Original Research Article

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF POSTNATAL MOTHERS REGARDING POSTPARTUM DEPRESSION AT SELECTED HOSPITALS OF BELAGAVI, KARNATAKA

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ABSTRACT

Background

The postpartum period involves several physical, emotional and social adjustments for women. Although childbirth is generally a positive experience, some mothers may develop postpartum depression, which can affect their emotional well-being, daily functioning and relationship with their infants. Lack of awareness regarding its symptoms and available support may delay recognition and help-seeking. Therefore, assessing mothers' knowledge regarding postpartum depression is important for strengthening maternal mental health education.

Aim

To assess the knowledge regarding postpartum depression among postnatal mothers.

To determine the association between knowledge regarding postpartum depression and selected socio-demographic variables among postnatal mothers.

Materials and Methods

A quantitative descriptive approach with a non-experimental cross-sectional research design was adopted. The study was conducted among 80 postnatal mothers at Chintamani Hospital and Women's Hospital, Belagavi, Karnataka. A non-probability convenient sampling technique was used. Data were collected using a structured questionnaire consisting of seven socio-demographic items and 20 multiple-choice questions related to postpartum depression. Frequency, percentage and chi-square test were used for data analysis.

Results

Among the 80 postnatal mothers, 60 (75%) had a low level of knowledge, 20 (25%) had a moderate level of knowledge and none had a high level of knowledge. The item-wise correct responses ranged from 31.25% to 50%. No statistically significant association was observed between knowledge level and age ($\chi^2 = 0.437$, $p = 0.804$), religion ($\chi^2 = 0.804$, $p = 0.848$), type of family ($\chi^2 = 1.652$, $p = 0.438$), number of children ($\chi^2 = 3.062$, $p = 0.216$), educational status ($\chi^2 = 6.000$, $p = 0.112$), monthly family income ($\chi^2 = 2.049$, $p = 0.562$) or occupational status ($\chi^2 = 2.329$, $p = 0.507$).

Conclusion

The study revealed that three-fourths of the participants had a low level of knowledge regarding postpartum depression. No statistically significant association was found between knowledge level and the selected socio-demographic variables. These findings highlight the importance of strengthening maternal mental health education through routine postnatal counselling and awareness programmes.

(Keywords:- Postnatal mothers, postpartum depression, knowledge, maternal mental health, postnatal care, awareness)

INTRODUCTION

The postpartum period is an important stage in a woman's life, involving physical, emotional and social adjustments following childbirth. Although the birth of a child is generally associated with happiness and excitement, some women may experience psychological difficulties during this period. These difficulties can affect their emotional well-being, daily activities and ability to adjust to the responsibilities of motherhood. Postpartum depression is one of the important mental health concerns associated with childbirth. [1,2]

Postpartum depression is characterised by persistent emotional and psychological difficulties that may interfere with a mother's normal functioning. Common symptoms include persistent sadness, loss of interest, disturbed sleep, fatigue, feelings of worthlessness, difficulty concentrating and reduced ability to cope with everyday responsibilities. The severity of symptoms may vary, and affected women may require professional assessment and appropriate treatment. [1,4]

Postpartum mental health problems may occur in different forms. Postpartum blues generally involve temporary emotional changes, such as mood fluctuations, anxiety and tearfulness, which usually resolve within a short period. Postpartum depression involves more persistent depressive symptoms that may interfere with daily functioning. Postpartum psychosis is a severe psychiatric condition requiring urgent medical attention. These conditions should be recognised and appropriately differentiated by healthcare professionals.

Evidence from India indicates that postpartum depression is an important maternal mental health concern. A systematic review and meta-analysis by Upadhyay and colleagues reported variations in the occurrence of postpartum depression across different Indian populations and study settings. [2] A review by Panolan and Thomas also discussed the prevalence and associated risk factors of postpartum depression in India, highlighting the continuing importance of maternal mental health. [3]

Several factors may contribute to postpartum depression, including previous mental health problems, inadequate social support, stressful life events and difficulties associated with maternal adjustment. Research has also examined the relationship between postpartum depression and women's physical and psychological well-being. [4,5]

Knowledge plays an important role in the early recognition of mental health problems. Mothers who understand the symptoms and possible risk factors of postpartum depression may be better prepared to recognise changes in their emotional well-being and seek assistance when necessary. Inadequate awareness, however, may contribute to delayed recognition and postponement of professional help-seeking.

Previous research has examined knowledge regarding postnatal depression among mothers attending maternity hospitals, demonstrating the relevance of assessing maternal awareness of this condition. [6] Educational interventions have also been evaluated to improve knowledge regarding postpartum depression among caregivers and postnatal mothers. [7,8]

Postnatal healthcare services provide an appropriate opportunity to address maternal mental health. Nurses and other healthcare professionals can educate mothers about emotional changes following childbirth, symptoms that require attention, available support services and the importance of seeking professional assistance.

In view of the importance of maternal mental health and the role of awareness in early recognition, the present study was undertaken to assess the knowledge of postnatal mothers regarding postpartum depression at selected hospitals in Belagavi, Karnataka.

NEED FOR THE STUDY

The postpartum period involves several adjustments as mothers recover from childbirth and adapt to the needs and responsibilities of caring for their newborns. Although many women adjust to these changes without significant difficulty, some may experience persistent emotional problems that affect their well-being and daily functioning. Postpartum depression is an important concern because its effects may extend beyond the mother and influence infant care and family relationships. [2,4,5]

Early recognition of postpartum depression is important to ensure that affected mothers receive

appropriate assessment and support. However, mothers and their family members may not always recognise the warning signs or understand when professional assistance is required. Awareness regarding the symptoms, contributing factors and available treatment options can help mothers make informed decisions about their mental health.

Research has examined postpartum depression in different populations and healthcare settings. The systematic review by Upadhyay and colleagues highlighted postpartum depression as an important maternal health concern in India. [2] Other studies have examined its occurrence, associated factors and possible effects on women's health. [3-5,9-13] These findings support the importance of addressing maternal mental health as part of comprehensive postnatal care.

Knowledge among postnatal mothers is particularly relevant because awareness may influence their ability to recognise emotional difficulties and seek timely assistance. Manu and Kohli examined knowledge regarding postnatal depression among mothers attending selected maternity hospitals in Punjab, demonstrating the relevance of assessing maternal awareness in hospital settings. [6]

Nurses have an important role in providing information and support to mothers during the postnatal period. Through counselling and health education, they can explain the possible symptoms of postpartum depression, encourage mothers to communicate their emotional concerns and guide them towards appropriate professional services. Studies evaluating structured teaching programmes have also highlighted the role of educational interventions in improving knowledge related to postpartum depression. [7,8]

Assessing the existing knowledge of postnatal mothers is therefore an important step in identifying educational needs. The present study was conducted to assess knowledge regarding postpartum depression among postnatal mothers attending Chintamani Hospital and Women's Hospital, Belagavi, Karnataka, and to examine its association with selected socio-demographic variables.

AIM OF THE STUDY

The aim of the study was to assess the knowledge of postnatal mothers regarding postpartum depression at selected hospitals of Belagavi, Karnataka.

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding postpartum depression among postnatal mothers.
2. To determine the association between knowledge regarding postpartum depression and selected socio-demographic variables among postnatal mothers.

HYPOTHESES

H_0: There is no significant association between the level of knowledge regarding postpartum depression and selected socio-demographic variables among postnatal mothers.

MATERIALS AND METHODS

Research Approach

A quantitative descriptive research approach was adopted to assess the knowledge of postnatal mothers regarding postpartum depression.

Research Design

A non-experimental descriptive cross-sectional research design was used. The design enabled the researcher to assess the participants' knowledge at a particular point in time without manipulating any study variables.

Variables of the Study

Dependent variable: Level of knowledge regarding postpartum depression among postnatal mothers.

Independent variables: Selected socio-demographic variables, including age, religion, type of family, number of children, educational status, monthly family income and occupational status.

Setting of the Study

The study was undertaken at Chintamani Hospital and Women's Hospital, Belagavi, Karnataka.

Population

The study population comprised postnatal mothers attending Chintamani Hospital and Women's Hospital, Belagavi, Karnataka.

Sample Size

The sample consisted of 80 postnatal mothers.

Sampling Technique

A non-probability convenient sampling technique was used to select the participants who fulfilled the eligibility criteria and were available during the period of data collection.

Criteria for Selection of the Sample

Inclusion Criteria

The study included postnatal mothers who:

1. Were willing to participate in the study.
2. Were available during the period of data collection.
3. Were able to read, write and speak Kannada, Marathi or English.

Exclusion Criteria

The study excluded postnatal mothers who:

1. Were unwilling to participate in the study.
2. Were not available during the period of data collection.

Development of the Tool

A structured knowledge questionnaire was used to assess the knowledge of postnatal mothers regarding postpartum depression. The questionnaire was developed to obtain relevant information from the participants in accordance with the objectives of the study.

Description of the Tool

The structured questionnaire consisted of two parts.

Part I: Demographic Data

This section consisted of seven items related to the socio-demographic characteristics of the participants:

1. Age
2. Religion
3. Type of family
4. Number of children
5. Educational status of the mother
6. Monthly family income
7. Occupational status

Part II: Structured Knowledge Questionnaire

This section consisted of 20 structured multiple-choice questions related to postpartum depression. Each question had four options, and the participant was required to select the correct answer.

Each correct response was awarded one mark, while an incorrect response was awarded zero marks. The maximum possible score was 20.

Scoring and Interpretation

The total knowledge score was classified into three categories:

Level of knowledge	Score	Interpretation
Low	≤50%	0–10
Moderate	51–75%	11–15
High	>75%	16–20

Tool Validity

The structured knowledge questionnaire was submitted to four experts from the Department of Mental Health Nursing for content validation. Their suggestions were considered, and necessary modifications were incorporated into the tool.

Reliability of the Tool

The original study record reported a reliability value of r = 0.99 in relation to the Edinburgh Postnatal Depression Scale. The reliability of the knowledge questionnaire was not independently established in the information available for this report.

Ethical Considerations

Formal approval was obtained from the Institutional Ethics Committee before conducting the study. Administrative permission was also obtained from the concerned hospital authorities. Written and verbal consent was obtained from the participants before data collection. The purpose of the study was explained, and participants were informed about their voluntary participation. Privacy and confidentiality were maintained throughout the study.

Procedure for Data Collection

Permission to conduct the study was obtained from the concerned authorities of Chintamani Hospital and Women's Hospital, Belagavi, on 7 November 2023. Data collection was carried out on 9 November 2023.

The researcher introduced herself to the participants and explained the purpose and objectives of the study. After obtaining informed consent, the structured questionnaire was administered to eligible postnatal mothers. The completed questionnaires were collected, and the responses were organised for statistical analysis.

Plan of Data Analysis

The collected data were organised and analysed according to the objectives of the study.

Descriptive statistics: Frequency and percentage were used to describe the socio-demographic characteristics and levels of knowledge among the participants. Mean, median and standard deviation were also included in the original statistical summary.

Inferential statistics: The chi-square test was used to examine the association between the level of knowledge regarding postpartum depression and selected socio-demographic variables. A p-value of less than 0.05 was considered statistically significant.

RESULTS

SECTION I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Table 1. Distribution of Participants According to Selected Socio-Demographic Variables (N = 80)

Socio-demographic variables	Frequency (f)	Percentage (%)
Age		
25–30 years	47	58.75
30–35 years	24	30.00
35 years and above	9	11.25
Religion		
Hindu	51	63.75
Christian	13	16.25
Muslim	12	15.00
Others	4	5.00
Type of family		
Joint family	29	36.25
Nuclear family	36	45.00
Extended family	15	18.75
Number of children		
One	20	25.00
Two	41	51.25
More than two	19	23.75
Educational status of mother		
No formal education	12	15.00
Primary	32	40.00
Higher secondary	24	30.00
Graduation	12	15.00
Monthly family income (₹)		
5,000–10,000	15	18.75
10,001–15,000	38	47.50
15,001–20,000	15	18.75
20,001 and above	12	15.00
Occupational status		
Housewife	43	53.75
Self-employed	21	26.25
Government employee	9	11.25
Working in private sector	7	8.75
Total	80	100.00

Interpretation

The socio-demographic findings showed that 47 (58.75%) participants belonged to the 25–30 years age group, while 24 (30%) were aged 30–35 years and 9 (11.25%) were 35 years and above.

Regarding religion, the majority of participants, 51 (63.75%), were Hindu, followed by 13 (16.25%) Christians, 12 (15%) Muslims and 4 (5%) from other religious groups.

With respect to family type, 36 (45%) participants belonged to nuclear families, 29 (36.25%) belonged to joint families and 15 (18.75%) belonged to extended families.

Regarding the number of children, 41 (51.25%) participants had two children, 20 (25%) had one child and 19 (23.75%) had more than two children.

In terms of educational status, 32 (40%) participants had completed primary education, 24 (30%) had higher secondary education, while 12 (15%) had no formal education and another 12 (15%) had completed graduation.

Regarding monthly family income, the largest group, 38 (47.50%), belonged to the ₹10,001–15,000 income category. Fifteen (18.75%) participants each belonged to the ₹5,000–10,000 and ₹15,001–20,000 categories, while 12 (15%) had a monthly family income of ₹20,001 and above.

Regarding occupational status, 43 (53.75%) participants were housewives, 21 (26.25%) were self-employed, 9 (11.25%) were government employees and 7 (8.75%) worked in the private sector.

SECTION II: ITEM-WISE ANALYSIS OF KNOWLEDGE

Table 2. Distribution of Participants According to Correct and Incorrect Responses to Knowledge Items (N = 80)

Knowledge item	Correct f	Correct %	Incorrect f	Incorrect %
Q1	32	40.00	48	60.00
Q2	38	47.50	42	52.50
Q3	25	31.25	55	68.75
Q4	35	43.75	45	56.25
Q5	32	40.00	48	60.00
Q6	39	48.75	41	51.25
Q7	29	36.25	51	63.75
Q8	29	36.25	51	63.75
Q9	39	48.75	41	51.25
Q10	37	46.25	43	53.75
Q11	36	45.00	44	55.00
Q12	30	37.50	50	62.50
Q13	37	46.25	43	53.75
Q14	30	37.50	50	62.50
Q15	37	46.25	43	53.75
Q16	30	37.50	50	62.50
Q17	36	45.00	44	55.00
Q18	29	36.25	51	63.75
Q19	40	50.00	40	50.00
Q20	38	47.50	42	52.50

Interpretation

The item-wise analysis showed that the percentage of correct responses ranged from 31.25% to 50%. The highest percentage of correct responses was recorded for Q19, with 40 (50%) participants answering correctly. This was followed by Q6 and Q9, for which 39 (48.75%) participants answered correctly. The lowest percentage of correct responses was observed for Q3, with only 25 (31.25%) participants providing the correct answer.

The findings indicate that the participants had difficulty answering several questions related to postpartum depression, suggesting gaps in their understanding of the subject.

SECTION III: DISTRIBUTION OF PARTICIPANTS ACCORDING TO LEVEL OF KNOWLEDGE

Table 3. Distribution of Participants According to Their Level of Knowledge Regarding Postpartum Depression (N = 80)

Level of knowledge	Score range	Frequency (f)	Percentage (%)
Low	≤50%	60	75.00

Moderate	51–75%	20	25.00
High	>75%	0	0.00
Total		80	100.00

Interpretation

The findings revealed that 60 (75%) participants had a low level of knowledge regarding postpartum depression, while 20 (25%) had a moderate level of knowledge. None of the participants demonstrated a high level of knowledge. This indicates that the majority of postnatal mothers had limited knowledge regarding postpartum depression.

SECTION IV: ASSOCIATION BETWEEN KNOWLEDGE LEVEL AND SELECTED SOCIO-DEMOGRAPHIC VARIABLES

Table 4. Association Between Level of Knowledge Regarding Postpartum Depression and Selected Socio-Demographic Variables (N = 80)

Socio-demographic variable	χ^2 value	df	p-value	Result
Age	0.437	2	0.804	Not significant
Religion	0.804	3	0.848	Not significant
Type of family	1.652	2	0.438	Not significant
Number of children	3.062	2	0.216	Not significant
Educational status	6.000	3	0.112	Not significant
Monthly family income	2.049	3	0.562	Not significant
Occupational status	2.329	3	0.507	Not significant

Interpretation

The association analysis showed that none of the selected socio-demographic variables had a statistically significant association with the level of knowledge regarding postpartum depression at the 0.05 level of significance.

For age, the chi-square value was 0.437 with a p-value of 0.804. The association was not statistically significant.

For religion, the chi-square value was 0.804 with a p-value of 0.848, indicating no statistically significant association.

For type of family, the chi-square value was 1.652 with a p-value of 0.438. No statistically significant association was observed.

For number of children, the chi-square value was 3.062 with a p-value of 0.216, showing no statistically significant association.

For educational status, the chi-square value was 6.000 with a p-value of 0.112. Although differences in knowledge distribution were observed across educational categories, the association was not statistically significant.

For monthly family income, the chi-square value was 2.049 with a p-value of 0.562. The association was not statistically significant.

For occupational status, the chi-square value was 2.329 with a p-value of 0.507, indicating no statistically significant association.

Since all the reported p-values were greater than 0.05, the null hypothesis was not rejected. Therefore, the study did not find a statistically significant association between the level of knowledge regarding postpartum depression and the selected socio-demographic variables.

DISCUSSION

The present study was conducted among 80 postnatal mothers attending Chintamani Hospital and Women's Hospital, Belagavi, Karnataka, to assess their knowledge regarding postpartum depression and determine its association with selected socio-demographic variables.

Findings Related to Socio-Demographic Characteristics

The findings showed that the largest proportion of participants, 47 (58.75%), belonged to the 25–30 years age group. Regarding religion, 51 (63.75%) participants were Hindu. In terms of family type, 36 (45%) belonged to nuclear families. Forty-one (51.25%) participants had two children. Regarding

educational status, 32 (40%) had completed primary education. The largest income group consisted of 38 (47.50%) participants with a monthly family income of ₹10,001–15,000. In relation to occupation, 43 (53.75%) participants were housewives.

Findings Related to Knowledge Regarding Postpartum Depression

The findings revealed that 60 (75%) participants had a low level of knowledge, 20 (25%) had a moderate level of knowledge and none had a high level of knowledge. The item-wise analysis further showed that correct responses ranged from 31.25% to 50%, indicating that participants had difficulty answering several questions related to postpartum depression.

These findings highlight the need to improve awareness of postpartum depression among postnatal mothers. Manu and Kohli examined knowledge regarding postnatal depression among mothers attending selected maternity hospitals in Punjab, providing relevant evidence for the importance of assessing maternal awareness of this condition. [6]

The importance of maternal mental health has also been discussed in studies examining postpartum depression in India. Upadhyay and colleagues reviewed evidence regarding postpartum depression in India, while Panolan and Thomas examined its prevalence and associated risk factors. [2,3] These studies emphasise the importance of recognising maternal mental health concerns and strengthening appropriate support during the postnatal period.

Findings Related to Association Between Knowledge and Socio-Demographic Variables

The study examined the association between knowledge level and seven selected socio-demographic variables: age, religion, type of family, number of children, educational status, monthly family income and occupational status.

The findings showed that none of these variables had a statistically significant association with knowledge level at the 0.05 level of significance. The p-values for all the selected variables were greater than 0.05. Therefore, the null hypothesis was not rejected.

Although differences in knowledge distribution were observed across some demographic categories, these differences were not statistically significant in the present sample. The findings suggest that low knowledge was observed across different socio-demographic groups.

Implications of the Findings

The findings indicate that maternal mental health education deserves greater attention during postnatal care. Previous studies have examined structured teaching programmes and educational approaches related to postpartum depression. [7,8] Such programmes may provide an opportunity to improve mothers' understanding of symptoms, risk factors, available support and the importance of professional assistance.

Nurses and midwives can contribute by providing appropriate information during postnatal visits, encouraging mothers to discuss emotional difficulties and guiding them towards professional assessment when necessary.

NURSING IMPLICATIONS

Nursing Practice

1. Nurses should incorporate maternal mental health education into routine postnatal care.
2. They should provide information regarding the symptoms, warning signs and possible risk factors of postpartum depression.
3. Nurses should encourage mothers to communicate their emotional concerns and seek professional assistance when required.
4. Mothers and their families should be informed about the importance of emotional support and appropriate help-seeking.

Nursing Education

1. Nursing students should receive adequate education regarding postpartum depression and other maternal mental health concerns.
2. Educational programmes should include the recognition of symptoms, counselling skills, communication and appropriate referral.
3. Clinical teaching should provide opportunities for nursing students to understand the emotional and psychological needs of postnatal mothers.

Nursing Administration

1. Nursing administrators should encourage the organisation of maternal mental health awareness programmes in postnatal units.

2. They should facilitate the availability of educational materials for mothers and their families.

3. Training programmes may be arranged to strengthen nurses' knowledge and skills in maternal mental health education.

4. Appropriate institutional procedures should support the identification and referral of mothers who may require professional mental health care.

Nursing Research

1. Further nursing research may be conducted to assess knowledge regarding postpartum depression among larger and more diverse populations.

2. Experimental studies may evaluate the effectiveness of structured teaching programmes on maternal knowledge.

3. Further studies may explore attitudes, awareness and help-seeking behaviour related to postpartum depression.

4. The findings of the present study may provide background information for future research in maternal mental health.

LIMITATIONS

1. The study was limited to 80 postnatal mothers.

2. The study was conducted at selected hospitals in Belagavi, Karnataka; therefore, the findings may not be generalised to all postnatal mothers.

3. A non-probability convenient sampling technique was used.

4. The study assessed knowledge regarding postpartum depression and did not determine the actual prevalence or clinical diagnosis of postpartum depression.

5. The findings were based on responses to a structured knowledge questionnaire.

RECOMMENDATIONS

1. Similar studies may be conducted using a larger sample size.

2. The study may be replicated in different hospitals and community settings.

3. Experimental studies may be conducted to evaluate the effectiveness of structured teaching programmes on knowledge regarding postpartum depression.

4. Further studies may examine the relationship between knowledge, attitudes and help-seeking behaviour among postnatal mothers.

5. Maternal mental health counselling may be incorporated into routine antenatal and postnatal healthcare services.

6. Future studies may include validated screening instruments to assess depressive symptoms separately from knowledge regarding postpartum depression.

CONCLUSION

The present study assessed the knowledge of postnatal mothers regarding postpartum depression at Chintamani Hospital and Women's Hospital, Belagavi, Karnataka.

Among the 80 participants, 60 (75%) had a low level of knowledge, 20 (25%) had a moderate level of knowledge and none demonstrated a high level of knowledge. The item-wise findings also indicated that correct responses varied from 31.25% to 50%.

The association analysis revealed no statistically significant relationship between knowledge level and the selected socio-demographic variables, including age, religion, type of family, number of children, educational status, monthly family income and occupational status.

The findings demonstrate the importance of strengthening awareness regarding postpartum depression among postnatal mothers. Regular health education, counselling and appropriate informational support may help mothers recognise symptoms and understand when professional assistance is required. Nurses and other healthcare professionals have an important role in promoting maternal mental well-being during the postnatal period.

DECLARATIONS

Ethical Approval and Administrative Permission

Formal approval was obtained from the Institutional Ethics Committee before conducting the study.

Administrative permission was obtained from the concerned hospital authorities. Informed consent was obtained from the participants before data collection. Participation was voluntary, and privacy and confidentiality were maintained throughout the study.

Informed Consent

Informed consent was obtained from all participants before data collection. Participation was voluntary, and the participants were informed about the purpose and nature of the study.

Confidentiality

The anonymity and confidentiality of all participants were maintained throughout the study. The collected information was used exclusively for research purposes.

Consent for Publication

Not applicable.

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