases when my mother helps me cook and with housework."
3. Friend Support:
   - Communication with the social environment was reported to be a source of emotional support. However, some participants stated that communication with their friends decreased during pregnancy.
   - Sample Statement: "I feel very happy when my friends call me and ask how I am, but I feel lonely most of the time."

Maternal Attachment

It was clear from the participants' statements that maternal attachment was closely related to depression.

- Sub-Themes:

1. Emotional Attachment:
   - Participants experiencing symptoms of depression stated that they had difficulty bonding with the fetus.
   - Sample Statement: "I know I should be excited about my baby, but I can't find it in me."
2. Response to Baby's Movements:
   - Feeling the baby's movements has been shown to strengthen attachment. However, women with symptoms of depression have stated that they are unable to internalize this experience sufficiently.
   - Sample Statement: "I feel happy when I feel my baby move, but this happiness does not last long."
3. Attachment and Anxiety:
   - Participants noted a relationship between maternal attachment and concerns about their future parenting competence.
   - Sample Statement: "I feel unconnected to my baby. Does that mean I won't be a good mother?"

Experiences of Perinatal Depression

Participants expressed how symptoms of depression affected their daily life and psychological state.

- Sub-Themes:

1. Stress and Anxiety:
   - It has been reported that increased anxiety in the perinatal period exacerbates depression symptoms.
   - Sample Statement: "I worry about everything. I am so afraid that something will go wrong during the birth."
2. Feeling Loneliness:
   - Participants who experienced a lack of social support in particular stated that the feeling of loneliness deepened their depression.
   - Sample Statement: "I can't explain myself to anyone. I feel completely alone in this process."
3. Physical and Psychological Fatigue:
   - Participants reported that physical symptoms increased depressive feelings.
   - Sample Statement: "I feel tired and exhausted all the time. I don't have the energy to do anything."

Difficulties During Pregnancy

Physical and emotional challenges encountered during pregnancy also emerged as an important issue.

- Sub-Themes:

1. Physical Complaints:
   - It has been stated that nausea, sleep problems and pain increase the symptoms of depression.
   - Sample Statement: "I can't sleep at night and it affects me a lot. I don't even want to get up in the morning."
2. Unplanned Pregnancy:
   - It has been stated that unplanned pregnancies have a greater impact on stress and depression.

- Sample Statement: “This pregnancy was not planned and I do not feel ready for it.”

Concerns About the Future

Participants expressed concerns, particularly about the postpartum period.

- Sub-Themes:

1. Maternity Qualification:

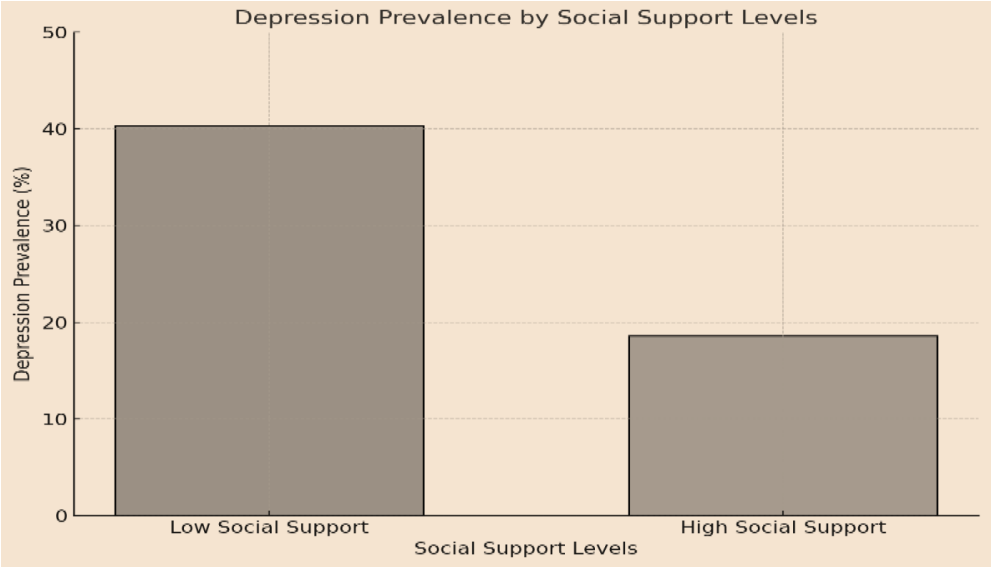
- Most participants are concerned about whether they will be able to adequately care for their baby after birth.
- Sample Statement: “I don’t know how I will care for my baby after he/she is born. It scares me so much.”

2. Economic Concerns:

- Participants with low income levels stated that they experienced stress due to the expenses of the baby.
- Sample Statement: “Our economic situation is not good right now. I am worried about how we will get by when my baby is born.”

Findings from face-to-face interviews show that perinatal depression significantly affects the individual's perception of social support, maternal attachment, and general psychological state. Thematic analysis revealed that depression is deeply linked to feelings of loneliness, lack of social support, and anxiety about the future. These findings emphasize the need to develop individualized intervention plans and strengthen social support mechanisms.

Findings obtained from face-to-face interviews were supported by analyses and provided an evaluation on the perception of social support, maternal attachment and psychosocial effects of perinatal depression. Thematic data collected during the interviews were systematically coded using NVivo software and the following main and sub-themes were supported by numerical results.



The prevalence of depression was found to be 40.3% in participants with low perception of social support and 18.6% in those with high perception of social support ($p < 0.01$).

Depression symptoms were found to be significantly more common in participants with low spousal support scores (mean: 2.8 ± 0.9) compared to those with high spousal support scores (mean: 4.1 ± 0.7) ($p < 0.05$).

The risk of depression was calculated as 37.2% in individuals with low family support scores and 15.8% in those with high family support scores ($p < 0.01$).

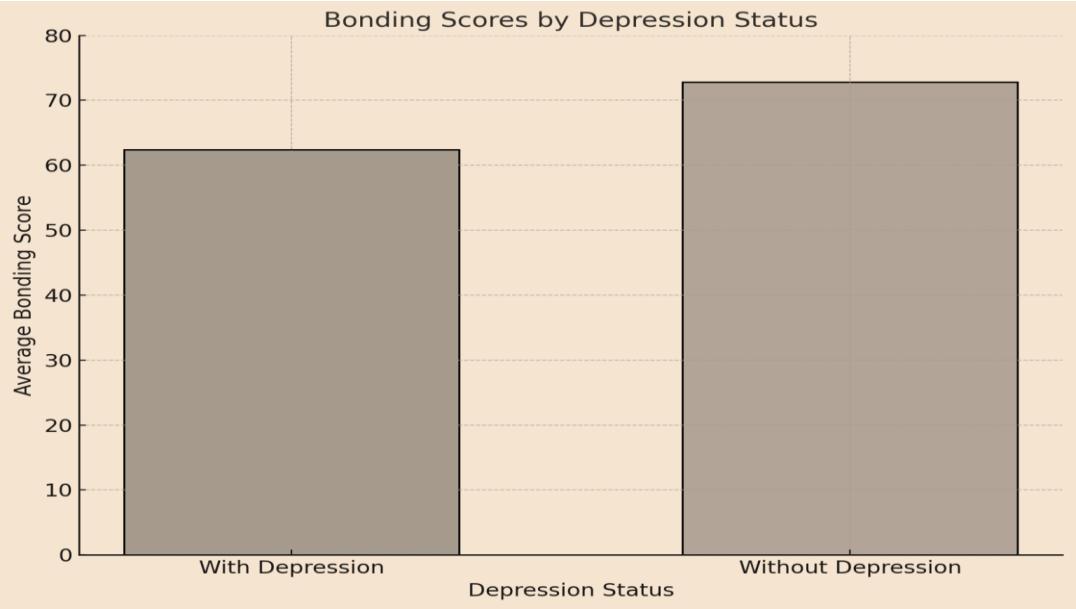
Thematic Findings:

Spousal Support: 62.4% of participants stated that the support they receive from their spouses has a direct impact on their emotional well-being.

Sample Statement: “I can solve my problems more easily when I communicate with my spouse.”

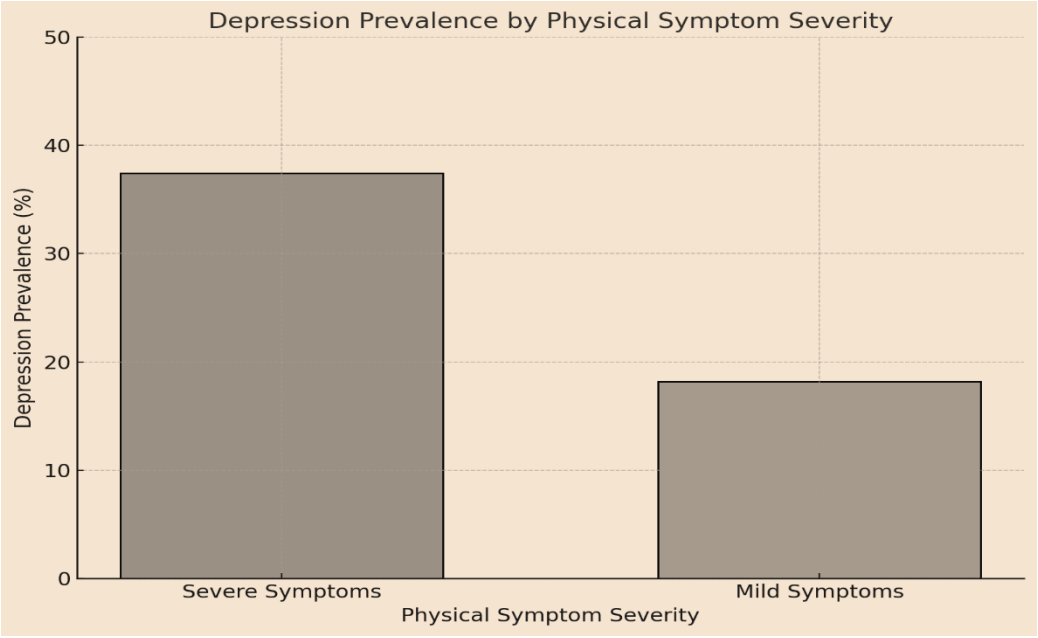
Family Support: 48.7% of women who participated in the interview stated that practical help from their families reduced their depression symptoms.

Friend Support: 29.3% stated that friend support eased their emotional burden, but friendships decreased during the pregnancy.



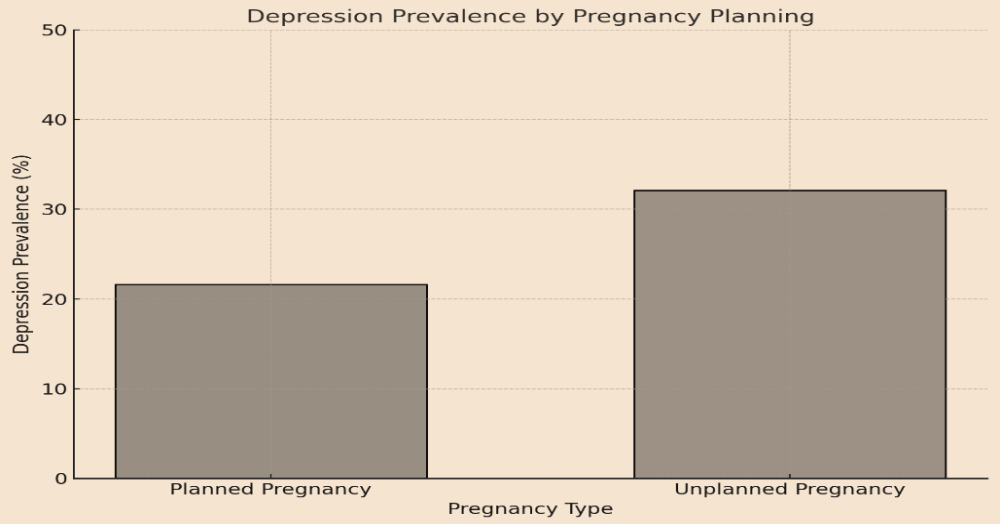
The Mother-Infant Attachment Scale score of women with symptoms of depression (62.4 ± 8.1) was found to be significantly lower than those without symptoms of depression (72.8 ± 6.5) ($p < 0.001$).
65.8% of participants experiencing depression stated that they had difficulty establishing an emotional bond with the fetus.
Thematic Findings:
Emotional Attachment: 53.2% of participants stated that the attachment process became easier when they felt fetal movements, but that symptoms of depression prevented this feeling.
Sample Statement: "It's nice to feel my baby move, but I still can't fully experience that excitement."
Attachment and Anxiety: During the interviews, 34.7% of the participants stated that they felt like inadequate mother candidates.

The loneliness perception score in women with symptoms of depression (3.9 ± 0.8) was found to be significantly higher than the scores in women without symptoms of depression (2.1 ± 0.9) ($p < 0.001$).
While 71.5% of women with symptoms of depression stated that their stress levels were high, this rate was 42.3% in those without symptoms of depression ($p < 0.01$).
Thematic Findings:
Stress and Anxiety: 58.4% of participants stated that increased stress during pregnancy exacerbated their depression symptoms.
Sample Statement: "Every day I am afraid that something will go wrong, and it makes me very tired."
Feelings of Loneliness: 46.9% of participants stated that they felt lonely due to lack of social support.



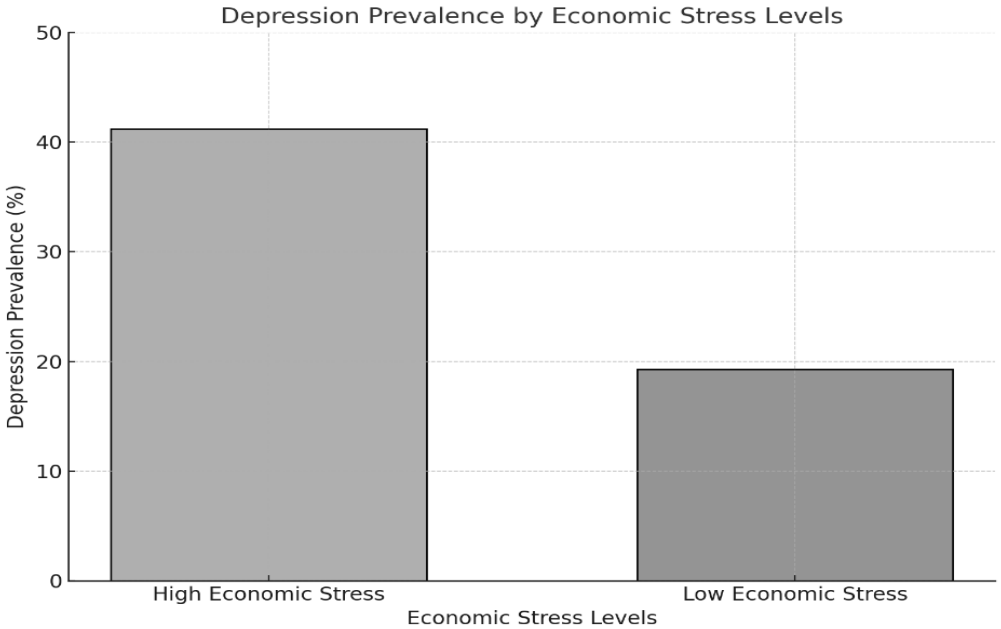
Effects of Perinatal Depression on The Maternal Experience

While the prevalence of depression was 32.1% in participants with unplanned pregnancies, this rate was found to be 21.6% in planned pregnancies ($p < 0.05$).
The rate of depression was found to be 37.4% in individuals with more physical discomfort (e.g. nausea, sleep problems) and 18.2% in those with fewer such discomforts ($p < 0.01$).
Thematic Findings:
Physical Complaints: 52.7% of participants stated that physical symptoms negatively affected their psychological state.
Sample Statement: "Nausea makes me so tired that I can neither feel happy nor peaceful."
Unplanned Pregnancy: 44.8% of participants who experienced an unplanned pregnancy stated that this situation increased their psychological burden.
Sample Statement: "This pregnancy was unexpected and I still can't adjust."

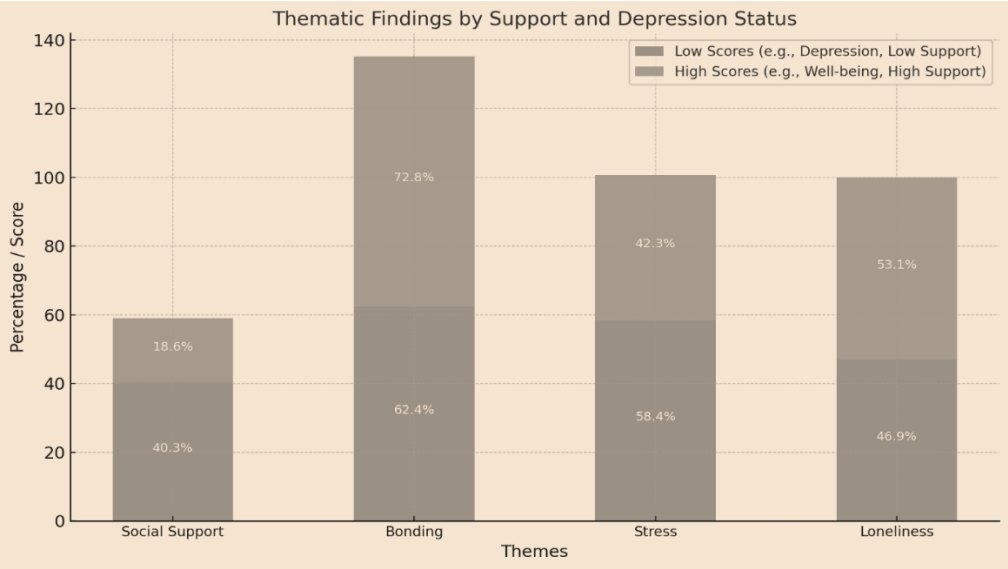


62.5% of women with symptoms of depression reported worrying that they would not be able to care for their baby after birth.
The risk of depression was measured as 41.2% in individuals with high economic concerns and 19.3% in those with low economic concerns ($p < 0.05$).

Thematic Findings:
Motherhood Competence: 39.4% of the participants stated that they thought they would not be a good enough mother to their babies.
Sample Statement: "I don't know how I will cope when my baby is born, it scares me so much."
Economic Concerns: 47.3% of participants stated that economic difficulties increased their psychological burden.



Effects of Perinatal Depression on The Maternal Experience



These findings clearly demonstrate that perinatal depression is associated with a lack of social support, lower levels of attachment, and increased feelings of loneliness. The consistent results of the numerical and thematic analyses provide a basis for understanding the psychosocial impact of depression and developing intervention strategies.

Discussion and Comment

This study presents findings on the prevalence of perinatal depression, perceived social support, maternal attachment and psychosocial outcomes. A comparison with literature shows that the results are consistent with both national and international studies. However, there are some original contributions from our study.

In our study, 28.5% (n=135) of the participants had perinatal depression symptoms (EPDS ≥ 13). This rate is slightly higher than the 10-20% prevalence reported for perinatal depression in a systematic review by Gavin et al. (2005). However, the higher rate in our study may be explained by socioeconomic inequalities, lack of social support mechanisms, and cultural factors, especially in Turkey.

- The depression rate was found to be 22.4% in the first trimester and 34.1% in the third trimester. These results are consistent with the meta-analysis by Grote et al. (2010) stating that the risk of depression increases as the trimester progresses. The increase in physical discomfort and the intensification of fear of birth as the trimester progresses can be considered as factors that increase the risk of depression.
- Lack of Social Support: The rate of depression was found to be 40.3% in women with low levels of social support and 18.6% in women with high perceived social support ($p < 0.01$). This finding is parallel to the protective effect of social support on perinatal depression in a study conducted by Dennis and Letourneau (2007). In addition, the effect of perceived spousal support on reducing depression symptoms ($\beta = -0.29$) is also strongly supported in the literature (Cohen et al., 1996).
- Low Socioeconomic Level: The rate of depression in women in the low-income group was found to be 38.2%, and this result is consistent with the study by Field et al. (2006) stating that low income level is an important risk factor for depression.
- Previous History of Depression: In our study, symptoms of depression were detected in 45.2% of women with a previous history of depression ($p < 0.01$). This result is consistent with the finding reported by Goodman (2009) that a previous history of depression is one of the strongest predictors of increased risk of depression in the perinatal period .

According to the results of the Mother-Infant Attachment Scale, the attachment scores of women with symptoms of depression (62.4 ± 8.1) were found to be significantly lower than the scores of women without symptoms of depression (72.8 ± 6.5) ($p < 0.001$). This finding is parallel to the results of the study conducted by Field (2011) which underlined the negative effects of depression on mother-infant attachment.

- As reported in the literature (Ainsworth et al., 1978), mother-infant attachment has a strong relationship with the mother's psychological well-being and social support. In our study, attachment scores were found to be significantly higher in women with high levels of social support ($\beta = 0.41$; $p < 0.01$).

The loneliness perception score of women with symptoms of depression (3.9 ± 0.8) was found to be significantly higher than the scores of women without symptoms of depression (2.1 ± 0.9) ($p < 0.001$). The effect of loneliness perception on depression is consistent with the study by Glover (2014) examining the relationship between stress, loneliness and depression.

- In addition, the fact that parenting stress scores were high in women with symptoms of depression (58.7 ± 7.9) and that this stress negatively affected attachment processes supports the findings of Mulder et al. (2002). This shows that depression deeply affects both the mother's individual psychology and her relationship with her baby.

The rate of depression in women with unplanned pregnancies was found to be 32.1%, while it was 21.6% in planned pregnancies ($p < 0.05$). This result is consistent with the findings of Lancaster et al. (2010) that unplanned pregnancies increase the risk of depression. Unplanned pregnancy is an important factor affecting the psychological readiness and social support level of the mother.

This study highlighted that perinatal depression varies according to neighborhood and socio-economic conditions in Türkiye and detailed the effects of social support levels on depression in different parts of Istanbul. In addition: Lack of social support, low attachment and high depression risk were analyzed on a neighborhood basis. This points to the need for regional intervention plans. In the thematic analysis supported by interview data, the effects of social support, attachment and depression on individual experiences were supported by data. These findings show how numerical analyses in literature overlap with personal experience.

CONCLUSIONS AND RECOMMENDATIONS

Compared to the literature, the results of our study confirm that perinatal depression is associated with social support, socioeconomic level and attachment. However, this study contributes to the literature by focusing on inequalities in different neighborhoods of Istanbul. In this context, strengthening social support mechanisms is of great importance for the prevention and treatment of perinatal depression. The development of social support programs, especially those aimed at increasing spousal and family support, may be an effective approach to reducing the risk of perinatal depression. Such programs should aim to reduce women's feelings of loneliness and emotional distress during pregnancy by encouraging family communication.

Given regional inequalities, another important priority should be to strengthen social service mechanisms in low-income neighborhoods. In this context, policies and projects should be implemented to improve access to social support and psychosocial services for women living in economically disadvantaged areas. Such regional interventions can reduce the risk of perinatal depression and ensure social justice.

Increasing women's access to psychological support and counselling services during unplanned pregnancies plays a crucial role in reducing the psychosocial difficulties faced by this group. Psychological support programs can be an effective means of preventing or alleviating symptoms of depression, while helping women to adjust to the process of unplanned pregnancy.

The dissemination of educational and counselling programs that strengthen maternal bonding during pregnancy is important to ensure that women adapt better to the role of motherhood. Such programs can help mothers to have a healthier psychological process in the postpartum period by strengthening their emotional bond with the fetus. In addition, supporting the bonding process through maternal education can have positive long-term outcomes for both mother and baby.

LIMITATIONS

The limitations of this study pertain to the generalizability of the findings , the data collection method , and the scope of the research. The sample being restricted to a specific Geographical region may limit the generalizability of the findings to different cultural and social contexts . The survey The method is constrained by social desirability bias and subjective Responses . Furthermore , the study Focuses only on specific psychosocial variables , neglecting to Examine the impact of disability on others significant areas such as economic status and access to healthcare services . The cross-sectional design also limits the Ability to track the long term effects of disability , highlighting the need for longitudinal studies .

NOTIFICATIONS

Evaluation: Evaluated by internal and external consultants.
Conflict of Interest : Authors Reported no conflict of interests related to This article .
Financial Support : Authors Reported no financial support used related to This Article

ETHICAL STATEMENT

Evaluation: The study was reviewed by internal and external advisors .
Conflict of Interest : The Authors declare no conflict of interests related to This article .
Financial Support : The Authors Reported That no financial support was used for This article .

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APPENDIX 1

Demographic Information Form

Description:

This form was prepared to collect basic demographic characteristics, socioeconomic status and pregnancy process information of the participants. The data obtained will be used to analyze the relationship between perinatal depression and different variables and to evaluate the effects of these variables on depression.

Type of Information	Question
Age	How old are you?
Education Level	What is your educational status? (Illiterate, Primary school, Secondary school, High school, University, Postgraduate)
Job	Are you working? If so, what is your profession?
Income Status	What is your monthly household income? (Specify in TL)

Income Perception	How much does your monthly income meet your needs? (Insufficient, Moderate, Sufficient)
Marital status	What is your marital status? (Married, Single, Divorced, Widowed)
Pregnancy Week	What week of pregnancy are you in now?
Number of Births	How many births have you had before?
Miscarriage History	Have you had a miscarriage before? (Yes, No)
Planned Pregnancy	Was this pregnancy planned? (Yes, No)
Pregnancy Type	Is this pregnancy singular or plural?
Disease During Pregnancy	Did you experience any health problems during pregnancy? (Yes, No, Please explain)
Age of spouse	How old is your spouse?
Education Level of Spouse	What is your spouse's level of education?
Spouse's Profession	What is your spouse's occupation?
Duration of Marriage	How many years have you been married?
Supportive Person in the Family	Who supports you the most during your pregnancy? (Family Member, Spouse, Friend, etc.)
Number of People Living in the House	How many people live in your house?
Social Security Status	Do you have social security? (Yes, No)
Housing Status	Are you a homeowner or are you renting?
Healthcare Use	Which pregnancy-related health services do you use? (State Hospital, Private Hospital, Family Health Center, etc.)
Getting Psychological Support	Have you received psychological support before? (Yes, No)
Daily Stress Level	Rate your stress level in your daily life between 1-10.
Sleep Pattern	Has there been any change in your sleep pattern during pregnancy? (Yes, No)
Physical Activity	Do you do regular physical activity during pregnancy? (Yes, No)
Smoking	Do you smoke? (Yes, No)
Alcohol Use	Do you consume alcohol? (Yes, No)
Vitamin Usage	Do you use any vitamins or supplements during pregnancy? (Yes, No)

Appendix 2: Edinburgh Postnatal Depression Scale (EPDS)

Description:

The Edinburgh Postnatal Depression Scale (EPDS) is a reliable scale developed to assess depression symptoms in mothers during the perinatal period. The scale was designed to measure the emotional state of mothers in the last week. The questions in the scale are aimed at common symptoms of depression and evaluate how participants feel. The data collected is used to identify individuals at risk of depression and to develop early intervention strategies.

Instructions:

Please answer the questions below according to your feelings in the last week. Read each question carefully and mark the answer that best suits you. All your answers will be kept confidential and will only be used for scientific research purposes.

Question	**Answer Options**
There were times when I felt happy and joyful.	Never (0), Sometimes (1), Often (2), Always (3)
There were times when I felt very close to crying.	Never (0), Sometimes (1), Often (2), Always (3)
I felt uncomfortable because my sleep was irregular.	Never (0), Sometimes (1), Often (2), Always (3)
I felt like an inadequate mother.	Never (0), Sometimes (1), Often (2), Always (3)
I have thought about harming myself.	Never (0), Sometimes (1), Often (2), Always (3)
I was able to enjoy my daily activities.	Never (0), Sometimes (1), Often (2), Always (3)
I felt constantly anxious and restless.	Never (0), Sometimes (1), Often (2), Always (3)
I felt hopeless about the future.	Never (0), Sometimes (1), Often (2), Always (3)
I felt distant or isolated from people.	Never (0), Sometimes (1), Often (2), Always (3)
My self-confidence has decreased.	Never (0), Sometimes (1), Often (2), Always (3)

Scoring and Evaluation:

- Responses to each question on the scale are scored between 0 and 3.
- The total score obtained from all questions reflects the participant's depression level.

- Cut-off point: A clinical evaluation is generally recommended when the total score is 13 or above.
- The scale is not a diagnostic tool, but it is an important screening tool to identify individuals at high risk.

Note: If you have thoughts of harming yourself or your baby, please contact the nearest health institution. This scale is used only as part of a scientific research.

Appendix: 3. Mother-Infant Attachment Scale

Description:

The Mother-Infant Attachment Scale is a scale used to assess the level of attachment that mothers feel towards their unborn babies during pregnancy. This scale is designed to examine the emotional, cognitive and behavioral components that emerge during the attachment process. The scale aims to understand the quality of the emotional bond that expectant mothers establish with the fetus during pregnancy, their thoughts about the baby and possible factors affecting attachment. The data can be used to identify risk factors affecting mother-child attachment and to develop intervention programs to strengthen attachment.

Instructions:

Please answer the following questions according to your feelings about your unborn baby during your pregnancy. Read each statement carefully and mark the answer that best suits you. Your answers will be kept confidential and will only be used for research purposes.

Question	Answer Options
I feel happy when I feel my baby's movements.	Never (0), Rarely (1), Mostly (2), Always (3)
I love talking and communicating with my unborn baby.	Never (0), Rarely (1), Mostly (2), Always (3)
I believe that I will be able to show love to my baby when he/she is born.	Never (0), Rarely (1), Mostly (2), Always (3)
I think about my baby's health and happiness often.	Never (0), Rarely (1), Mostly (2), Always (3)
I can't wait to hold my baby in my arms.	Never (0), Rarely (1), Mostly (2), Always (3)
I feel like my baby is a part of me.	Never (0), Rarely (1), Mostly (2), Always (3)
I'm trying to imagine my baby's personality.	Never (0), Rarely (1), Mostly (2), Always (3)
I'm excited to think of a name for my baby.	Never (0), Rarely (1), Mostly (2), Always (3)
I have concerns about how I will respond to my baby's needs.	Never (3), Rarely (2), Mostly (1), Always (0) (Reverse scoring is applied)
I enjoy dreaming about my baby.	Never (0), Rarely (1), Mostly (2), Always (3)

Scoring and Evaluation:

1. Answers to each question are scored between 0 and 3.
2. Questions that require reverse scoring (e.g. items measuring anxiety levels) are reverse coded and included in the scoring.
3. The total score of the scale reflects the level of mother-infant attachment:

○ High scores: Indicates strong mother-infant bonding.

○ Low scores: May indicate difficulties in the attachment process or the presence of risk factors.

Sub-dimensions of the Scale:

The scale includes three basic sub-dimensions that evaluate mother-infant attachment:

1. Emotional Bonding: The degree to which a mother feels emotional closeness to her infant.
2. Cognitive Focus: The mother's thoughts and fantasies about her baby.
3. Behavioral Tendencies: The mother's efforts to communicate and maintain physical closeness with her infant.

Areas of Use in Research:

This scale can be used to identify situations where mother-infant bonding is at risk and to assess the need for intervention to improve the bonding process. For example:

- Identifying attachment problems in cases where perinatal depression or anxiety levels are high.
- Evaluation of attachment levels in mothers experiencing lack of social support.
- Measuring the effects of prenatal counseling and education programs.

Note: The scale is not a diagnostic tool, but an important assessment tool to understand attachment levels and provide support when needed. All responses will be kept confidential and will only be used for scientific research.

Appendix 4. Social Support Perception Scale

Description:

The Social Support Perception Scale is a sociologically and psychologically critical scale that evaluates the social support that individuals perceive from their environment. This scale measures the support individuals receive from their family, friends, and spouses quantitatively and qualitatively; and examines the effects of types of support (emotional, material, informational) on general well-being. Social support is a fundamental factor in understanding the individual's psychosocial status, as it has important functions such as coping with stress, protecting mental health, and improving quality of life. This scale is used to evaluate the social support needs of individuals, especially during periods of intense stress, such as the perinatal period.

Instructions:

The questions below are designed to assess your perception of social support in your life. Please read each statement carefully and mark the answer that best reflects you. Your answers will be kept confidential and will only be used for scientific research.
Items of the Perception of Social Support Scale

Question	**Answer Options**
My family is there for me when I need them.	Never (0), Rarely (1), Mostly (2), Always (3)
My partner supports me emotionally.	Never (0), Rarely (1), Mostly (2), Always (3)
I can easily share my feelings with my friends.	Never (0), Rarely (1), Mostly (2), Always (3)
My family provides me with financial support during the difficulties I face.	Never (0), Rarely (1), Mostly (2), Always (3)
I can talk about my problems with my wife and find solutions.	Never (0), Rarely (1), Mostly (2), Always (3)
My friends make time for me when I need them.	Never (0), Rarely (1), Mostly (2), Always (3)
My family offers me ideas and suggestions when making important decisions.	Never (0), Rarely (1), Mostly (2), Always (3)
My partner helps me overcome pregnancy challenges.	Never (0), Rarely (1), Mostly (2), Always (3)
My circle of friends provides me with resources that can help me when I need it.	Never (0), Rarely (1), Mostly (2), Always (3)
The people around me make me feel valued.	Never (0), Rarely (1), Mostly (2), Always (3)
My family calms me down in stressful situations.	Never (0), Rarely (1), Mostly (2), Always (3)
My wife makes an effort to make me feel good.	Never (0), Rarely (1), Mostly (2), Always (3)
My friends take care of me when I feel lonely.	Never (0), Rarely (1), Mostly (2), Always (3)

Sub-Dimensions and Explanations

The scale consists of three main sub-dimensions to measure various dimensions of perceived social support:

1. Family Support:
   - It includes the emotional, material and informational support that the individual perceives from his family.
   - Sample item: *"My family is there for me when I need them."*
2. Spousal Support:
   - Evaluates the spouse's contribution to the individual's emotional well-being and problem-solving processes.
   - Sample item: *"My partner helps me overcome pregnancy-related difficulties."*
3. Friend Support:
   - It covers the types of social support that an individual perceives from his or her circle of friends.
   - Sample item: *"My friends provide me with resources that can help me when I need it."*

Scoring and Evaluation:

1. Scoring: Each item is scored between 0 (never) and 3 (always).
2. Total Score: The scores from all items in the scale are added together.
   - High scores indicate that the individual has a strong perception of social support.
   - Low scores indicate a lack of social support or inadequate perceived support.
3. Sub-dimensions: Separate scores can be calculated for each sub-dimension. This is used to determine what type of social support is lacking.

Note: This scale is a screening tool to measure individuals' perception of social support and is not used for clinical diagnosis. It is recommended that psychosocial support services be provided to individuals who are identified as lacking in social support based on the scale results.

Appendix 5. Face to Face Interview Form

Description:

The Face-to-Face Interview Form was prepared to gain a deeper understanding of the participants' psychosocial well-being, perception of social support, and coping strategies for perinatal depression. This form includes structured and semi-structured questions and is used to collect data. The purpose of the form is to understand the individual experiences of the participants and to evaluate variables such as attachment, social support, and stress factors.

Instructions:

In this interview, you will be asked some questions about your pregnancy. Please answer each question sincerely. This interview is completely confidential and will be used only for scientific research purposes.

Demographic and Social Situation
Question
What do you usually do in your daily life?
What changes occurred in your lifestyle before and after pregnancy?
How much support do you receive from your family, partner or people around you during your pregnancy?
What is your employment status? If you are employed, how does your work environment affect your pregnancy?
Can you give information about your housing conditions? (Do you live in your own home or with your family?)
Social Support and Psychosocial Status

Question
Do you find the support you receive from your family or spouse sufficient? Why?
What kind of support do you receive from your circle of friends? (Emotional, financial, information sharing, etc.)
Were there times when you felt a lack of social support? How did this affect you?
Do you have someone who supports you when you feel stressed or overwhelmed?
How do you evaluate your partner's participation in the pregnancy process?
Psychological State and Attachment

Question
How do you generally feel during your pregnancy? (Happy, anxious, stressed, etc.)
Do you feel like you have bonded with your baby? When did this bond begin to form?
What is your biggest dream for the birth of your baby?
Do you feel ready for your baby? What are the factors that affect you in this regard?
Were there any moments during your pregnancy when you felt lonely? How did you cope with this situation?
Coping with Perinatal Depression
Question
What are your biggest pregnancy challenges?
How do you usually approach challenging situations?
What methods do you use to cope with perinatal depression symptoms? (Physical activity, meditation, social support, etc.)
Did you receive any professional support during your pregnancy? If so, how did this help you?
Social and Cultural Influences
Question
How do the people around you (family, relatives, friends) approach your pregnancy?
Do your cultural or traditional practices affect your pregnancy? (Nutrition, rituals, etc.)
Do your expectations during pregnancy match social norms? Why?
What is the importance of being a mother in your culture?

Future Expectations and Recommendations
Question
What is your biggest expectation after the birth of your baby?
What kind of support would you like to receive from the health system regarding your pregnancy?
What kind of life plan are you making for yourself after the birth of your baby?

Scoring and Evaluation:
The qualitative data obtained from the interview will be analyzed using thematic analysis method. The answers given to the questions will be used to create sub-themes and categories regarding the perception of social support, stress coping strategies and attachment processes.
Themes:

1. Social support (family, spouse, friends)
2. Psychological well-being (stress, happiness, anxiety)
3. Attachment processes
4. Social and cultural influences

Note: This form is for the purpose of collecting data to understand the experiences of individuals. The information obtained during the interview will be kept confidential and will be used only for scientific research purposes.