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Awareness Regarding Postpartum Depression amongst the Antenatal Patients of Gynae Wards of Allied Hospitals

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Introduction

Postpartum depression is a common mental health problem affecting 13 to 19% of the women after delivery [1]. It has significant risk on the psychological development to the children born to the affected mothers.[2] According to the international classification of diseases postpartum depression is defined as the one occurring within first six week after delivery [3]. The classification in DSM-5 states the depression having peripartum onset begins during pregnancy or within the first four weeks after giving birth[4]. The presentation of postpartum depression is identical to depression at different times in a woman's life; it may vary in some areas due to physiological changes in the period after birth.[5]Postpartum depression varies from "baby blues, as the latter is a briefer time of psychological disturbance experienced by the women within the initial few days after delivery and subsides within a span of 10 days.[1, 6] Women with postpartum depression experience symptoms such as disturbances in their appetite, sleep and energy.[7] They may also present with the symptoms of greater severity such as anxiety, insecurity, emotional liability, mental confusion and suicidal thoughts.[8]

South Asia has one of the highest rates of perinatal depression in the world. Lack of human resources in the existing health system is a challenge in deliverance of effective treatment for perinatal depression.[9] Post pregnancy depression is prevalent among women in Pakistan, with a rate going from 28 percent to 63 percent, setting it among the most elevated in Asia.[10] The community awareness regarding postpartum depression in Canada was observed to be 90.1% whereas the data regarding awareness is significantly insufficient in developing and underdeveloped countries.11, 12Community awareness is required to provide better care and treatment for the women suffering from postpartum depression11. This study aims to evaluate the level of Awareness Regarding Postpartum Depression amongst the Admissions of Gynae Wards of Allied Hospitals in Rawalpindi. It aims to reflect the need of community education to help deliver effective treatment to the sufferers of postpartum depression.

Methods

Descriptive cross sectional study was carried out from 20th September 2019, 20th November 2019 in gynecology wards of two tertiary care hospitals of Rawalpindi, Punjab, Pakistan (Holy Family Hospital and Benazir Bhutto

Hospital, Rawalpindi). Convenient Sampling technique was used to collect data using questionnaire. The calculated sample size was 99. A larger proportion of 61 were selected from Holy Family because of the hospital entertaining larger number of patients and the rest of 38 were selected from Benazir Bhutto Hospital. Pilot investigation was done on a total of 5 percent population to examine the acceptability of designed questionnaire on 15th September 2019, prior to conduction of main study. Questionnaire was designed relying on the main objectives of the study. Symptoms of postpartum depression were cited from Edinburgh Postnatal Depression Scale (EPDS).Questionnaire was divided into four main sections, first one based on socio demographics such as age, residence, parity, income, education and occupation. Second section was based on awareness regarding postpartum depression and its symptoms. Third section was based on questions towards sufferers of postpartum depression from amongst the uni/multiparous population of women and the last section was an additional question inquiring about the medium that the participating population considered better for effective way of spreading community awareness regarding postpartum depression. The structured questionnaire was completed as a face to face interview to facilitate better understanding and participation, the knowledge was assessed based majorly on yes or no answers.

Data AnalysisData was analyzed by using SPSS 20.0. Descriptive statistics were used to explain the background profile of the participants. Chi Square test was applied to see the association between socio-demographic variables and general awareness regarding postpartum depression and its symptoms, phi test was used to determine the strength of that association.Ninety nine women were interviewed using the questionnaire. All women were married. 30.3 % women who participated were 21-25 year old, 44.4 % were 26-30 year old, 20.2% were aged 31-35 year and only 5.1 % women were between the ages of 36-40. Amongst the participants 54.5 % resided in urban areas and the rest of 45.5 % in rural areas. 40.4 % of the respondents werenon-educated, 32.3% studied till primary level, 15.2% had completed education till high school and12.1% were graduates; of these respondents, 96% were housewives and the rest of 3 % were working women. 37.4% of the respondents belonged to stratum of income less than 10,000Pakistani Rupees per month, 58.6% belonged to the group earning 10,000-50,000 PKR per month and the rest of 4% belonged to the stratum earning greater than 50,000 PKR per month. Of all the respondents 26.3% were Nulliparous, 22.2% were Uniparous and 51% were multiparous (Table I).Of all the respondents 36% responded that they were familiar with the term postpartum depression while 63% responded as not being familiar with the term postpartum depression. Upon inquiry of the responded being familiar with the symptoms 53% responded in yes and the rest of46% responded as not being aware. 25% of the aware participants had relative or a friend as their source of information, 23% had personal experience, 2% had print/electronic media, and 2% had healthcare professionals / paramedics as their source of information. 57% of the participants responded as yes upon asking if postpartum depression could effectively be treated whereas 42% said it could not be treated effectively. 43% participants said it would resolve spontaneously iftreatment is not sought, 37% responded it would become chronic depressive disorder and 19% said it would complicate in case if not treated. 22% of the respondents think it could affect males as well whereas 77% said it could not affect males. Of all the respondents 82% said it could affect the health of the child whose mother is affected and 17% responded as postpartum depression not affecting the health of the child whose mother is affected by postpartum depression. 28% respondents said it could

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be genetic whereas the rest of 71% respondents responded as postpartum depression not having any genetic association (Section A).Upon inquiring women with one or more children 27% said they experienced one or more symptoms associated with postpartum depression out of which 23% sought no treatment, 3% took medical consultation and only 1% went for psychiatric consultation for the symptoms (Section B).43% of the participants responded that television is the most convenient method of public education, 6% respondents said print media, 7% responded as seminars being most convenient for public education and 43% responded that individual counseling by healthcare professionals/LHW/LHV is the most effective means of making public aware about health issues (Section C).Written informed consent was taken from the participants to ensure that the data will be used for the purpose of research only. Permission was taken from the ethical review board of both hospitals.

Result

In this study chi square test was applied to determine association between socio-demographic variables and awareness regarding postpartum depression (Have you heard about the term postpartum depression, are you familiar with the symptoms of postpartum depression). The analysis showed that there is significant association present between age and awareness regarding post-partum depression.Chi-square result showed that, age and the awareness regarding postpartum depression are significantly associated (x2= 10.686, df= 2, N=99, p= .0073, phi= .315). Phi shows the strength of association of two variables. Result regarding Have you ever heard about depression and residency showed no significant association (x2= 3.352, df= 1, p-value= .0671, phi= .184) Education is not significantly associated with awareness regarding postpartum depression (x2= .615, df=3, p-value= .8929, phi= .079) [Section A].There is significant association found between parity and are you familiar with the symptoms of postpartum depression (x2= 9.821, df=2, p-value= .00736, phi= .315) whereas there is no association between occupation and symptoms of postpartum depression (x2= .508, df=1, p-value= .47600, phi=.072). Similarly, education has no association with the awareness regarding symptoms of postpartum depression. (x2= 1.437, df=3, p-value=.6989, phi= .120) [Section B]However in case of source of information regarding postpartum depression and residency there is no association found (x2= 9.741, df=5, p-value= 0.829, phi= .314). There is no association between income and source of information regarding postpartum depression (x2= 6.821, df=10, p-value= .7423, phi= .262). Likely, source of information regarding postpartum depression and education has no association (x2= 16.168, df= 15, p-value= .3383, phi= .404) [Section C]

Discussion

In the current study the majority of participants 63% reported that they were not aware of the term post-partum depression whereas only 36% women were aware of this term. However there is no significant association of socioeconomic demographic factors with the awareness of postpartum depression except parity. A study conducted in 2009 by Patricia A. Sealy, Julie Fraser at el has stated that awareness of postpartum depression does not mean to indicate the awareness regarding symptoms of postpartum depression. The real struggle is to educate the public by a health care professional and properly address the women and her families to get treatment if a woman is having postpartum depression 11. Another study conducted in 2016 by Laura Orsolini1 at el has reported that pregnant women used to have more suicidal thoughts and depression than a non-pregnant woman. The prevalence of depression is usually higher during pregnancy than post-partum period. Moreover, women with current or previous illness have a higher rate of depression 13. The

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current study results have also identified that parity and depression have positive relation with each other. Literature has reported that psychosocial and cultural factors in prevalent areas have association with postpartum depression. Another study has showed that majority of the women were not aware of the symptoms of the post-partum depression. Whereas there are many women who do not have positive social support network to help support them through this mental illness. To avoid the identification and recognition of postpartum depression many women compromise their health and do not seek any treatment. Many women have weak support system and the elder ladies of the home treat them typically which has also become a barrier for women to get treatment by health care professional. A woman with positive and emotional support is more prone to seek treatment and come out of the depression phase as early as possible13. Thus public health units and health care professionals must provide the care to the antenatal women and educate them regarding postpartum depression. They should provide proper information of the symptoms of postpartum depression, highlight the myths and misconceptions and give access to women of different source of information as well as address them the role and importance of socialsupport system. For primary prevention, women are supposed to encourage sharing that information with the people who are close to them.

Limitations of the study

Large sample was not taken due to financial constraints and lack of time allocated for the research so the findings cannot be generalized to the general population. However, this study gave insight about the awareness and knowledge of postpartum depression amongst the women and it highlights the need a focus on community based research assessing the awareness regarding postpartum depression.

Conclusion

The study concludes that majority of women are not well aware of the term postpartum depression. And the awareness of postpartum depression is very weak in Pakistan. However, perinatal women and their close ones are at risk, due to lack of awareness and incapability to identify the symptoms of postpartum depression and for its treatment. Therefore due to lack of awareness, the surrounding community unintentionally may cause barriers by normalizing the present symptoms through applying early interventions at home and preventing medical treatment. Primary care givers, health care professionals, nursing staff and public health community staff may educate the perinatal women, eliminate the myths and reduce stigma.

Socio-demographic characteristics of women (N=99)

Variables	Frequency (n)	Percentage %
Age (in years)		
21-25	30	30.3
26-30	44	44.4
31-35	20	20.2
36-40	5	5.1
Residence		
Urban	54	54.5
Rural	45	45.5
Education		
Non-Educated	40	40.4
Primary	32	32.3
High School	15	15.2
Graduate	12	12.1
Occupation		
Housewife	96	97
Working Woman	3	3
Monthly Income		
<Rs. 10,000 PKR	37	37.4
Rs. 10,000-50,000	58	58.6
>Rs. 50,000	4	4
Number of		
Nulliparous	26	26.3
Uniparous	22	22.2
Multiparous	51	51.5

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Section A

1. Have you ever heard of the word Postpartum Depression?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	36	36.4	36.4	36.4
No	63	63.6	63.6	100.0
Total	99	100.0	100.0	

2. Are you familiar with the symptoms of postpartum depression such as disturbances in appetite, sleep and energy, anxiety, insecurity, emotional liability, mental confusion and/or suicidal thoughts?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	53	53.5	53.5	53.5
No	46	46.5	46.5	100.0
Total	99	100.0	100.0	

3. If yes, what is the source of your information regarding postpartum depression?

	Frequen	Percent	Valid Percent	Cumulativ
Not Applicable	46	46.5	46.5	46.5
Print/Electronic	2	2.0	2.0	48.5
Media Healthcare Professionals/Paramedics	2	2.0	2.0	50.5
Relative/Friend				
Personal Experience	25	25.3	25.3	75.8
Any Other	23	23.2	23.2	99.0
Total	1	1.0	1.0	100.0
	99	100.0	100.0	

4. Do you think that the postpartum depression could be treated effectively?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	57	57.6	57.6	57.6
No	42	42.4	42.4	100.0
Total	99	100.0	100.0	

5. According to you what could be the possible outcome if treatment is not sought?

	Frequency	Percent	Valid Percent	Cumulative Percent
Resolve Spontaneously	43	43.4	43.4	43.4
Becomes chronic depressive disorder	37	37.4	37.4	80.8
	19	19.2	19.2	100.0
	99	100.0	100.0	

6. Do you think postpartum depression could affect males as well?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	22	22.2	22.2	22.2
No	77	77.8	77.8	100.0
	99	100.0	100.0	

7. Do you think postpartum depression can affect the health of your child?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	82	82.8	82.8	82.8
No	17	17.2	17.2	100.0
	99	100.0	100.0	

8. Could postpartum depression be genetic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	28	28.3	28.3	28.3
No	71	71.7	71.7	100.0
	99	100.0	100.0	

Section B (only to be filled by uniparous/multiparous women)

1. After delivery did you experience symptoms like disturbance in appetite, sleep and energy, anxiety, insecurity, emotional liability, mental confusion and/or suicidal thoughts?

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	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	27	27.3	27.3	27.3
No	47	47.5	47.5	74.7
NA	25	25.3	25.3	100.0
Total	99	100.0	100.0	

2. If yes what treatment you sought for it?

	Frequency	Percent	Valid Percent	Cumulative Percent
Medical Consultation	3	3.0	3.0	3.0
Psychiatric Consultation	1	1.0	1.0	4.0
No treatment	23	23.2	23.2	27.3
NA	72	72.7	72.7	100.0
Total	99	100.0	100.0	

Section C

1. According to you what is the most convenient method for public education?

	Frequency	Percent	Valid Percent	Cumulative Percent
Television	43	43.4	43.4	43.4
Print Media	6	6.1	6.1	49.5
Seminars	7	7.1	7.1	56.6
Individual Counselling Total	43	43.4	43.4	100.0
	99	100.0	100.0	

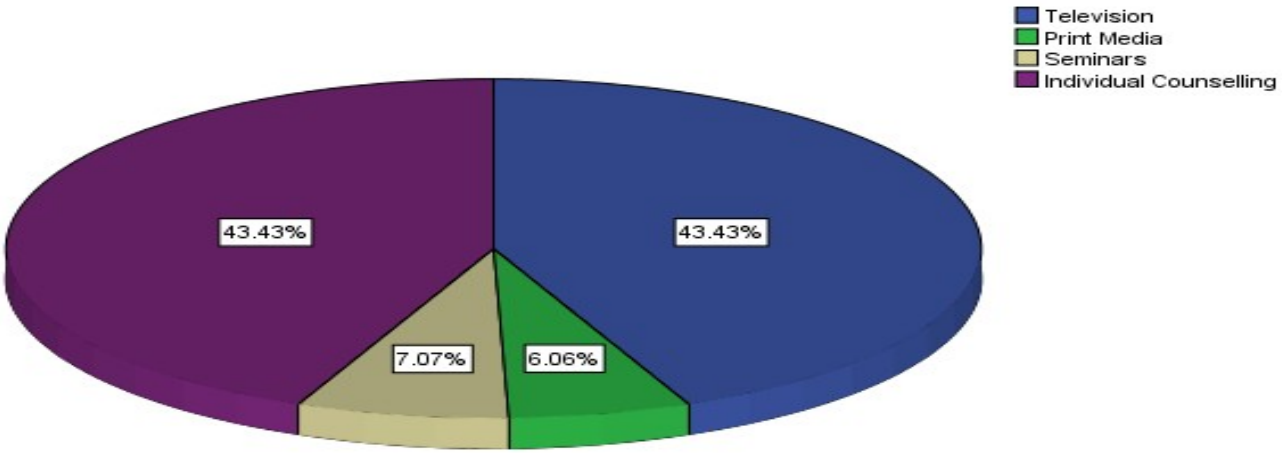

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Table: Association of socio-demographics with awareness of PPD and its symptoms

Types of variable	Chi square	Df	P value	Phi
Section A				
Age x have you ever heard the term PPD?	9.821	2	.00736	.315
Residence x have you ever heard the term PPD?	1.437	3	.69699	.120
Education x have you ever heard the term PPD?	.508	1	.47600	.072
Section B				
Parity x are you familiar with the symptoms of PPD?	10.686	3	.0135	.329
Education x are you familiar with the symptoms of PPD?	3.352	1	.06711	.184
Occupation x are	.615	3	.8929	.079
you familiar with				
Section C				
Residence x source of information?	9.741	5	.0829	.314
Income x source of information?	6.821	10	.7422	.262
Education x source of information?	16.168	15	.3383	.404

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