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The Relationship Between Postpartum Depression Risk and Emotional Intelligence and Evaluation of Affecting Factors

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Abstract. This thesis research is a descriptive study conducted to evaluate the relationship between emotional intelligence and postpartum depression risk and the factors affecting it. The research was carried out between April 1 - September 30, 2018 at Katip Celebi University Ataturk Training and Research Hospital, Obstetrics Clinic. The universe of the study consisted of women (N = 624) who gave birth between April 1 and September 30, 2018. The sample of the study consisted of 193 women who delivered at the Katip Celebi University Ataturk Training and Research Hospital's Obstetrics Clinic, agreed to participate in the research and complied with the research criteria. In the first meeting, the participants were applied "Participant Diagnosis Form" and "Schutte Emotional Intelligence Scale" and in the second meeting, "Edinburgh Postpartum Depression Scale" was applied in 6-8 weeks after birth. In the study, t-test was used in independent groups for differences in two-group variables, and ANOVA analysis was used in determining the differences in variables with more than two groups. Tukey analysis was used to determine which two groups differ from the variables determined as a result of ANOVA analysis. All analyzes were carried out through SPSS for Windows V25.0 package program. In the study, the risk of postpartum depression was found to be 10.88%. No statistically significant relationship was found between postpartum depression risk and emotional intelligence ($p > 0.05$). There is a positive and weak relationship between the risk of postpartum depression and the evaluation of emotions from the sub-dimensions of emotional intelligence ($p < 0.05$). There is no relationship between postpartum depression risk and emotional intelligence sub-dimensions, optimism and the use of emotions ($p > 0.05$). A statistically significant relationship was found between postpartum depression risk and relationships with spouse and marital satisfaction ($p < 0.05$). At the end of the study, no significant relationship was found between emotional intelligence and postpartum depression. However, there are many studies in the world literature regarding the relationship between emotional intelligence and mental well-being. In our country, studies are needed in different groups.

Keywords. depression, emotional intelligence, postpartum depression

1. Introduction

Depression comes from the Latin word "depressio" (Bernard, 2018). It is a common mental disorder manifested by depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt, low self-esteem, insomnia or hypersomnia, psychomotor agitation or slowing,

loss of appetite, lack of concentration, forgetfulness, crying (Depression Guideline Update, 2011).

The depression rate of the global population is estimated to be 4.4% in 2015. Depression is more common in women (5.1%) than in men (3.6%). Although its prevalence varies by WHO Regions, it is 2.6% among men in the Western Pacific Region; It ranges up to 5.9% among women in the African Region. Its prevalence in Turkey is 4.4%. The prevalence rates vary with age. It is seen over 7.5% among women aged 55-74 and over 5.5% among men. The number of people experiencing depression in the world is 322 million. Almost all of these people live in the Southeast Asian Region and the Western Pacific Region. The total estimated number of people living with depression increased by 18.4% between 2005 and 2015 (WHO, 2017).

There is no simple answer yet as to what causes depression, as several factors may play a role in the onset of depression. Among them; a genetic or familial history of depression, psychological or emotional susceptibility to depression, biological factors, living conditions or environmental stress factors (Bartha et al., 2013).

Postpartum Depression

Postpartum depression is a very common and treatable mood disorder after childbirth (Rode, 2016; Stewart & Vigod, 2016). It usually occurs within 4 weeks of postpartum and can last for several months or more than a year. Postpartum depression is defined in DSM-V as "mood disorder that occurs during pregnancy or within 4 weeks after birth" (DSM-V, APA, 2013).

The estimated prevalence of postpartum depression varies between 3.4% and 33.1% in low and middle income countries. (Akman et al., 2007; Gaillard et al., 2014; Stewart & Vigod, 2016). In developed countries; the prevalence of postpartum depression varies from 1.9% to 82.1% (Norhayati et al., 2015). In regional studies in Turkey; the prevalence of postpartum depression was determined between 10% and 54.2% (Ceber et al., 2010; Demir et al., 2016; Tahaoglu et al., 2015).

Sleep disturbance, anxiety disorder, depression in the person or family, substance abuse, occupation of spouses and education level of individuals, perception of income, difficulty in paying bills, losing a job, stressful life, poor family relationships, poor quality of life, lack of social support, infant whether or not the spouse is assisted in the care, impaired physical health, negative body image and body mass index, physical abuse during pregnancy, domestic violence, age at marriage, number of births, adolescent pregnancy, advanced age pregnancy, having a low birth weight baby, unwanted pregnancies, birth fear or unable to breastfeed, having health problems in the baby and unemployment are among the risk factors for postpartum depression (Durmazoglu et al., 2016; Falah- Hassani et al., 2015; Norhayati et al., 2015).

Definition of Intelligence and Theories of Intelligence

There are many definitions of intelligence, but intelligence is typically defined as a person's ability to adapt to the environment and learn through experience (Sternberg, 2005; Vaughan, 2002).

In a symposium formed by the editor of the Journal of Educational Psychology (1921) with the participation of 17 experts, the definition of intelligence was made as much as the number of experts. Intelligence defined at the symposium; Burkingham as "the ability to learn", Thorndike as "the power of reactions", Terman as "the ability to sustain abstract thought",

Pintner as "the ability to adapt oneself to new situations in life", Henmon as "capacity for knowledge", Woodrow as "capacity for ability" (Fogarty, 1998).

The fact that there are so many definitions of intelligence has made the classical understanding of intelligence, which takes into account the person's mathematical intelligence, debatable. (Ayaydin, 2004). At this point, various intelligence theories have emerged (Karabey & Yurumezoglu, 2015).

Some theories of intelligence in the literature;

- Multiple Intelligence Theory,
- Triarchic Intelligence Theory,
- Two-Factor Theory,
- Thorndike's Multifactor Theory,
- Guilford's Model of Structure of Intellect,
- Thurstone's theory: Primary mental abilities/Group factor theory,
- Vernon's Hierarchical Theory,
- Cattell's Fluid and Crystallized Theory,
- Anderson's Theory: Cognitive Development,
- Eysenck's Structural Theory,
- Ceci's Biological Theory (Pal et al., 2004; Sternberg, 1986).

Emotional Intelligence

Although the concept of emotional intelligence first emerged with researchers John Mayer, Peter Salovey and David Caruso, it became popular with the book "Emotional Intelligence: Why It Is More Important Than IQ" published by Daniel Goleman in 1995 (Aslan & Ozata, 2008; Brackett et al., 2011; Goleman, 1995).

Although emotional intelligence is a remarkable term; it is a concept that is so controversial and has not yet been agreed on its definition (Brackett et al., 2011; Irshad, 2015).

Emotional intelligence guides one's actions, helping one to bring himself to the point where he will be successful and happy. With the increasing number of studies focusing on emotional intelligence and research conducted by various disciplines, the literature on this subject has expanded considerably (Irshad, 2015).

According to Goleman, human beings have two different brains that think and feel. This is also called "head" and "heart" among the society. These two brains work in harmony to manage us. The feeling brain consists of the amygdala and the limbic system, while the thinking brain consists of the cortex and neocortex. Emotional intelligence emerges as a result of the interaction of the work of the amygdala with the neocortex. If we were all the feeling brain without the neocortex, we would be overwhelmed with emotional input and not be able to make wise decisions. It is stated that if the human being were a creature that acts and thinks only with the neocortex, it would be a mechanical system without feelings. The key to healthy functioning is to work in a balanced and effective way without suppressing the other (Davies et al., 1998).

Researcher and author Goleman describes emotional intelligence; It is defined as the ability to recognize one's own and others' emotions, to manage events without drowning in these emotions, to motivate oneself in this regard, and to be able to communicate effectively by being aware of others' feelings. According to psychologist Reuven Bar-On, emotional intelligence; It is a cross-section of interrelated emotional and social skills, competencies, and factors that

determine how we understand and express ourselves effectively, how we understand other people more easily, and how we relate to them (Irshad, 2015).

According to Schutte, there is a link between the concepts of sad mood and emotional intelligence level, which are one of the important structural components of depression. People with a high level of emotional intelligence are more skilled and capable of coping with psychopathological symptoms and dysfunctions. Emotionally intelligent people can repair negative things and bad moods (Mehmood & Gulzar, 2014).

Gardner; correlated low emotional intelligence with interpersonal relationship disorder, poor impulse control, stress, loneliness, depression, anxiety, low self-esteem, aggressive behaviors, suicidal thoughts, drug and alcohol consumption, and high emotional intelligence was associated with subjective well-being, increased satisfaction level and happiness. (Mehmood & Gulzar, 2014; Rehman & Sohail, 2018).

Boyatzis emotional intelligence; defined it as the ability to process emotion efficiently and effectively. According to Hein, emotional intelligence; It is an innate potential to feel, use, communicate, recognize, remember, identify, learn, manage and explain emotions (Irshad, 2015).

Only 20% of the success factor in life is IQ, and the remaining 80% is emotional intelligence. People with high emotional intelligence are people who are emotionally competent, have better social skills, have longer-lasting relationships, and have greater abilities to resolve conflicts. Although people experience differences in defining their emotions due to genetic and natural factors, the abilities and skills of people at all levels can be improved through education (Haghighi & Abbasi, 2015).

Mayer and Salovey (1997) examined emotional intelligence under four main headings:

1) Evaluation and Expression of One's Emotions (self-emotional evaluation): Being able to identify and express deep emotions is related to the individual's ability. People with this emotion often feel and accept their emotions first.

2) One's Recognition and Evaluation of Other People's Emotions: It is related to the individual's awareness and understanding of the emotions of the people around him. Individuals with this ability are more successful in predicting their own and others' behavior.

3) Regulation of Emotions: It is related to one's ability to regulate one's emotions. These people get over their psychological problems more quickly.

4) Use of Emotion: It is about the ability to reflect emotions and sensory relationships to enhance one's individual performance (Mayer & Salovey, 1997; Mayer et al., 2004).

Goleman (2000) gathered the basic abilities of emotional intelligence under five main headings:

a. Self-awareness (self-awareness): being aware of one's thoughts as a result of their emotions,

b. Emotion control (self-control): balancing one's emotions by keeping one's reactions under control and adapting to the situation,

c. Motivating oneself: adapting oneself to changing situations in a positive way and channeling one's emotions

d. Empathy: sensing the emotions of others, making sense of them and helping them,

e. Managing the relationship (social skills): managing the emotions of other people (Acar, 2002; Alparslan & Tunc, 2009; Kılıc et al., 2007).

The Relationship Between Emotional Intelligence and Health

Although the relationship between emotions and health has been widely expressed, recently the literature on this is rapidly expanding. It is thought that the ability to perceive, express, understand and regulate emotions plays a key role in spiritual well-being and positive thinking (Tsaousis& Nikolaou, 2005).

In some studies, it has been stated that negative emotional states are associated with unhealthy physiological functioning patterns, while positive emotional states are associated with healthier functioning patterns in both cardiovascular activity and the immune system (Shabani et al., 2010).

In a study by Lumley et al., it was reported that people who cannot understand and express their emotions suffer more (Lumley et al., 2002). Austin et al. In 2005, emotional intelligence and alcohol consumption were negative; individual life satisfaction and performance and social relations were positively associated (Austin et al., 2005). In a study conducted by Brown and Schot in 2006, it was revealed that as emotional intelligence increases, feelings of weakness and fatigue are less common (Brown & Schutte, 2006). High and positive emotional intelligence is a strong indicator of better psychological adjustment and high self-esteem, whereas low and negative emotional intelligence is associated with depression and harmful and disturbing behaviors (Mayer et al., 2003; Mehmood & Gulzar, 2014). High emotional intelligence is associated with collaborating more with others, reducing stress and anxiety, increasing happiness and mental health, reducing depression and increasing independence (Mehmood & Gulzar, 2014; Schutte et al., 2002). Above all, self-understanding is the keystone to better mental health. People who understand and manage their emotions; they are more capable of dealing with psychopathologies such as depression, anxiety and other disturbing emotional thoughts and mental health problems (Mehmood & Gulzar, 2014).

Emotional Intelligence and Postpartum Depression

The postpartum period, or puerperium, begins approximately one hour after delivery of the placenta and includes the next six weeks. Many mothers may not feel happy during these days or even the next few weeks; The postpartum period should be considered a vulnerable period for the development of emotional and psychological disorders. Pregnancy and childbirth can be quite troublesome; the body goes through rapid changes, especially hormonal. In the first days after childbirth, the body often feels sore and uncomfortable. Regular care of the baby brings new tasks and uncertainties. The relationship with the partner changes especially after the birth of the first child. Although women work in many countries; with the birth of their child, they undertake double or even triple duties (motherhood, work and housework) (WHO, 1998).

Happiness and excitement develop at the end of birth, fear and sadness may then develop, considering the full responsibility and consequences of this major life event. A high level of emotional intelligence can enable the postpartum mother to anticipate and accept these conflicting emotions. A mother with low emotional intelligence may be confused by unexpected emotions and feel guilt or shame, or dwell heavily on negative emotions. It has been observed that mothers with high emotional intelligence who have emotional difficulties may prioritize their mothering duties due to emotional regulation and emotional protection (Rode, 2016).

Responsibilities of the Midwife in the Postpartum Period

The first few weeks after the birth of a baby can be exciting; but it can also be very stressful for the woman. As a result of changes in the body, hormones, daily routines and sleep

patterns, it is not surprising that women feel sad, overwhelmed and sore. It can be difficult for many women to understand whether this change in mood is normal (Baby Blues & Postpartum Depression, BC Reproductive Mental Health Program, August, 2011).

Exactly at this point, starting from the definition of midwifery, midwives, as primary caregivers, should be aware of the effects of mental illnesses in the pregnancy and postpartum period, with their skills and knowledge in mental health assessment (Mccauley et al., 2011). Midwives should focus their attention mainly on women and their families during the birth and postpartum period. The birth process itself involves many psychological and emotional changes that make existing mental health problems recur, including psychotic symptoms (McCauley et al., 2011).

2. Method

This research is a descriptive study conducted to evaluate the relationship between postpartum depression risk and emotional intelligence and the factors affecting postpartum depression. The research was carried out in the Obstetrics and Gynecology Clinic of Katip Çelebi University Atatürk Training and Research Hospital between 01.04.2018-30.09.2018.

It was examined whether it provides a normal distribution in determining which type of analysis to apply to the data. In the study, t-test was used in independent groups for the differences for the variables with two groups, and ANOVA analysis was used to determine the differences for the variables with more than two groups. Tukey's analysis was used to determine which two groups differed among the variables determined as a result of the ANOVA analysis. All analyzes were carried out using the SPSS for Windows V25.0 package program.

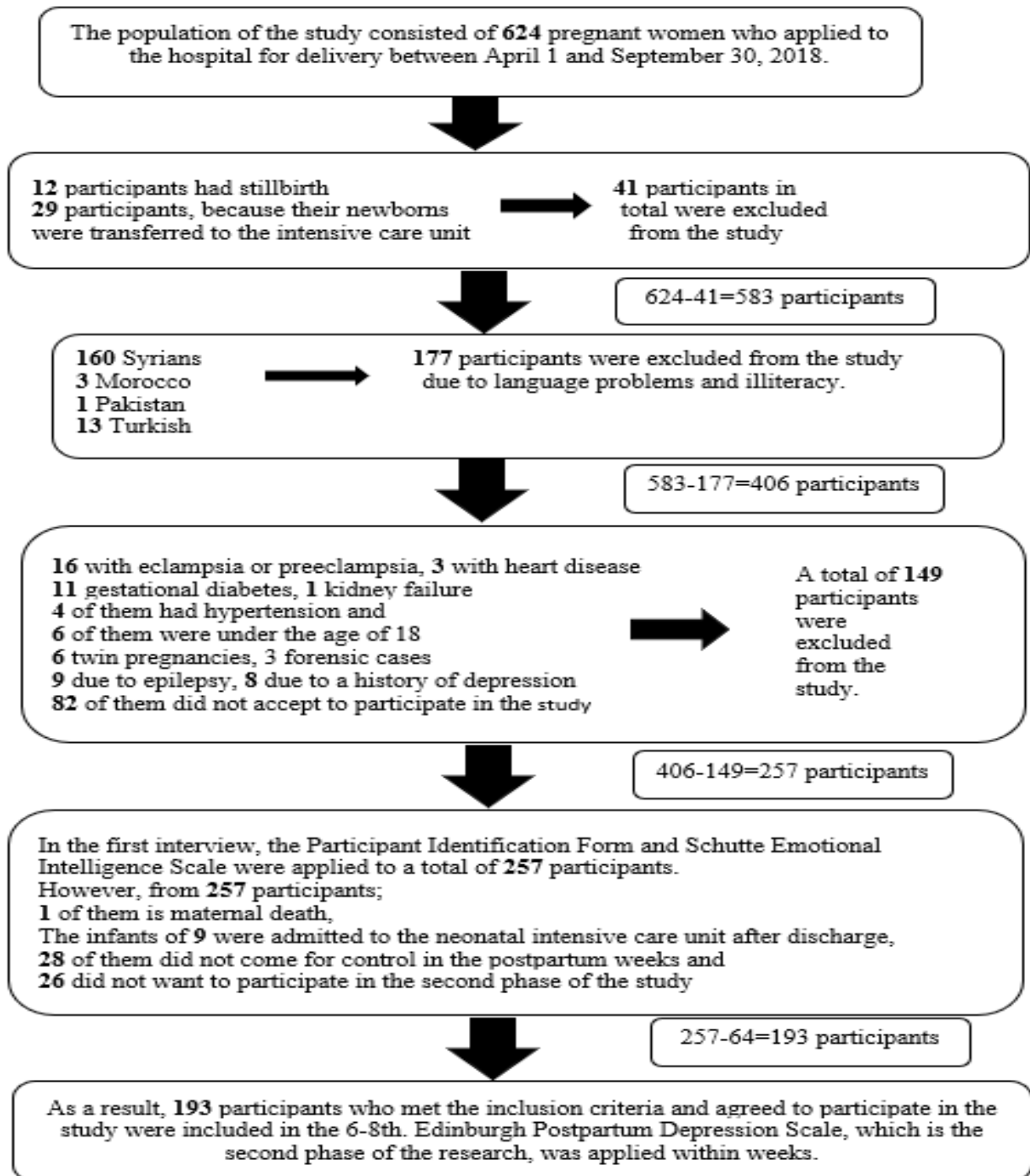


Figure1. Flow Chart of Research Process

3. Results and Discussion

While the average age of the participants is 28.6, the average age of their spouses is 33.4. In addition, it was seen that 54.4% of them lived in the metropolitan city for the longest time, and 32.6% of them lived in any province. 60.1% of the participants stated that their income covers their expenses, while 38.3% stated that their income is less than their expenses. 11.4% of the participants do not have social security. While 58% of the participating women are

primary school graduates, the spouses of 61.7% are also primary school graduates. In addition, 80.8% of the participants are housewives and the spouses of 89.1% are self-employed.

While 2.1% of the participants stated that their spouses provided only physical support during their pregnancy, 6.2% stated that they only provided psychological support, 86.5% stated that their spouses supported them both physically and psychologically. On the other hand, 5.2% stated that their spouses did not support them in any way during their pregnancy. 81.9% of the participants described their spouse's support for them, and 91.7% described their relationship with their spouse as "good". While 95.3% of the participants stated that they were satisfied with their marriage, a high percentage of them described their relationship with their spouse's family and their own family as "good".

While 83.4% of the participants stated that their parents were "protective and protective" towards them, 6.2% of them were "variable and inconsistent", 8.3% were "democratic and concerned" and 1%, Six of them stated that they were "indifferent and negligent" towards themselves. In addition, 86% of the participants consider themselves "adequate" in terms of motherhood.

The mean age of first pregnancy is 22.50 ± 4.9 . 1.6% of the participants had stillbirth, 4.1% had abortion, 26.4% had at least one miscarriage. Participants conceived at most 8 times and gave birth at most 6 times.

While 96.9% of the participants went to check-ups more than 4 times during their pregnancy, 97.9% stated that they gave birth at term. While 38.9% of the participants gave birth normally, 61.1% gave birth by cesarean section. While 25.4% of the participants stated that their pregnancies were not planned, all of them were breastfeeding their babies and 89.1% of them did not attend the pregnancy information classes.

While 3.1% of the participants stated that they had a family history of depression, 2.1% stated that they had had depression before; however, in both cases, people do not use any medication as a result of a diagnosis by the doctor. 11.4% of the participants stated that they are currently experiencing a serious stress in their lives.

Findings Related to Emotional Intelligence and Postpartum Depression Risk

Table 1. Average Values of the Answers to the Questions in the Schutte Emotional Intelligence Scale

		X	SD
EI.37	I make people feel better by helping them when they are sad.	4,20	1,032
EI.21	It's easier for me to deal with problems when I'm in a good mood.	4,12	1,095
EI.30	I compliment people when they do something good.	4,10	0,982
EI.11	I am aware of the emotions I am feeling.	4,06	1,095
EI.27	I am aware of the emotions I feel.	4,01	1,123
EI.38	Being optimistic helps me continue to deal with problems.	3,98	0,960
EI.2	When I encounter a problem, I can remember and overcome similar situations.	3,95	1,098
EI.29	I motivate myself by imagining that I will get good results from the tasks I undertake.	3,93	1,033
EI.5	Other people trust me easily.	3,90	1,145
EI.1	I know when to share my personal problems with others.	3,88	1,234
EI.15	When I feel good feelings, I know how to end it.	3,86	1,121



EI.19	I am aware of nonverbal messages such as body language and facial expressions that I send to others.	3,85	1,051
EI.31	I become aware of non-verbal messages sent by other people.	3,79	1,055
EI.7	Some important events in my life have made me reevaluate what is important and what is unimportant.	3,79	1,259
EI.18	I try to find activities that make me happy.	3,78	1,093
EI.33	Whenever there is a change in my feelings, new ideas come to my mind.	3,74	1,055
EI.16	I can organize events that others may enjoy.	3,60	1,225
EI.36	I can understand how other people are feeling just by looking at them.	3,59	1,087
EI.32	When someone tells me about an important event in their life, it's like I went through the same thing.	3,51	1,271
EI.9	When my mood changes, I see new possibilities.	3,39	1,181
EI.4	I am not affected by my mood when trying to solve a problem.	3,32	1,282
EI.14	I prefer to keep my feelings secret.	3,16	1,435
EI.13	I avoid emotionality as much as possible when trying to solve a problem.	2,98	1,384
EI.10	My emotions have no effect on my quality of life.	2,95	1,345
EI.23	Emotions don't make my job easier when I have to come up with new ideas.	2,91	1,149
EI.34	My emotions have no influence on the way she solves problems.	2,76	1,157
EI.20	I don't care much about the impact I have on others.	2,62	1,193
EI.22	Sometimes I can't get people's facial expressions right.	2,62	1,290
EI.12	I don't usually expect good things to happen.	2,61	1,346
EI.8	Sometimes I can't tell if the person I'm talking to is serious or joking.	2,53	1,350
EI.24	I usually don't know why my feelings change.	2,52	1,225
EI.40	It is difficult for me to understand why people feel good or bad.	2,40	1,200
EI.26	I usually have a hard time controlling my emotions.	2,40	1,327
EI.3	I usually think that when trying something new I will fail.	2,34	1,167
EI.6	I find it difficult to understand other people's non-verbal messages such as body language and facial expressions.	2,28	1,202
EI.28	People tell me it's hard to talk to me.	2,21	1,286
EI.39	I find it difficult to understand how the person is feeling from the tone of her voice.	2,21	1,140
EI.25	Being in a good mood does not help generate new ideas.	2,19	1,121
EI.41	I find it difficult to form close friendships.	2,16	1,329
EI.35	When faced with a challenge, I despair because I believe I will fail.	2,15	1,159
EI.17	I often misunderstand what is going on in social life.	2,04	0,932

The expression in which the participants gave the most positive opinion is the 37th expression “I make people feel better by helping when they are sad (Mean 4.20 and Standard Deviation 1.032)”. The statement with the most negative opinion is the 17th statement “I often misunderstand what is going on in social life (Mean 2.04 and Standard Deviation 0.932)”.

Table 2. Schutte Emotional Intelligence Scale Scores

<i>Emotional Intelligence Scale (EIS) Subscales</i>	Min	Max	X	SD
Optimism	33,00	102,00	79,20	10,84
Evaluation of Emotions	13,00	54,00	30,46	7,99
Use of Emotions	9,00	31,00	20,70	4,63
Emotional Intelligence Total Score	66,00	176,00	130,36	15,03

A three-factor structure was used in the 41-item form of the Schutte Emotional Intelligence Scale. Factors has been defined as optimism, use of emotions and the evaluation of emotions. Participants from Schutte Emotional Intelligence Scale have a minimum score of 66.00 and a maximum; They received 176.00. The total scale score is 130.36±15.03 (Table 2).

Table 3. Edinburgh Postpartum Depression Scale Scores

	Min	Max	X	Average	SD
Edinburgh Postpartum Depression Scale Scores	0	28	1090	5,64	4,82

Participants got a minimum of "0" points and a maximum of "28" points in the Edinburgh Postpartum Depression Scale. While the total scale score of 193 participants was 1090±4.82, the mean scale score was 5.64 (Table 3).

Table 4. Postpartum Depression Risk According to Results Obtained from the Edinburgh Postpartum Depression Scale of Participants

Edinburgh Postpartum Depression Scale Score	n	%
(≥12) At Risk	21	10,88
(<12) Not at Risk	172	89,12
Total	193	100.0

According to the Edinburgh Postpartum Depression Scale Score, 10.88% of the participants were at risk of postpartum depression, while 89.12% were not at risk of postpartum depression (Table 4).

Comparison of Postpartum Depression Risk and Emotional Intelligence Score

Table 5. Comparison of Postpartum Depression Risk and Sub-Factor Scores of Emotional Intelligence

<i>Postpartum Depression Risk</i>	n	X	SD	t	P	
At Risk	21	3,7166	0,48876	-0,518	0,605	p>0.05
Optimism						
Not at Risk	172	3,7785	0,52084			
At Risk	21	2,6777	0,65661	2,680	0,008	p<0.05

Evaluation

of Emotions	Not at Risk	172	2,3028	0,59875			
	At Risk	21	2,9252	0,69637	-0,228	0,820	p>0.05
Use of Emotions	Not at Risk	172	2,9601	0,65934			

As seen in Table 5, the t-test was used in independent groups for the postpartum depression risk status of the participants and the scores obtained from the emotional intelligence scale. As a result of the analysis, a significant difference was found only in the "evaluation of emotions" sub-dimension of the scale in the comparison between the state of being at risk of postpartum depression and the emotional intelligence scale score (t: 2.680-p<0.05).

Comparison of Postpartum Depression Risk Scores and Emotional Intelligence Scores

Table 6. Examination of the Relationship Between the Emotional Intelligence Scale and the Edinburgh Postpartum Depression Scale

		<i>Postpartum Depression</i>	<i>Emotional intelligence</i>	<i>Optimism</i>	<i>Evaluation of Emotions</i>
Postpartum Depression	Pearson Correlation				
	P				
	N				
Emotional intelligence	Pearson Correlation	0,072			
	P	0,321			
	N	193			
Optimism	Pearson Correlation	-0,070	,520**		
	P	0,333	0,000		
	N	193	193		
Evaluation of Emotions	Pearson Correlation	,192**	,603**	-,153*	
	P	0,007	0,000	0,033	
	N	193	193	193	
Use of Emotions	Pearson Correlation	0,005	,827**	,295**	,271**
	P	0,948	0,000	0,000	0,000
	N	193	193	193	193

There is no statistically significant relationship between the risk of postpartum depression and emotional intelligence (p>0.05).

- There is a statistically positive and weak relationship between the risk of postpartum depression and the evaluation of emotions, one of the sub-dimensions of emotional intelligence ($p=0.007<0.05$; Pearson Correlation Coefficient 0.192).
- There is a statistically negative and weak correlation between optimism and evaluation of emotions ($p<0.05$; Pearson Correlation Coefficient -0.153).
- There is a statistically positive and weak relationship between optimism and the use of emotions ($p<0.05$; Pearson Correlation Coefficient 0.295).
- There is a statistically positive and weak relationship between the evaluation of emotions and the use of emotions ($p<0.05$; Pearson Correlation Coefficient 0.271).

According to the data obtained from this research; It was found that there was no statistically significant difference between income level and the risk of postpartum depression. When the findings of previous studies in the literature were examined, studies showing a relationship between income level and the risk of postpartum depression were found (Deveci, 2003; Nur et al., 2004; Gereklioglu et al., 2007; Segre et al., 2007). The reason for this situation may be that the sample of this study stated that the income level generally covers the expenses and the number of those who stated that their expenses were more or less than their income. Therefore, in future studies, in order to determine the postpartum depression risk levels of women from different socioeconomic levels, the postpartum depression risk levels of women who gave birth in hospitals and clinics in high and low income regions should be examined and the differences between them should be revealed.

While there is no statistically significant difference in comparison with the risk of postpartum depression, type of delivery, planned delivery, and expected gender of the baby; A statistically significant difference was found between the relationship with the spouse and the satisfaction with the marriage. Within the scope of social support, especially spousal support is an important factor in terms of postpartum depression. Similarly, lack of spousal support is an important risk factor for depression (Ustgorul & Yanikkerem, 2017).

In this study, it was determined that the risk of postpartum depression decreased as the spousal support increased. In addition, as the relations with the spouse improve, the risk of postpartum depression decreases. There are many studies in the literature that reveal an inverse relationship between spousal support and the risk of postpartum depression (Horowitz et al., 2005; Kara et al., 2013; Yıldırım et al., 2011). Similarly, studies revealing the negative relationship between relationships with spouses and marital satisfaction and the risk of postpartum depression are frequently encountered in the literature (deMontigny et al., 2013; Gawlik et al., 2014; Schumacher et al., 2008). Therefore, the findings obtained from the research support the literature.

In our study, the risk of postpartum depression of the participants was found to be 10,88%. Ceber et al. (2010) found that the risk of postpartum depression was 22.0%, Nur et al. (2004) 28.0%, Battaloglu et al. (2012) 30.6%, in the study of Bingol and Tel (2006) the risk of postpartum depression was found to be 29.9%. When many studies are examined, it has been determined that the prevalence is different. The reason why the results of our research and other studies are so different from each other is; There may be cultural and economic differences as well as differences in sample numbers, dates and regions.

In this study, the overall scale score was 130.36 ± 15.03 , the optimism/mood regulation sub-dimension score was 79.20 ± 10.84 , the score of the use of emotions sub-dimension was 30.46 ± 7.99 and the score of the evaluation of emotions sub-dimension was 20.70 ± 4.63 . In the

descriptive study of Okumus & Ugur (2017) in which 172 nurses examined the effect of emotional intelligence levels on their care behaviors, the overall scale score was 146.30 ± 14.67 , the optimism/mood regulation sub-dimension 45.70 ± 5.09 , the use of emotions sub-dimension 20.45 ± 3.33 and the evaluation of emotions 34.39 ± 5.94 . (Okumus & Ugur, 2017). Tambag et al. (2014) to examine the emotional intelligence levels of nursing students, Schutte emotional intelligence scale total score was 85.41 ± 7.87 , subscale scores were 42.89 ± 6.24 for optimism, 16.17 ± 3.23 for benefiting from emotions, and 26.34 ± 5.06 for expression of emotions (Tambag et al., 2014). The reason why the scale scores of our research are different from other studies is that emotional intelligence is affected by environmental factors and can be trained. The reason for the high emotional intelligence score in our study may be that the participants were women and mothers, so their empathy skills were high and they were active in social life. Tambag et al. (2014) in his study, the reason for the low emotional intelligence scores may be that the students have not yet fully developed their communication skills due to their age and they have not yet taken the courses on human psychology. The reason why the scores of Okumus & Ugur (2017) research are close to our research can be considered as the focus of nursing education on social life.

In this study, in which the relationship between postpartum depression risk and emotional intelligence was examined, a statistically significant difference was found only in the "evaluation of emotions" sub-dimension of the scale in the comparison between postpartum depression risk and emotional intelligence scale score ($t: 2.680$ - $p < 0.05$). This result suggests that individuals feel better with the expression of emotions and anxiety decreases with the increase in communication.

In this study, no statistically significant difference was found between emotional intelligence and the risk of postpartum depression, but a statistically significant difference was found between the evaluation of emotions, one of the sub-dimensions of the scale, and the risk of postpartum depression.

4. Conclusion and Recommendations

Since there is a general relationship between emotional intelligence and mental well-being in the literature, the same study should be repeated with different population samples. As a result of the findings obtained from the research, midwives should be careful about postpartum depression and should receive the necessary training in order not to confuse postpartum sadness with postpartum depression in terms of early diagnosis.

It should be noted that the importance of communication and self-expression are important due to the psychological effects of emotional and affective processes, which are components of emotional intelligence, to be added to the educational content in counseling environments or childbirth preparation classes, especially that the support of spouses and positive marital relations are protective against depression. Encouragement in this regard is also the responsibility of family counselors or midwives, who are the most important group serving this purpose in our country.

Due to the positive effect of satisfaction in marriage and positive spouse relations on postpartum depression, it is important that the person is free in choosing a spouse and that the desired marriages are made.

Although the term emotional intelligence is widely used in social sciences in the literature, it is not very common in the field of health. More studies are needed on different subjects, with different sample patterns and numbers.

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