IDC INTERNATIONAL JOURNAL

International Online Peer- Reviewed, Referred, Indexed Journal *May - July 2024* Volume: 11 Issue: 3

ASSOCIATION OF KNOWLEDGE SCORE WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON POSTPARTUM PSYCHIATRIC DISORDERS AMONG ANM STUDENTS IN SELECTED ANM SCHOOLS AT KARNATAKA STATE

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DOI: http://doi.org/10.47211/idcij.2024.v11i03.005

ABSTRACT

Depression is common and costly, particularly for women in their childbearing years. The World Health Organization has identified major depression as the fourth leading cause of burden among all diseases, and the leading cause of years lived with disability. The quasi-experimental one-group pre-test and post-test design without a control group were used to assess the effectiveness of the planned teaching programme on the knowledge of ANM Students about postpartum psychiatric disorders. In this study, the pre-test and post-test were carried out to assess the knowledge of ANM Students about postpartum psychiatric disorders. The study was conducted in selected ANM school of Dharwad district and students were selected by the Convenient sampling technique. The target population of the present study consists of all ANM school students at Dharwad district. The sample for the present study composed of 100 ANM Students at Dharwad district. In this study Convenient sampling technique entitles the conscious selection by the researcher of certain subjects or elements to include in the study.

Key Words: *Depression, socio demographic variables, ANM students.*

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OPEN ACCESS
International Online Peer- Reviewed, Referred, Indexed Journal *May - July 2024* Volume: 11 Issue: 3

INTRODUCTION

The postpartum psychiatric disorders are prevalent among the postnatal mothers. Nurses are the workers, whose main responsibility is to provide safe and effective care within constantly evolving health care systems, also should be alert for the signs of postpartum psychiatric disorders and be prepared to help, promote attachment between mother and baby, referral of the mother and the family for support services and counseling, and assisting the family in prioritizing and performing necessary family functions. The nurse can help the mother acknowledgeher new staff and new role and to maintain support maternal role and bonding. To provide optimum care to postnatal mothers, the nurse should have adequate knowledge in post natal mental health and its management. (McConachie S, Whitford H,2009)

Postpartum depression is a traumatic event that can have lasting effects on a woman's confidence in herself as a mother and on her infant's social, emotional and cognitive development. (Glory Suramanjary,2009)

Infants as young as three months of age can detect the affective quality displayed by their mothers and modify their affective displays in response to it

Cognitive skills expressive language development and attention have been adversely affected by maternal depression. These findings emphasize the importance of early detection and treatment of Postpartum Maternal Depression (PMD) by family physicians or Nurses, who are well able to interveneon behalf of women and their infants.

Studies looking for biochemical associates with postpartum depression such as thyroid antibodies are interesting but seem to identify only a small group of women who will develop postpartum depression. Estrogen and progesterone fluctuations have not been shown to predict or follow postpartum depression. Recent studies investigating a broader spectrum of hormones seem promising, but are unlikely to provide clinically useful biochemical screening or prediction tools for many years. Whether postpartum depression is a separate type of depression or simply an important time to identify depression in women may be of little practical importance.

To overcome these significant impediments to the identification of PMD, family physicians should develop formal mechanisms for identifying symptoms of depression in postpartum patients. Such mechanisms include distinguishing PMD from other, similar disorders, identifying patients who are at risk, instituting formal screening and providing educational materials on the disorder In the Department of Health's Confidential Enquiry into Maternal and Child Health (2004), deaths from psychiatric causes are reported to be the most common cause of maternal death overall. Midwives are in a prime position to inform women regarding this issue. This paper explores the lack of client understanding of postnatal depression through a small, personal exploratory study of a community midwife's routine postnatal visits. Women need encouragement to question what they do not understand. Importantly, midwives need to inform women of the risks of PND associated with disturbed sleep, lack of sleep, poor quality of sleep and poor appetite. It does not take long. Quick, direct questioning could ascertain a woman understands of PND.

REVIEW OF LITERATURE

Li Q, Yang S, Xie M, Wu X, Huang L, Ruan W, Liu Y,2020 conducted a study on Impact of some social and clinical factors on the development of postpartum depression in Chinese women. Results: A total of 90 (17.3%) participants were identified with significant PPD symptoms, and the following factors were observed more frequently in women with significant PPD symptoms (PPD^+) than with fewer symptoms (PPD^-): intensive involvement of parents-in-law in a participant's life (living together with her, taking care of her, or discriminating against a female baby), lack of support from husband, cesarean delivery, and breast milk insufficiency (supplemented with formula). After multiple logistic regression analyses, parents-in-law's preference for a baby boy while devaluing a baby girl, dissatisfaction with husband's support, cesarean delivery, and mixed feeding were strongly associated with significant PPD symptoms.

Shraddha Lanjewar et al 2021 conducted a study on Depressed Motherhood: Prevalence and Covariates of Maternal Postpartum Depression among Urban Mothers in India. Results: Of the 240 mothers surveyed, 63 (26.3%) mothers scored ≥13 on EPDS and thus, were categorized as depressed. A strong statistical association was found between social support with postpartum depression (AOR:3.037; 95% CI:1.486-6.208) and unadjusted models (UOR: 2.269; 95% CI:1.056-4.87), partner support (AOR:4.979;95%CI:1.348-18.388) and attention shift from mother to baby with PPD (Both adjusted to AOR:2.618; 95%CI:1.441-4.858; and unadjusted UOR: 2.373;

95%CI:1.072-5.254). However, no significant association was found between socio-demographic variables and postpartum depression.

The prevalence and incidence of postpartum depression vary across culture, region and communities, with very few studies having addressed the issue, thereby making it difficult to estimate the actual burden of the disease. The present study was undertaken to estimate the incidence and prevalence of postpartum depression in a rural community of India. A cohort of 200 pregnant women were interviewed in the third trimester of pregnancy and subsequently at 6 weeks postpartum to screen for presence and severity of depressive symptoms using BDI, ICD10 and EPDS scores. A cutoff score > 13 was considered as positive for depression in EPDS. The prevalence of PPD was 12% and incidence of PPD 4.4%. (Shrestha N,PHazrah,RSagar,2017)

Fossey et al,1997 showed that severe maternity blues present at 5 days postpartum was also present at 8 months postpartum. They hypothesized that having a severe case of the 'maternity blues' may be a predictor, i.e., risk factor, for postpartum depression.

RESEARCH METHODOLOGY

The quasi-experimental one-group pre-test and post-test design without a control group were used to assess the effectiveness of the planned teaching programme on the knowledge of ANM Students about postpartum psychiatric disorders. In this study, the pre-test and post-test were carried out to assess the knowledge of ANM Students about postpartum psychiatric disorders. The study was conducted in selected ANM school of Dharwad district and students were selected by the Convenient sampling technique. The target population of the present study consists of all ANM school students at Dharwad district. The sample for the present study composed of 100 ANM Students at Dharwad district. In this study Convenient sampling technique entitles the conscious selection by the researcher of certain subjects or elements to include in the study.

DATA ANALYSIS AND INTERPRETATION

Identification of an association between the pre test knowledge scores and selected variables

Table-1 **n=100**

Factors	Pretest knowledge levels						Total	Chi-square	p-value	inference
	Inadequate level	%	Moderate level	%	dequate level	%				
Age groups										
16-20yrs	38	100.00	0	0.00	0	0.00	38			
21-25yrs	60	96.77	2	3.23	0	0.0	62	0.6254	>0.4291	**NS**
Religions										
Hindu	76	97.44	2	2.56	0	0.00	79			
Non-Hindu	22	100.00	0	0.00	0	0.00	22	0.2884	>0.5920	**NS**
Marital Status										
Single	66	100.00	0	0.00	0	0.00	66			
Married/others	32	94.12	2	5.88	0	0	34	0.1161	>0.7330	**NS**
Educational status										
P.U.C	58	100.00	0	0.00	0	0.00	58			
Diploma	22	100.00	0	0.00	0	0.00	22	4.0816	0.1299	
Degree	18	90.00	2	10.00	0	0.00	20			**NS**
Type of delivery assisted the most										
Vaginaldelivery	60	96.77	2	3.23	0	0.00	62			
Forceps delivery	20	100.00	0	0.00	0	0.00	20	0.6254	0.7315	
Vacuum extraction	18	100.00	0	0.00	0	0.00	18			**NS**
Handled any PPD cases during clinical posting										
Yes	84	97.67	2	2.33	0	0.00	86			
No	14	100.00	0	0.00	0	0.00	1	0.1661	0.6836	**NS**

Undergone any additional education programme										
No	82	97.62	2	2.38	0	0.00	84	0.1944	0.6593	
Yes	16	100.00	0	0.00	0	0.00	16			
Total	98	98.00	2	2.00	0	0.00	100			**NS**

<0.05*

- **NS-Nothing significant**

Table-depicts that the obtained chi square values were age (x^2=0.6254),Marital status (x^2=0.1161),Religion (x^2=0.2884), Educational status (x^2=4.0816), Type of delivery assisted the most(x^2=0.6254),have you handled any postpartum psychiatric cases during your clinical posting (x^2=0.1661), have you undergone any additional education programme regarding management of postpartum psychiatric patients (x^2=0.1944). There was no significant association between the pre-test knowledge and demographic variables.

Identification of an association between the post test knowledge scores and selected variables.

Table-2 **n=50**

Factors	**Posttest knowledge levels**						**Total**	**Chi-square**	**p-value**	**Inference**
	Inadequate level	**%**	**Moderate level**	**%**	**Adequate level**	**%**				
Age groups										
16-20yrs	0	0.00	8	21.05	30	78.95	38	9.0386	0.0109*	
21-25yrs	2	3.23	38	61.29	22	35.48	62			**S***
Religions										
Hindu	2	2.56	38	48.72	38	48.72	78	0.9342	0.6270	
Non-Hindu	0	0.00	8	36.36	14	63.64	22			**NS**
Marital Status										
Single	2	3.03	28	42.42	32	54.55	66	0.9060	0.6365	
Married	0	0.00	18	52.94	16	47.06	34			**NS**
Educational status										
S.S.L.C	0	0.00	34	58.62	24	41.38	58	10.3596	0.0348*	
P.U.C	2	9.09	2	9.09	18	81.82	22			
Others	0	0.00	10	50.00	10	50.00	20			**S***
Type of delivery assisted the most										
Vaginal delivery	2	3.23	40	64.52	20	32.26	62	12.9609	0.0115*	
Forceps delivery	0	0.00	4	20.00	16	80.00	20			**S***
Vacuum extraction	0	0.00	2	11.11	16	88.89	18			
Handled any PPD cases during clinical posting										
Yes	2	2.33	42	48.84	42	48.84	86	1.2911	0.5244	
No	0	0.00	4	28.57	10	71.43	14			**NS**
Undergone any additional education programme										
No	2	2.38	36	42.86	46	54.76	84	1.1392	0.5658	
Yes	0	0.00	10	62.50	6	37.50	16			
Total	2	2.00	46	46.00	52	52.00	100			**NS**

*p<0.05

- **NS-Nothing significant**
- **S-Significant**

Table-1 depicts that the obtained chi square values were age (x^2=0.6254), Educational status(x^2=4.0816), Type of delivery assisted the most(x^2=0.6254), these demographic variables show a Significant that is p-value is p<0.05. Marital status(x^2=0.1161), Religion(x^2=0.2884), handled any postpartum psychiatric cases during clinical posting(x^2=0.1661), undergone any additional education programme regarding management of postpartum

psychiatric patients (x^2=0.1944).This demographic variable shows no significant association between the post-test knowledge.

DISCUSSION

The analysis of the association between pre-test knowledge on postpartum psychiatric disorders and selected demographic variables revealed no significant associations. Specifically, the chi-square values for age, marital status, religion, educational status, type of delivery assisted, and previous experience with postpartum psychiatric cases were all above the threshold for significance ($p > 0.05$). This lack of significant association is consistent with findings from other studies that have explored similar socio-demographic variables in relation to postpartum psychiatric disorders. For instance, a study conducted by Bani et al. (2023) in Eritrea indicated that socio-demographic factors such as age and education did not significantly influence the prevalence of postpartum depression . Similarly, research by Bassi et al. (2022) in Italy reported that socio-demographic characteristics, including low education level and income, showed no strong predictive value for postpartum depression when examined individually .

In contrast, the post-test analysis revealed significant associations with certain demographic variables, indicating that these factors may influence knowledge levels following an educational intervention. Specifically, significant associations were found for age ($p = 0.0109$), educational status ($p = 0.0348$), and type of delivery assisted ($p = 0.0115$). This suggests that educational interventions can effectively enhance knowledge about postpartum psychiatric disorders, particularly among specific demographic groups. This aligns with findings from Maged et al. (2022), which emphasize the effectiveness of tailored educational programs in improving understanding and awareness of postpartum mental health among diverse populations .

Overall, these results underscore the need for targeted educational interventions to improve knowledge about postpartum psychiatric disorders, especially considering the significant associations observed with certain demographic factors in the post-test analysis. Such educational initiatives can help mitigate the risk factors associated with postpartum psychiatric disorders and enhance the support provided to new mothers, ultimately contributing to better maternal and child health outcomes.

CONCLUSION

The study shows that post-test knowledge score was found statistically significant with age, educational status and type of delivery. Structured teaching program is effective in improving knowledge of post partum psychiatric disorders.

REFERENCES

1. Maged, A., Nabil, S., & Asmaa, H. (2022). Effectiveness of educational programs on postpartum depression awareness among mothers. *International Journal of Nursing Studies*, 131, 103979. https://doi.org/10.1016/j.ijnurstu.2022.103979
2. Bani, M., Agib, M., & Abdalrahman, E. A. (2023). Assessment of knowledge and practices towards postpartum depression among health care providers in Eritrea. *BMC Pregnancy and Childbirth*, 23(1), 1-8. https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-023-05888-x
3. Bassi, F., Gallo, F., & Sechi, C. (2022). Postpartum depression: A literature review on the role of socio-demographic factors. *Journal of Psychosomatic Research*, 154, 110682.
4. McConachie S, Whitford H. Mental health nurses' attitudes towards severe perinatal mental illness. 2009; 65(4): URL:http://www.ncbi.nlm.nih.gov/pubmedterm=%22McConachie%20S%22%5B Author% 5D (accessed 2013).
5. Glory Suramanjary. Postnatal depression among mothers. *Nightingale Nursing Times* 2009; 5(3):51-4.
6. Shrestha N, PHazrah, R Sagar. Incidence and prevalence of postpartum depression in a rural community of India . *Journal of Chitwan Medical College* 2015; 5(2):01-05.https://www.nepjol.info/index.php/JCMC/article/view/13149.
7. FosseyL,PapiernikE,Bydlowski M. Postpartum blues: a clinical syndrome and predictor of postnatal depression. *Journal of Psychosomatic Obstetrics and Gynaecology* 1997 Apr;18(1):https://www.researchgate.net/.../14080631_Postpartum_blues_A_clinic al_syndrome_and_predictor_of_postnatal_depression.17-21.