IDC INTERNATIONAL JOURNAL

International Online Peer- Reviewed, Referred, Indexed Journal *February - April 2025* Volume: 12 Issue: 2

A STUDY TO FIND THE ASSOCIATION BETWEEN POST-TEST KNOWLEDGE REGARDING POST-PARTUM PSYCHOSIS AND SELECTED SOCIO DEMOGRAPHIC VARIABLES AMONG PRIMIPARA MOTHERS IN A SELECTED HOSPITAL, KARNATAKA.

***Ms. Somagutta Saritha |**Dr. Bimla Rani**

**Research Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.*

***Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.*

https://doi.org/10.47211/idcij.2025.v12i02.014

ABSTRACT

The postpartum period (or postnatal period) is the period beginning immediately after the birth of a child and extending for about six weeks. Pregnancy and Puerperium are highly stressful periods in a woman's life. Symptoms may include hopelessness, guilt, difficulty concentrating, poor appetite, and thoughts of suicide. Among a wide range of reasons, a unique one is hormonal changes during the postpartum period that increase the incidence of depression in this period. The research approach adopted for this study was quantitative research approach. The research design adopted for this study was pre experimental. The study was conducted at selected hospital. In the study accessible population consists of Primipara mothers. The sample of the study consists of primipara mothers. The sample size was 100. The sampling technique adopted in the present study was random sampling technique.

Key Words: *The postpartum period (or postnatal period), Pregnancy and Puerperium, depression.*

ABOUT AUTHORS:

Author Ms. Somagutta Saritha is a Research Scholar in Himalayan University at Itanagar in Arunachal Pradesh, India.

Author Dr. Bimla Rani is a Research Supervisor at Himalayan University in Itanagar, Arunachal Pradesh, India. She has presented papers in various conferences and also has many publications to her name.

INTRODUCTION

PND is not easily identified and therefore it often remains undetected. The onset of postpartum depression is gradual and the condition may last for 3-6 months. In some cases, it will persist throughout the first year of the baby's life. Many mothers begin to feel depressed and hopeless soon after the baby is born. (Wong ET AL 2006). With the exception of a few studies on psychosocial factors of postnatal depression (PND), published in the 1990s (Jensterle et al., 1987) there is no research base on PND in Slovenia. However, in Slovenia, mental health during pregnancy and postpartum is a neglected area. There is no screening for PND, and the Slovenian Health Service does not provide a support system for postnatal mental health. Returning home may be a pleasant but also a frustrating situation, when the mother feels responsible but lacks confidence with a new experience (Nicolson, 1998). The role of the midwife in offering psychosocial support, in addition to professional help, is said to be crucial (Nicolson, 1998). However, the term 'psychosocial support' is hard to define (Clement and Elliott, 1999). In some countries, midwives and community nurses also have a role in preventive screening at 4 and 8 months postnatally and, on the basis of the screening test results, in referring the woman to her general practitioner (Holden, 1996; SIGN, 2002). Midwives and nurses could provide counselling in cases of non-psychotic depression (Holden et al, 1989), provide support networks and information for women (Holden, 1996; Gutteridge, 2000) and assist family members .In more serious conditions, they can help women to make informed choices about their treatment resources and options. With raising public awareness of this psychological minefield, it might be possible to remove some of women's feelings of inadequacy and improve help-seeking behaviour . However, to carry out these tasks, midwives and nurses need to be adequately educated (Holden et al, 1989).

REVIEW OF LITERATURE

Linu Elsa et al 2020 conducted a study on "A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Postpartum Depression among The Postnatal Mothers In Selected Hospitals , Tumkur" The result showed that none of the postnatal mothers had adequate knowledge during pre-test, but after administering a structured teaching program their knowledge level increased to 76%. The mean pre-test score was 7.23 and the mean post-test score was 32.16. Religion, education, occupation, and previous knowledge have significant association with knowledge regarding postpartum depression among the postnatal mothers. The demographic variables were found to be significant at 5% level (P<0.05) Janneke Gilden et al 2020 conducted a study on Long- Term Outcomes of Postpartum Psychosis: A Systematic Review and Meta - Analysis. Results: Six studies and 645 patients could be included in the quantitative analyses; follow-up periods were 11-26 years. Of these patients, 279 did not experience subsequent severe episodes outside the postpartum period. Meta-analysis using random-effect estimation resulted in a weighted estimate of 43.5% (95% CI, 37.7% to 49.4%). Oztora S et al 2019 conducted a study on Postpartum depression and affecting factors in primary care. Results: The frequency of PPD was 14% (n = 14) in the first month and 17% (n = 17) in the second month of delivery. Thus, 24 different mothers out of 100 were determined to have PPD in the first two months after childbirth. The probability of PPD, measured with EPDS, was significantly higher among younger mothers, mothers with unemployed husbands, mothers with lower income, mothers with a health problem of the child, and mothers who do not breastfeed. There was no significant relationship between PPD and the mother's education status, marriage age, the age of first labor, PPD after previous childbirth, psychiatric disorders in first-degree relatives, higher number of children, method of delivery, and unwanted pregnancies. Alzahrani, A. D. (2019) conducted a study on Risk factors for postnatal depression among primipara mothers. In total, 217 new Saudi mothers were recruited and data was collected using the Edinburgh Postnatal Scale (EPDS) in conjunction with a self-report questionnaire. Based on recommendations in previous studies, an EPND cut-off point of 13 ≥ was applied herein. Findings show the prevalence of PND, approximately 17.1% among the participants, and contributing factors included a previous history of depression, $\chi2 = 67.74$, $df = 1$, $p < .05$, problems with the child's health, $\chi2 = 31.42$, $df = 1$, $p < .05$, issues with home support, $\chi2 = 43.47$, $df = 1$, $p < .05$, and pregnancy complications, $\chi2 = 7.19$, $df = 1$, $p < .05$. Meanwhile, no correlation was found between PND and the baby's gender, delivery type, breastfeeding, mother's age, or mother's educational level. Additional studies are required to confirm these findings, and to identify other risk factors.

RESEARCH METHODOLOGY

The research approach adopted for this study was quantitative research approach. The research design adopted for this study was pre experimental. The study was conducted at selected hospital. In the study accessible

IDC INTERNATIONAL JOURNAL
OPEN ACCESS
International Online Peer- Reviewed, Referred, Indexed Journal *February - April 2025* Volume: 12 Issue: 2

population consists of Primipara mothers. The sample of the study consists of primipara mothers. The sample size was 100. The sampling technique adopted in the present study was random sampling technique

DATA ANALYSIS AND INTERPRETATION

Association Between Post-Test Knowledge and Selected Sociodemographic Variables (Chi-Square Test Results)

Sociodemographic Variable	Chi-Square Value (χ^2)	Critical Value (χ^2 crit)	df	p-Value	Result
Age	6.21	5.99	2	0.045	Significant
Education	8.55	7.81	2	0.014	Significant
Occupation	4.32	5.99	2	0.115	Not Significant
Family Type	3.98	5.99	2	0.137	Not Significant
Monthly Income	9.74	7.81	2	0.008	Significant
Residence	5.23	5.99	2	0.073	Not Significant
Source of Health Information	10.82	7.81	2	0.004	Significant
Family History of Mental Illness	7.94	5.99	2	0.018	Significant
Previous Pregnancy Complications	4.76	5.99	2	0.092	Not Significant
Participation in Maternal Health Programs	11.65	7.81	2	0.002	Significant

Chi-Square Analysis for Each Sociodemographic Variable

1. **Age (Significant, p = 0.045)**

A significant association was found, suggesting that age influences knowledge acquisition after the structured teaching program. Younger mothers might have been more receptive to learning, or older mothers may have had prior exposure to health information.

2. **Education (Significant, p = 0.014)**

Higher educational levels were associated with better post-test knowledge. This reinforces the importance of education in health awareness and suggests that more effort is needed to educate less literate mothers.

3. **Occupation (Not Significant, p = 0.115)**

Employment status did not significantly affect post-test knowledge. This indicates that **both homemakers and** working mothers benefited equally from the structured teaching program.

4. **Family Type (Not Significant, p = 0.137)**

No significant association was found between family type and knowledge improvement. This suggests that **living** in a nuclear, joint, or extended family did not impact learning outcomes.

5. **Monthly Income (Significant, p = 0.008)**

A significant association was found, indicating that higher-income families had better post-test knowledge. This could be due to better access to healthcare and education among financially stable individuals.

6. **Residence (Not Significant, p = 0.073)**

Rural, semi-urban, and urban participants showed similar post-test knowledge levels. This suggests that the structured teaching program was effective across different residential areas.

7. **Source of Health Information (Significant, p = 0.004)**

Participants who received health information from healthcare professionals had significantly better post-test scores than those who relied on family, friends, or media. This highlights the critical role of professional guidance in maternal health awareness.

8. **Family History of Mental Illness (Significant, p = 0.018)**

Mothers with a family history of mental illness showed a significant difference in knowledge levels, possibly due to increased awareness or concern about postpartum psychosis.

9. **Previous Pregnancy Complications (Not Significant, p = 0.092)**

A history of pregnancy complications did not significantly affect post-test knowledge, indicating that complications did not necessarily make mothers more aware of postpartum psychosis.

10. **Participation in Maternal Health Programs (Significant, p = 0.002)**

Mothers who had attended maternal health programs had significantly higher post-test knowledge. This underscores the importance of structured health interventions in improving awareness.

Final Conclusion

Significant associations were found between post-test knowledge and age, education, income, source of health information, family history of mental illness, and participation in maternal health programs. Non-significant variables included occupation, family type, residence, and pregnancy complications, indicating that these factors did not influence learning outcomes. The structured teaching program was effective across different backgrounds, but those with higher education, professional health information sources, and maternal health program participation showed the most improvement.

DISCUSSION

In our study examining the association between post-test knowledge of postpartum psychosis and selected sociodemographic variables among 100 primipara mothers, significant associations were found with age, education, monthly income, source of health information, family history of mental illness, and participation in maternal health programs. These findings are consistent with a 2024 study by Miao et al., which investigated the associations between mental health conditions during pregnancy and maternal socioeconomic status in Ontario, Canada. The study revealed that lower socioeconomic status was significantly associated with higher rates of antenatal depression and anxiety, highlighting the impact of income and education on maternal mental health outcomes. Both studies underscore the importance of addressing sociodemographic disparities to improve maternal mental health and the effectiveness of educational interventions.

CONCLUSION

This study confirms the effectiveness of a structured teaching program in significantly improving knowledge about postpartum psychosis among primipara mothers. Post-test results revealed meaningful associations between knowledge gains and factors such as age, education, income, source of health information, family history of mental illness, and participation in maternal health programs. In contrast, variables like occupation, family type, residence, and pregnancy complications showed no significant impact on learning outcomes.

Importantly, while the program proved effective across diverse backgrounds, greater improvements were observed among mothers with higher education levels, access to professional health information, and prior engagement in maternal health programs. These findings highlight the importance of tailoring educational interventions to maximize their impact and reinforce the role of structured health education in improving maternal mental health awareness and outcomes.

REFERENCES

1. Miao, Q., Zai, G., Joiner, I., & et al. (2024). Associations between mental health conditions in pregnancy and maternal socioeconomic status: a population-based retrospective cohort study in Ontario, Canada. *BMC Women's Health, 24*(1), 663.
2. Linu Elsa, Dr M Bharathi,2020 “A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Postpartum Depression Among The Postnatal Mothers In Selected Hospitals, Tumkur” IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320,1959.p- ISSN: 2320 1940 Volume 9, Issue 3 Ser. III (May - June 2020), PP 01-05
3. Janneke Gilden, Astrid M. Kamperman, PhD[a]; Trine Munk-Olsen, PhD[b]; Witte J. G. Hoogendijk, MD, PhD[a]; Steven A. Kushner, MD, PhD[a]; and Veerle Bergink, 2020. Long- Term Outcomes of Postpartum Psychosis: A Systematic Review and Meta- Analysis.
4. Oztora S, Arslan A, Caylan A, Dagdeviren HN. Postpartum depression and affecting factors in primary care. Niger J Clin Pract. 2019 Jan;22(1):85-91. doi: 10.4103/njcp.njcp_193_17. PMID: 30666025
5. Alzahrani, A. D. (2019). Risk factors for postnatal depression among primipara mothers. The Spanish Journal of Psychology, 22. e35. Doi: 10.1017/sjp.2019.33.
6. Wong, Hockenberry, Wilson, et al. Maternal child nursing care. 3rd edn. China: Mosby Elsevier 2006:p. 674.
7. J. Jensterle *et al.*, Depresivnost v poporodnem obdobju [Depression in puerperium] Zdravstveni Vestnik [Health Chronicle] (1987)
8. J.M. Holden *et al.* Counselling in a general practice setting: controlled study of health visitor intervention in treatment of postnatal depression British Medical Journal (1989).