

SOCIO DEMOGRAPHIC CHARACTERISTICS OF ANM STUDENTS TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON POSTPARTUM PSYCHIATRIC DISORDERS IN SELECTED ANM SCHOOLS AT KARNATAKA STATE

Mr. Santosh S Ugaragol* | Dr. Suraj J Masih | Dr. Susheel Kumar V Ronad*****

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

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

***Co-Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.

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ABSTRACT

Motherhood is essential to society's survival. Without mother one would not exist. Mothers only have the unique privilege of nurturing the fetus for nine months, of nursing the child for much longer, of doing the work that consists of thousand details both practical and spiritual that children require, and the work of raising adolescents and later, often of looking after their children in turn. 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: ANM students, postpartum, motherhood, psychiatric disorders.

ABOUT AUTHORS:



Author, Mr. Santosh S Ugaragol is Research Scholar in Himalayan University, Itanagar, Arunachal Pradesh, India. He has attended various Seminars and conferences.



Author, Dr. Suraj J Masih is Ph.D. Guide at Himalayan University, Itanagar, Arunachal Pradesh, India. She is active researcher with many publications in her name. She has attended and organised various National and International conferences.



Author Dr. Susheel Kumar V Ronad is Co-Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India. He has published articles in various national and International Journals. He has organized and participated in webinars, seminars and conferences.

INTRODUCTION

In spite of the expansion of midwifery practice in to both gynecologic and primary care, women still experience fragmentation in the delivery of perinatal services. One of the needs in obstetric health care that remains crucial is meeting the needs of women who experience postpartum psychosis. In the current health care system, when women suffer an episode of postpartum psychosis they are thrust in to a mental health system that does not capitalize on the close relational bond that forms between midwives and the women they care for during prenatal and intra partum care. Without a familiar and sympathetic face in the psychiatric emergency room, women with postpartum psychosis may feel abandoned and frightened, which may further exacerbate the psychotic symptoms and delay recovery. (.Kass-Wolff JH 2009)

The Recovery Advisory Group Model for mental illness, established by Ralph et al addresses the needs of patients with serious mental illness in the general psychiatric population and may provide a theoretical framework that can assist midwives in providing care for women with postpartum psychosis. The model, a consumer-driven, Self-empowering approach, has not been studied in women with postpartum psychosis. The purpose of this article is to assist midwives in recognizing the symptoms of postpartum psychosis and to help midwives define their role in treating women with postpartum psychosis to achieve optimum outcomes for both women and their families .(Corrigan P 2007)

Adequate medical support was considered vital to recovery, but the social context of this was crucial. Women felt that postpartum period was different from other forms of mental illness. They felt that health professionals must be encouraged to consider the particular needs of new mothers, their infants, and the critical timing in the relationship. Women appreciated that there was a tension between their needs as a new mother and their needs as a psychiatric patient and also prevention is better than cure.

Hippocrates wrote a woman “who becomes restless and sleepless, six days after the birth of a twin, she later become delirious and died three weeks post-partum”. Postpartum psychiatric disorders can be viewed as a spectrum of conditions that present with an onset as early as the first postpartum day and as late as several months after delivery, which includes post-partum blues, postpartum depression and postpartum psychosis. Post partum blues appears during the first few weeks after delivery. Postpartum depression typically emerges over the first two or three postpartum months but may occur at any point after delivery. Postpartum psychosis is the severe forms, which occurs at the first forty-eight to seventy hours after delivery and in most of the cases develop symptoms within the first two postpartum weeks. (Shubhangini Parker,2011)

Early studies found that 50 % to 75% of women experience postpartum blues during the first few weeks after delivery. American psychiatric association estimated that accordingly, one out of eight postnatal women may experience blues in their life time, it affects 11.5 million people every year in India, the prevalence of postpartum psychiatric morbidity was 33.4% and 6.5% of cases had major illness with postnatal depression and psychosis in India, the incidence of depressive disorders are more in the states of Goa and rural South India are detected depressive disorder in 23% and 16% respectively, with depression persisting six months after child birth in 11-14% of women. (Sampoornam W 2011)

REVIEW OF LITERATURE

Asaye MM, Muche HA, Zelalem E, 2020 conducted a study on Prevalence and Predictors of Postpartum Depression: Northwest Ethiopia. Results: The prevalence of postpartum depression among 526 postnatal women was 25% (95% CI: 21, 28). Abortion history (AOR = 1.79, 95% CI: 1.07, 2.97), birth weight <2.5 kg (AOR = 3.12, 95% CI: 1.78, 5.48), gestational age below 36 weeks (AOR = 2.18, 95% CI: 1.22, 3.88) unplanned pregnancy (AOR = 2.02, 95% CI: 1.24, 3.31), relatives' mental illness (AOR = 1.20: 1.09-3.05), had no antenatal visit (AOR = 4.05, 95% CI: 1.81, 9.05), had no postnatal visit (AOR = 1.82, 95% CI: 1.11, 3.00) were factors significantly associated with postpartum depression. *Conclusion and Recommendations.* The prevalence of PPD was found to be higher. Variables like abortion history, low birth weight, gestational age below 36 weeks, unplanned pregnancy, relatives' mental illness, had no antenatal visit, and had no postnatal visit were predisposing factors to postpartum depression. Preventive measures to avoid low birth weight and pregnancy complications are also identified as proactive ways to reduce postpartum depression. Early identification and treatment of depression during ANC and postpartum care can mitigate the impact of PPD on the mother-baby dyad. Emphasis must be given women to have ANC and PNC follow up.

Tolossa T, Fetensa G, Yilma MT, Abadiga M, Wakuma B, Besho M, Fekadu G, Etafa W,2020 conducted a study on Postpartum depression and associated factors among postpartum women in Ethiopia: a systematic review and meta-analysis, 2020. Result: Initially, a total of 764 studies were accessed. Twenty-eight full articles were assessed for eligibility criteria, of which twelve studies fulfilled inclusion criteria were included in the final meta-analysis. The overall pooled magnitude of postpartum depression was 22.89% (95% CI 17.75%, 28.03%) with the lowest (12.20%) and highest (33.82%) in the Southern nations region. Unplanned pregnancy, domestic violence, lack of social support, previous history of depression, infant loss, and dissatisfaction in marriage showed a

statistically significant association with postpartum depression.

This study was conducted to determine nurses and postpartum women's knowledge of and attitudes toward the traditional Chinese custom of 1-month confinement following delivery, to discover factors influencing the attitudes, and to analyze the correlation between them. After a descriptive and inferential analysis of 173 questionnaires (121 recent mothers and 52 nurses), a significant difference was found in the women's and nurses' scores for knowledge of the postpartum confinement custom, with postpartum women scoring higher than the nursing staff on average. Both groups held positive attitudes toward the traditional custom. Attitudes and level of knowledge were positively correlated. Results of this study can serve as a reference for in-service nursing education, which should include information about traditional postpartum customs. (Tien,2011)

A longitudinal study of 246 mothers (56 with antenatal generalized anxiety disorder (GAD), 68 with antenatal generalized social phobia, 28 with both disorders in the antenatal period, and 94 with no antenatal GAD or social phobia) allowed us to explore whether antenatal social phobia and GAD predict high Edinburgh Postnatal Depression Scale (EPDS) scores (probable depression >12) at 10-14 days, 10-12 weeks, 10 months, 14 months, and 24 months postnatal period. We found that, after accounting for the presence of other antenatal anxiety disorders, antenatal depression, maternal age at child's birth, socio-economic status and ethnicity in the models, antenatal GAD independently predicted depression at all time points after delivery. A less robust relationship was found for antenatal social phobia, which predicted postnatal depression at only 10 months after birth. One possibility consistent with our findings is that there may be differences in the timing of postnatal depression with different forms of antenatal anxiety disorders. (Husain N, Praveen A, Husain M, Saeed Q, Jafri F, Rahaman R, et al.2001)

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

Table 1: Distribution of respondents by demographic characteristics

Demographic characteristics	No of respondents	% of respondents
Age groups		
16-20yrs	38	38.00
21-25yrs	62	62.00
Religions		
Hindu	78	78.00
Non-Hindu	22	22.00
Marital Status		
Single	66	66.00
Married	34	37.00
Educational status		
P.U.C	58	58.00
diploma	22	22.00
degree	20	20.00
Type of delivery assisted the most		
Vaginal delivery with episiotomy	62	62.00
Forceps delivery	20	20.00
Vacuum extraction	18	18.00
Handled any postpartum psychiatric cases during your clinical posting		
Yes	86	86.00
No	14	14.00
Undergone any additional education programme		
No	84	84.00
Yes	16	16.00
Total	100	100.00

Above table represents number of respondents or samples and their percentage attended for the knowledge regarding postpartum psychiatric disorders

The highest percentage (62%) belongs to 21- 25 years age groups, (38%) belongs to 16-20 years age groups. Hence majority (62%) of the sample is between the age group of 21-25 years of age.

The highest (78%) of the sample belongs to Hindu religion (22%) of the sample belongs to Non-Hindu religion. The majority (66%) of the sample was Single, (34%) sample was married.

The Majority of (58%) of the samples were completed their P.U.C, (22%) completed Diploma and (20%) completed their Degree. The samples assisted vaginal delivery most, (20%) had assisted forceps delivery and (18%) assisted vacuum extraction delivery. The samples handled PPD cases during the clinical posting, (14%) said no. The majority of (84%) of the sample not undergone any additional education programme on PPD and (16%) sample said no.

CONCLUSION

It can be concluded that the majority of the respondents in the sample group are between the ages of 21-25 years, belong to the Hindu religion, are single, have completed their P.U.C education, and have not undergone any additional education program on postpartum psychiatric disorders (PPD). Additionally, a significant portion of the sample group has experience with assisted vaginal delivery during clinical postings. This information provides insights into the demographics and experiences of the respondents regarding knowledge of postpartum psychiatric disorders.

REFERENCES

1. 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.
2. Shubhangini Parker, Smita A Pandit and Shah LP. *Text book of post graduate psychiatry*. 1(19):369-375.
3. Sampoonam W. Postpartum mothers' knowledge of mental problems. *Nightingale nursing times* 2011; (7): 6-10.
4. Kass-Wolff JH, Lowe NK. A historical perspective of the women's health nurse practitioner. *NursClin North Am* 2009; 44():
5. Corrigan P, Ralph R. Recovery in mental illness: Broadening our understanding of wellness. *American Psychological Association* 2007; 1():
6. Asaye MM, Muche HA, Zelalem ED. Prevalence and Predictors of Postpartum Depression: Northwest Ethiopia. *Psychiatry J*. 2020 Jan 21;2020:9565678. doi: 10.1155/2020/9565678. Erratum in: *Psychiatry J*. 2020 Sep 10;2020:9084894. doi: 10.1155/2020/9084894. PMID: 32411780; PMCID: PMC7204318.
7. Tolossa T, Fetensa G, Yilma MT, Abadiga M, Wakuma B, Besho M, Fekadu G, Etafa W. Postpartum depression and associated factors among postpartum women in Ethiopia: a systematic review and meta-analysis, 2020. *Public Health Rev*. 2020 Sep 16;41:21. doi: 10.1186/s40985-020-00136-3. PMID: 32974057; PMCID: PMC7493842.
8. Tien. Women's knowledge of and attitudes toward the traditional Chinese custom. *Western journal of nursing research* 2011; <https://doi.org> (accessed).
9. Husain N, Praveen A, Husain M, Saeed Q, Jafri F, Rahaman R, et al. Prevalence and psychosocial correlates of perinatal depression: a cohort study from urban Pakistan. . *Arch Womens Ment Health* 2001 October; 14(5):395-403.