A Study to Assess the Knowledge Regarding Postnatal Depression among Pregnant Women in a Selected Hospital of New Delhi

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ABSTRACT

Childbirth is a difficult and exhausting process. A female goes through a lot of hormonal, physical, emotional and psychological changes throughout pregnancy. Tremendous changes occur in the mothers familial and interpersonal world. After childbirth a mother can experience varied emotions ranging from joy and pleasure to sadness and crying bouts. Postnatal depression is a global childbirth-related problem that affects many women and if ignored can have long-term adverse consequences, for both mother and child [2]. Postnatal depression refers to as a non-psychotic depressive episode that begins within the first 4 weeks of postnatal period [3]. (*WHO, 2018*). Postnatal depression is as one of the world's increasing epidemics, and affects approximately 11-42% of postnatal women globally. This shows that Postnatal depression is a major public health concern for childbearing women (Beck, 1993)[4] We aimed to assess the knowledge of pregnant women regarding postnatal depression moreover we examined the association between the knowledge regarding postnatal depression and the demographic variables. A quantitative research approach was used where the Antenatal mother's both Primigravida and Multi-gravida attending Antenatal OPD were selected using convenient sampling technique. A structured questionnaire was used to assess the knowledge regarding postnatal depression among pregnant women. The tool was validated by 9 experts from the field of Obstetrics and Gynaecology Department and Mental Health Department. The reliability of the structured questionnaire was established using Cronbach's Alpha Formula which was 0.87. The data gathered was analysed and interpreted using descriptive and inferential statistics. The study showed that the majority of antenatal mother's (55%) had average knowledge, whereas (4%) of mothers had good knowledge and (41%) of mothers had poor knowledge regarding postnatal depression. There is no significance of association of knowledge regarding postnatal depression with socio demographic variables as the Chi- Square value was less than the Critical value at 0.05 level of significance. The Main aim of the study was to assess the knowledge regarding Postnatal Depression among Antenatal mothers attending Antenatal OPD. Majority of the mothers had average knowledge about Postnatal Depression.

INTRODUCTION

Nothing can fully prepare a woman for the changes that occur following childbirth. The birth of a baby can start a variety of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect - "depression". The postnatal period is recognized as a high-risk period for the development of various mood disorders. Postnatal period is a critical time that requires adjustments not only for mothers but also for fathers and may pose risk for depression. Postnatal depression is an important health problem which influences well-being, quality and security of life and may cause more serious problems than major depression occurring in normal life periods. It has an adverse influence on self-esteem, skills, child care, familial responsibility and roles of the mother many women and if ignored can have long-term adverse consequences, for both mother and child. Postnatal depression is not a character flaw or a weakness. Postnatal depression can affect people of all gender and sexual identities and all types of parents and their partners, be they be by birth, surrogate or adoptive.[5] Depressive disorders rank among the leading causes of disability worldwide (WHO, 2010). Postnatal depression is known as one of the world's increasing illnesses and is a major public health concern for childbearing women. Globally, postnatal depression is a serious public health

problem that has a negative impact on the mother's health and child development, especially in developing countries. (6) According to the ICD-10, Postnatal Depression is a mild mental and behavioural disorder beginning within the first 6 weeks of delivery. It is the most common complication of childbearing affecting approximately 10-20% of all mothers. There is also a 30-45% risk of relapse in subsequent pregnancies.[7] If postnatal depression is to be prevented by clinical or public health intervention, its symptoms and risk factors need to be reliably identified. If a woman is not treated for postnatal depression consequences can be marital tension and vulnerability to recurrent psychiatric illness and in some cases suicide *(Bell and Mahony,2005)* [12] Both biological (sex and stress hormones, thyroid hormones) and psychosocial factors take part in development of postnatal depression. Positive personal medical history for psychiatric illness, low level of social support and domestic violence during pregnancy or after delivery are the major risk factors for development of postnatal depression. Active screening and following treatment based on cooperation between gynecologyobstetrics and psychiatry is the major method of postnatal depression prevention. *{J hanka,2018}* [13]

REVIEW OF LITERATURE

Jessica Grech P et al. (2022)[27] conducted a study on 487 pregnant ladies to assess pregnant women's awareness, knowledge, and attitudes about perinatal depression. A mixed-method, cross-sectional survey design was adopted. The established Perinatal Depression Monitor Questionnaire was adapted for use amongst the local population. Pregnant women attending their antenatal booking appointment Descriptive data was generated, and a multivariate linear regression model was used to evaluate the relative influence of the socio demographic variables on attitudes and beliefs towards postpartum. out of 487 distributed questionnaires, 404 questionnaires were returned. The results of the study showed that awareness of postpartum depression appeared to be high, there was limited understanding of the term postpartum depression. The sample was generally knowledgeable on the core signs and symptoms of postpartum depression. First help-seeking intentions generally revolved around family and friends. Attitudes towards postpartum depression and relevant screening measures were generally positive. Education, parity, gestational age, and marital status were identified as the main predictors of attitudes towards postpartum depression.
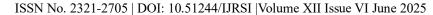
Mirsalimi F et al. (2020)[28] conducted a study on 692 perinatal women to assess postpartum depression literacy scale (PoDLiS) development and psychometric properties using a questionnaire method. This study aimed to develop a specific measure for assessing postpartum depression literacy and consequently evaluate its psychometric properties among a sample of perinatal women. The investigation was composed of two studies: developing the measure, and evaluating psychometric properties of the developed questionnaire methods. The results of the study showed that 42.1% of respondents said that psychologists were their first source of seeking help if they would suffer from postpartum depression followed by friends and family members in second place. Also, 27.2% of respondents said that the Internet was their first source of seeking information followed by psychologists in second place. The results of an Australian study found that general physicians were the primary source of seeking help and information for the presented vignette.

Elmira M et al. (2020)[20] conducted a study to assess nurses' knowledge on postpartum depression among 212 practicing midwives and nurses from the public association. The original questionnaire consisted of 20 items with several answers. The purpose of the study was to examine the knowledge of nurses and midwives about postpartum depression to develop quality postpartum care among nurses and midwives in Kazakhstan. Research objectives: To examine the knowledge of nurses and midwives about the prevalence, assessment, and treatment of postpartum depression, develop recommendations for the development of quality mental health care in the perinatal period. In this study, questionnaire was made using digital platform; this reduces the time and cost required for data processing the associated with printing and distributing paper questionnaires. The results of study showed that there are gaps in the knowledge of midwives and nurses in Kazakhstan regarding the prevalence, assessment, and treatment of depressive conditions in the prenatal and postpartum periods.

METHODOLOGY

Research Approach: Quantitative research approach

Research Design: Descriptive study design

Target population: Pregnant woman attending antenatal OPD

Sample size: 100 pregnant women

Sampling technique: convenient Sampling.

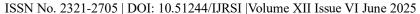**Research setting:** Selected Government Hospital, New Delhi.

Sociodemographic variables: age, education, residence, occupation, religion, dietary habits, monthly income, number of times conceived, and complications during present pregnancy and previous knowledge regarding postnatal depression.

Analysis and Interpretation

Findings related to frequency and percentage distribution of socio demographic variables of antenatal mothers regarding postnatal depression.

S. NO.	SOCIO DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
1.	**AGE** 20-25	52	52%
	26-30	42	42%
	31-35	5	5%
	36 or above	1	1%
2	**EDUCATION**		
	No formal education	16	16%
	Matric	29	29%
	c) 10+2	29	29%
	Graduate and postgraduate	26	26%
3.	**RESIDENCE**		
	Urban	87	87%
	b) rural	13	13%
4.	**OCCUPATION**		
	Housewife	93	93%
	b) Service	2	2%
	c) Self employed	4	4%
	Others	1	1%
5.	**RELIGION**		
	a) Hinduism	61	61%
	b) Islamism	38	38%
	c) Christianity	1	1%
	Others	0	0%
6.	**DIETARY HABITS**		
	a) Vegetarian	45	45%
	Non vegetarian	55	55%
7.	**MONTHLY INCOME (IN RUPEE)**		
	a) <10,000	32	32%
	b) 10,001-20,000	49	49%
	c) 20,001-50,000	18	18%
	>50,001	1	1%
8.	**NUMBER OF TIMES CONCEIVED EARLIER**		
	a) Nil	10	10%
	b) One	39	39%
	c) Two	18	18%
	Three or more	1	1%

9.	ANY COMPLICATION DURING PRESENT PREGNANCY a) No Yes	94 6	94% 6%
10.	PREVIOUS KNOWLEDGE a) Yes No	22 78	22% 78%

The table 1 depicting the distribution of antenatal mothers of their age, in which out of 100 samples, 52 (52%) were from the age group of 20-25 years, 42 (42%) were from the age group of 26-30 years, 5 (5%) were from 31-35 years whereas 1 (1%) were from 36 or above. The majority of the samples (52%) were from 20-25 years of age. In respect to education of antenatal mothers, in which matric samples are 29 (29%), 10+2 are 29 (29%), followed by 26 (26%) were graduate and postgraduate then least 16 (16%) were found to be with no formal education. Majority of the samples were with education of matric and 10+ 2 (29%). The Majority of the samples 87 (87%) were from the urban area and 13 (13%) samples were from rural area. The occupation of antenatal mothers was found to be 93 (93%) were housewife, service as occupation found in 2 (2%), self-employed antenatal mothers were 4 (4%) and others had least samples 1 (1%). In respect to religion, the majority of the samples 61 (61%) were Hindu, 38 (38%) were from Islam religion, 1 (1%) are from Christianity and others were 0 (0%). The Majority of the samples with dietary habits, (55%) were non-vegetarian and 45 (45%) were vegetarian. The Majority of the samples (49%) had monthly income between Rs. 10,001- 20,000, (32%) had monthly income of <10,000, (18%) samples had 20,001-50,000 and least were (1%) had >50,001 monthly income. The Majority of the samples (39%) were one time conceived, (10%) were conceived for the first time, (18%) conceived two times and (1%) conceived three or more times. The Majority of the samples (94%) had no complications during pregnancy and (6%) had complications during present pregnancy. Majority of the samples (78%) had no previous knowledge regarding postnatal depression and only (22%) had previous knowledge regarding postnatal depression. There is no significance of association of knowledge regarding Post-natal Depression with socio demographic variables (age, education residence, occupation, religion, dietary habits, monthly income, number of times conceived, complications during present pregnancy and previous knowledge regarding postnatal depression), the Chi – Square value was less than the Critical 0.05 level of significance.

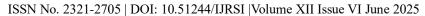Findings related to knowledge score among antenatal mothers attending antenatal OPD regarding post natal depression

N= 100

CATEGORIES OF KNOWLEDGE SCORE	POSSIBLE RANGE SCORE OF KNOWLEDGE	OBSERVED RANGE SCORE OF KNOWLEDGE	FREQUENCY	PERCENTAGE	MEAN
POOR KNOWLEDGE	0-10	4-10	41	41%	
AVERAGE KNOWLEDGE	11-20	11-20	55	55%	12.30
GOOD KNOWLEDGE	21-30	21-23	4	4%	

Table 2: Depicts the categories of knowledge score of antenatal mothers regarding postnatal depression, the possible range of score was from category 0-10 (poor knowledge), 11-20 (average knowledge), 21-30 (good knowledge) and the observed range was from 4-10 (poor knowledge), 11-20 (average knowledge), 21-23 (good knowledge). The mean of knowledge score was **12.30.**

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