



## “ASSESS THE KNOWLEDGE AND ATTITUDE ON PROPHYLACTIC INFORMATION OF POSTNATAL BLUES AMONG PRIMIPARA WORKING MOTHERS”

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### ABSTRACT

**BACKGROUND OF THE STUDY:** A study to assess the knowledge and attitude On prophylactic information of postnatal blue among primipara working mothers in selected maternity hospital, Bangalore by Ms. Sapam Debika as a partial fulfilment of the requirement for the degree of Master of Science in Obstetrical and Gynecological Nursing, RGUHS, Karnataka.

#### OBJECTIVES:

1. To assess the level of knowledge of Primipara working mothers regarding prophylactic information on postnatal blues.
2. To assess the level of attitude of Primipara working mothers regarding prophylactic information on postnatal blues.
3. To correlate the knowledge and attitude of Primipara working mothers regarding prophylactic information on postnatal blues.
4. To associate the knowledge and attitude of Primipara working mothers regarding prophylactic information on postnatal blues with their selected demographic variables.

**METHODS:** A Non-experimental descriptive design was used to assess the knowledge and attitude of the primipara working mothers on prophylactic information of postnatal blue in Bangalore. In view of the nature of the problem and to accomplish the objectives of the study a modified structured questionnaire was prepared focusing on knowledge regarding prophylactic information on postnatal blue and 3 point Likert scale was used to assess the attitude of the primipara working mothers regarding postnatal information on postnatal blues the validity was ensured in consultation with guidance and experts in the fields of medicine and nursing. Reliability of the tool was tested by test retest method pilot study was conducted to find out the feasibility of the tool and to check for its reliability. The main study was carried out in KCG Hospital, Bangalore which is 10 km away from Padmashree College of Nursing, Nagarbhavi.

A sample size of 60 primipara working mothers was selected by non probability convenient sampling technique. Structured questionnaire and 3 point Likert scale were introduced to the participants to collect the needed data. Collected data was analyzed by using descriptive and the inferential statistics.

#### RESULTS:

- Findings regarding the assessment of the level of knowledge of primipara working mothers revealed that out of 60 subjects majority obtained 45 (75%) of the primipara working mothers have moderately adequate knowledge with overall mean score of 13.03 (SD = 2.82).
- Findings regarding the assessment of the level of attitude of primipara working mothers revealed that out of 60 subjects majority obtained 50 (83.3%) of the primipara working mothers have moderately favorable attitude with overall mean score of 33.55 (SD = 3.10).
- Correlation between overall level of knowledge and attitude of primipara working mothers regarding the prophylactic information on postnatal blue reveals to be positive, that is  $r = 0.326$  which is statistically highly significant at  $p < 0.05$ .
- There is a significant association of the overall level of knowledge with selected demographic variables of primipara working mothers on family income at  $p < 0.05$ .
- There is no significant association of the overall level of attitude with selected demographic variables of primipara working mothers at  $p < 0.05$ .

#### INTERPRETATION & CONCLUSION

Based on the above findings of the study, recommendations were drawn for nursing practice, nursing administration, nursing education and nursing research. The study concludes that more than half of the primipara working mothers have moderately adequate knowledge and moderately favourable attitude regarding prophylactic information on postnatal blue. In the present study primipara working mothers have moderate knowledge and this should be improved by providing information pamphlet on postnatal blues and its coping strategies.

**KEYWORDS :** Knowledge; attitude; structured questionnaire; information pamphlet, postnatal blue.

### INTRODUCTION

Postpartum period is the period that is associated with intense physical and emotional changes leading to anxiety and mood disturbances. There are three degrees of postpartum mood disorders, i.e., “baby blues”, postpartum depression (PPD), and postpartum psychosis.<sup>1</sup> Postpartum blues (PPB), otherwise “baby blues,” are comparatively milder in nature and are the most common one.<sup>2</sup> It generally begins 1 to 3 days after parturition and is distinguished by sudden mood swings, unexplained weeping, irritability and impatience, lack of sleep, crying spells, anxiety, loneliness, and a feeling of vulnerability.<sup>3</sup>

About 60–80% of all new mothers suffer from the postpartum blues (PPB) which rarely requires medication and normally subsides with support and education.<sup>4</sup> It is significant to carry out the follow-up, because up to 20% of these mothers are likely to progress to postpartum depression (PPD) and an adverse consequence on children's cognitive growth.<sup>5</sup> The exact cause of postpartum blue (PPB) is not known, but various factors such as hormonal changes, sociocultural factors, economical conditions, and relationship conflicts have been found to be associated.<sup>6</sup>

Postpartum affective disorders are typically divided into three categories: postpartum blues, Non psychotic postpartum depression

and puerperal psychosis. The prevalence, onset and duration of the three types of postpartum affective disorders are shown in, below table {Adopted from Nonacs & Cohen 1998}<sup>7</sup>

Disorders	Prevalence	Onset	Duration	Treatment
Blue	30-75%	Day 3 or 4	Hours to days	No treatment required than reassurance
Postpartum Depression	10-15%	Within 12 months	Weeks - months	Treatment usually required.
Postpartum Psychosis	0.1-0.2%	Within 2 weeks	Weeks - months	Hospitalization usually required.

Abnormalities in postpartum thyroid function have also been postulated as contributing to postpartum mood disturbance. Rates of postpartum hypothyroidism are relatively high in the first six months after childbirth, with the rate of thyroiditis reaching 9%, compared to 3% to 4% in the general population (Goldman, 1986). While thyroid dysfunction does not seem to account for most cases of postpartum depression, it may play a role for a subgroup of women. In a

prospective study of 303 pregnant euthyroid women, postpartum thyroid dysfunction developed in 21 women (7%) (Pop et al, 1991). Of these 21 women, 38% had postpartum depression that resolved with treatment of the thyroid abnormality. Thus, thyroid dysfunction should be considered in the evaluation of a woman who presents with postpartum depression.<sup>9</sup>

**Need of the study** is the Postpartum blue (PPB) is a very common in postnatal mothers which rarely requires medication and normally subsides with support and education. It is significant to carry out the follow-up, because up to 20% of these mothers are likely to progress to postpartum depression (PPD) and an adverse consequence on children's cognitive growth. The exact cause of postpartum blue (PPB) is not known, but various factors such as hormonal changes, sociocultural factors, economical conditions, and relationship conflicts have been found to be associated.

Gender bias of the infants is a deep rooted cultural aspect existing in India, especially among the economically backward communities.<sup>12</sup> This study reveals this fact by showing that as high as 69% of the baby blue mothers are the ones who had given birth to female child. Mothers who are already having a girl child have a greater possibility of developing mental disorder because there are high expectations for a male child in the present conception.<sup>6</sup> There was remarkable association between family income and the baby blue.

The baby blue was considerably high in mothers from low-income category (62%). It is obvious that the entry of a new member to an already economically struggling family could create enormous stress. Therefore, family planning counselling can be of important not only for spacing but also for economy management of the family. In a general Indian family setup, women are expected to stay with the in-laws and other family members with whom they face more stress.<sup>13</sup> This may be the probable reason accounting for 71% baby blue mothers from joint families. It is evident from this study that unhealthy marital relationship is the outstanding risk factor for PPB (91%). Lack of emotional and physical support from the family was another vital risk factor recognized in this study which is in consensus with previous studies.<sup>14</sup> On the contrary, mothers with history of psychiatric illness and obstetric complications,<sup>15</sup> did not give any significant association. Despite the fact that the literature often presents conflicting details regarding the etiology of postpartum mood disorders,<sup>16</sup> the physicians and the healthcare professionals are expected to identify the problem at the early stages and provide primary assistance. The early detection of this disorder is highly essential as it might affect the parenting abilities of mother and ultimately affecting the infant's cognitive health.<sup>17</sup>

Studies found 60-80% of all primi Para mothers affect by postpartum blues (who 2011 October). American psychiatric association estimated that one out of eight postnatal women may experience blues; it affects 11.5 million people every year. In India the prevalence of post partum psychiatric disorder was 33.4% and 6.5% major illness like depression and psychosis. Incidence is more in Goa and rural South Indian are detected 23% and 16%. In India common set up of postnatal psychiatric disorders are gender preference to male child, violence against women, and poor social support.<sup>18</sup>

According to world mental health day 10<sup>th</sup> October 2012, Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today, depression is estimated to affect 350 million people. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Depressive disorders often start at a young age; they reduce people's functioning and often are recurring. For these reasons, depression is the leading cause of disability worldwide in terms of total years lost due to disability. The demand for curbing depression and other mental health conditions is on the rise globally. A recent World Health Assembly called on the World Health Organization and its member states to take action in this direction (WHO, 2012).<sup>19</sup>

Postpartum depression (PPD) is a more severe form of postpartum blues (PPB). It affects up to 15 out of 100 women if moodiness or anxiety lasts for more than 2 weeks. Postpartum depression can interfere with ability to take care of child as well as health of the both mother and baby. So it's important to get help right away, with treatment and support you can get back on the road to happy motherhood. Although we can't prevent the postpartum hormone

changes that cause postpartum blues, but we can take steps to prevent ongoing postpartum depression (PPD).<sup>20</sup>

#### Incidence rate of psychiatric and psychological morbidity

Sl. No	Country	Percentage
1	India	35.5%
2	Pakistan	28%
3	Nigeria	23%
4	Thailand	16.8%
5	Zimbabwe	16%
6	Tht Brazil	15-9%

The above table shows that the prevalence of mental health problems in the perinatal period especially in India is higher than in other countries, and is more likely to be persistent. Because of poor identification and treatment of mental disorders in general, it can be reasonably expected that perinatal mental health problems are both under-identified and under-treated. Thus, this leaves these women exposed to a range of negative consequences.

According to the personal experience of the investigator, found that the prevalence rate of maternity blues among primipara working women was high. Hence the investigator has decided to assess the knowledge among primipara mothers regarding postnatal blues and planned to give prophylactic information on maternal adjustment in reducing post natal blues & improving adjustment during immediate post natal period.

#### MATERIALS AND METHODS:

A quantitative research approach was used for the study. A non-experimental descriptive design was adopted for the study to assess the knowledge and attitude on prophylactic information of postnatal blues among Primipara working mothers in selected maternity hospital in Bangalore.

**Setting:** The setting of the study is the postnatal ward of Karnataka city general (KCG) Hospital, Malleshwaram.

**Sample and Sampling Technique:** Primipara working mothers who admitted in KCG Hospital Malleshwaram Bangalore and sample size was 60 and non-probability convenient sampling technique was used.

#### Inclusion criteria:

This study includes

- All primipara working mothers within 3-7 days after delivery in selected maternity hospital, Bangalore.
- Primipara working mothers who are willing to participate in the study.
- Primipara working mothers who are available at the time of data collection in selected maternity hospital, Bangalore.

#### Exclusion criteria:

This study excludes

- Multipara mothers.
- Family history of any mental health disorders.

#### INSTRUMENTS:

Information such as age, religion, education, occupation, family income, gestational week at the time of delivery, type of delivery, sex of the child, condition of the baby, social support, previous exposure, and source of information and interview session had total 24 self-structured questionnaire and 3 point Likert scale prepared by the researcher on the basis of objective of the study. Six experts validate the tools and give their suggestions. Questions were translated into Kannada and back to English. The pilot study was done on ten samples at Fortis Hospital on assessing the knowledge and attitude on prophylactic information of postnatal blues among primipara working mothers. Self-structured questionnaire was interviewed conducted for 60-70 minutes for each sample.

#### Ethical Consideration

Ethical approval for conduct this study was taken from the Ethical Committee. A written consent was obtained from participants of the study. Privacy and the confidentiality of the participants will be maintained throughout the study.

## Data Collection

Data were collected on the month of August for a period of 4 weeks from 30<sup>th</sup> July-29<sup>th</sup> August 2013. Participants who are willing to participate after the exclusion criteria. Sixty samples were selected and self-structured questionnaire was interviewed. During the time of patients admitted to the hospital the data was collected. The each interview time taken 60-70 min.

## DATA ANALYSIS

Both descriptive and inferential statistics were used to analyse the data in order to achieve the result as per the objectives of the study.

## Analysis of the study

The data collected was organized, tabulated, analysed and interpreted by using descriptive and inferential statistics. The analysis and interpretation was based on the data collected through structure questionnaire schedule.

## Results

- Findings regarding the assessment of the level of knowledge of primipara working mothers revealed that out of 60 subjects majority obtained 45 (75%) of the primipara working mothers have moderately adequate knowledge with overall mean score of 13.03 (SD=2.82).
- Findings regarding the assessment of the level of attitude of primipara working mothers revealed that out of 60 subjects majority obtained 50 (83.3%) of the primipara working mothers have moderately favorable attitude with overall mean score of 33.55 (SD=3.10).
- Correlation between overall level of knowledge and attitude of primipara working mothers regarding the prophylactic information on postnatal blue reveals to be positive, that is  $r = 0.326$  which is statistically highly significant at  $p < 0.05$ .
- There is a significant association of the overall level of knowledge with selected demographic variables of primipara working mothers on family income at  $p < 0.05$ .
- There is no significant association of the overall level of attitude with selected demographic variables of primipara working mothers at  $p < 0.05$ .

## DISCUSSION

The present study was conducted to assess the knowledge and attitude of primipara working mothers regarding prophylactic information on postnatal blue in a selected hospital, Bangalore. The non-experimental descriptive design was adopted for the present study. Non probability Convenience sampling technique was used to select the samples. The data was collected from 60 primipara working mothers by using a structured questionnaire schedule to assess the level of knowledge and three point Likert scale was used to assess the attitude of primipara working mothers. The findings of the study have been discussed with reference to the objectives with the findings of other studies. The data is organized, analysed and presented in six sections.

### Demographical profile of primipara working mothers:

The characteristics of the demographic variables described in terms of their frequency and percentage distribution which showed that majority of the primipara working mothers 55% of them were in age group of 20-24 yrs, 60% of them were Hindus, 50% of them had the qualification of primary education, 48.3% of them were private employee, 41.7% of mothers family income were Rs 15,001-20,000, 71.7% mothers gestational weeks were 37-40 weeks, 46.7% were normal delivery, 56.7% of baby were female, 81.7% of baby were term and healthy, 56.7% got social support from relatives and friends, 65% of the primipara mothers had previous exposure to information, and 33.3% of the source of information was relatives and friends.

### 1. The first objective was to assess the level of knowledge of primipara working mothers regarding prophylactic information on postnatal blues.

Majority of the subjects had moderately adequate knowledge regarding prophylactic information on postnatal blues. The overall mean score for primipara working mothers was 13.03 and standard deviation is 2.82. The highest mean knowledge for coping strategies were 5.87 and S.D 1.49, postnatal blues mean score was 4.97 and S.D 1.46 and the lowest mean knowledge for general information were 2.20 and S.D 0.87 respectively.

This finding is consistent with the findings of a study to assess the

knowledge of primipara mothers about prophylactic information on postnatal blue. Study was concluded that 75 % of primipara working mothers had moderate level of knowledge and 25 % had inadequate knowledge and none of them adequate knowledge regarding prophylactic information on postnatal blue.<sup>62</sup>

As indicated in the above mentioned study, there is a need for more elaborate assessment knowledge regarding different aspects, prophylactic information on postnatal blue which may turn helps the primipara mothers to get widened information on the same.

### 2. The second objective was to assess the attitude of primipara working mothers regarding prophylactic information on postnatal blues.

Out of 60 primipara working mothers, the overall mean score was 33.55 and standard deviation was 3.10 of the level of attitude of primipara working mothers regarding prophylactic information on postnatal blue. The result shows that the primipara working mothers had positive attitude towards prophylactic information on postnatal blues. This finding is supported by the study was conducted to examine maternal attitudes and adjustment over the first few postnatal weeks. Study revealed that 40% of the population had correct attitudes towards maternal adjustment to the postnatal blue.<sup>63</sup>

As evident in the above mention study, there is a need for the assessment of level of attitude of primipara working mothers regarding prophylactic information on postnatal blues, which may help the mothers to prepare themselves for the postnatal period.

### 3. The third objective was to correlate the knowledge and attitude of primipara working mothers regarding prophylactic information on postnatal blues.

The correlation between the knowledge and attitude showed that there is a positive correlation between knowledge and attitude of primipara working mothers with regard to the prophylactic information on postnatal blue. Hence the hypothesis  $H_1$ : "There is a correlation between knowledge and attitude of primipara working mothers regarding prophylactic information on postnatal blues with their demographic variables" is accepted. This shows that providing information regarding prophylactic information on postnatal blue may increase primipara mother's knowledge and attitude.

This finding is supported by the study that was conducted in Taiwan towards the effectiveness of informational support in reducing the Edinburgh Postnatal Depression Scale (EPDS) score. Participant who was in experimental group received informational support about postnatal blue during the 1-2 week postpartum. Two groups control and experimental were assessed by the Edinburgh Postnatal Depression Scale (EPDS) at 4weeks postpartum to explore their psychological status. Women who received informational support about postnatal blue 1-2 weeks after giving birth experienced lower Edinburgh Postnatal Depression Scale (EPDS) scores at 4weeks postpartum than those who did not receive this information. So the study revealed that there is a positive correlation between knowledge and attitude towards postnatal blues.<sup>64</sup>

### 4. The fourth objective was to associate the knowledge and attitude of primipara working mothers regarding the prophylactic information on postnatal blues with their selected demographic variables.

Association of demographic variables with level of knowledge and attitude is done using Chi square test. Although there is no statistically significant association found between level of attitude and demographic variables such as age, Religion, Educational status, occupation, gestational weeks, type of delivery, sex of the child, condition of the baby, social support, previous exposure to information, and source of information. This indicates that level of attitude is not influenced by any demographic variables.

The demographic variables were associated with the level of knowledge, using Chi square test. The family income (Chi square value 14.68<sup>\*</sup>) was significant at  $P < 0.05$  and rest of the demographic variables were not significant with the knowledge. This indicates that only family income is associated with knowledge of primipara working mothers regarding prophylactic information on postnatal blue.

Therefore the hypothesis  $H_2$ : "There is a significant association of knowledge and attitude of primipara working mothers regarding



prophylactic information on postnatal blues with their demographic variables" is accepted.

This finding is supported by the survey that was carried out among mothers within 2 weeks of delivery at a referral hospital in Bangalore. This study demonstrates strong and consistent associations between demographic variables with postnatal blues. Edinburgh Postpartum Depression Scale (EPDS) score of 10 and above was seen in mothers with low family income (62%,  $P=0.05$ ), and deficit of emotional-physical support ( $P<0.001$ ) were also associated with postpartum blue (PPB). However, age, Religion, Educational status, occupation, gestational weeks, and type of delivery, did not have significant association with postpartum blue (PPB) in this study.<sup>65</sup>

## CONCLUSION

Majority of the primipara working mothers are having moderately adequate knowledge regarding prophylactic information on postnatal blue. There is significant relationship between knowledge and attitude of primipara working mothers regarding prophylactic information on postnatal blue. Primipara working mothers has to be still more emphasized on information regarding maternal adjustment and coping strategies on postnatal blue.

On the basis of the study that had been conducted, certain suggestions are given for future studies.

1. A similar study can be done on large population.
2. A study can be done on students.
3. A pre test and post test can be conducted to study the effectiveness of SIM.
4. Regular health educational programs should be conducted by health professional related to prevention of postnatal blues among postnatal mothers.
5. A comparative study can be done between primipara and Multipara mothers regarding postnatal blue.
6. A comparative study can be done on postnatal blue with urban and rural mothers.

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