

Awareness about postpartum depression among women in Peshawar: a cross-sectional study

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ABSTRACT

Introduction: Postpartum Depression (PPD) with devastating effects on mothers, infants, and families, is common in Pakistan, with prevalence of 28-63%, placing it among the highest in Asia. Most cases in Pakistan go unrecognized due to either lack of awareness or social impact issue.

Objective: To determine awareness of postpartum depression among postnatal women coming to a tertiary care hospital of Peshawar.

Materials & Methods: A descriptive cross-sectional study was conducted in Gynecology / Obstetrics and Pediatrics Outpatients Department, Hayatabad Medical Complex, Peshawar from January to June 2019, on 150 postnatal women selected by convenience sampling. Demographic profile of participants, and awareness regarding postpartum depression were recorded by an indigenously developed, pretested, and translated questionnaire. Microsoft Excel & SPSS version 23 was used for organizing and analyzing data for descriptive statistics.

Results: Majority, 90(60%) of postnatal women were aware of postpartum depression, and 52% had experienced PPD previously. No formal education on this subject was given to them, hence their beliefs about this phenomenon were vague; 26.7% women agreed that they would not share their feelings of depression with anyone because of guilt / shame, whereas 67% women would not disclose their emotional experiences because such mothers were thought to be a liability for a family in our society. Among the 90 aware women, 71(78.9%) were willing to seek treatment for this problem.

Conclusion: Despite its high prevalence, there are no formal educational or awareness programs for postpartum depression in our society. The beliefs of women regarding this phenomenon are vague and they are reluctant to share their mental and emotional problems with their families.

Keywords: Postpartum Period; Depression, Postpartum; Awareness.

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INTRODUCTION

Childbirth is perhaps the most pleasing experience in a woman's life. The birth of a child brings new hopes and expectations but sometimes it brings sorrow and anxiety in one's life.¹ This happiness for the mother turns into curse instead of feeling blessed. Postpartum Depression (PPD) is a term used for such condition in the postpartum period.² Half to two thirds of women suffer from mood disorders, with relatively mild and transient symptoms during the postpartum period, recognized as postnatal blues which usually settles within four weeks naturally.³ Postpartum depression is usually identified within four to twelve weeks after delivery.⁴ There is a crucial period for development of psychotic symptoms from birth till the first postnatal year, so depression that occurs within one year of childbirth can be classified as PPD.⁵ Postpartum depression is a growing maternal health issue as it can lead not only to increased maternal morbidity but is also associated with adverse effects on the cognitive and social development of the infant and rest of the family.⁶ It usually affects 10-15% of women and is regarded as a common complication of pregnancy.⁷ The prevalence of postnatal depression in Asian countries ranges from 3.5% to 63.3% with developing countries facing the greatest burden. Pakistan has the highest prevalence of 28%-63% amongst Asian countries.⁸ Most cases in Pakistan go unrecognized due to lack of awareness or social impact issue.⁹ Some women are reluctant to express their symptoms and feelings because of shame and guilt while others find spiritual healers or hakims for their emotional problems. Rare cases are reported to health care departments.

Different levels of preventive strategies can be applied to reduce the burden of this health problem that can help the mother have a better adjustment to motherhood.¹⁰ Education and awareness about postnatal depression, screening at postnatal clinics, interpersonal psychotherapy, cognitive behavioral therapy, social support and use of antidepressants are few modalities for prevention.¹¹

Numerous studies have been done on prevalence and determinants of PPD in developed countries, but there is still scarcity of local data that would reveal the awareness of PPD among the general population.¹

Therefore, this study was conducted to determine the awareness of postpartum depression in postnatal women presenting to a public tertiary care hospital of Peshawar. Lack of awareness regarding this phenomenon has compromised its treatment and stigmatized the condition, therefore it is important to raise awareness among people to destigmatize this notion and encourage them to speak up if they suffer from any ailments.¹²

MATERIALS & METHODS

A descriptive cross sectional study was conducted from January to June 2019 to assess the awareness of postpartum depression among postnatal women coming to Hayatabad Medical Complex (HMC), Peshawar. A sample of 150 postnatal females coming to Gynecology & Obstetric Outpatients Department of HMC was selected by convenience sampling.

The postnatal women within 6 weeks of delivery were included in the study and the postnatal women with any previous comorbidities and psychological problems were excluded from the study. The data were collected through an indigenously structured questionnaire based on the literature search done on the topic of awareness of postpartum depression. The questionnaire was divided into three sections: Section A, to provide information about demographic characteristics, Section B, to elicit information regarding the awareness of postpartum depression and its causes, and section C provide information about the awareness for seeking treatment. The questionnaire was validated and pretested and translated in Urdu.

Informed consent was taken from all the patients, ensuring confidentiality. As most of the participants were illiterate, so data were collected through direct interview in Pushto (local language) based on translation of the questionnaire. Data were analyzed for descriptive statistics by SPSS version 23.

RESULTS

Results on the demographic features of the respondents showed that their ages ranged from 15-49 years.

Figure 1 showed that majority of the study participants were illiterate while 48% had formal education.

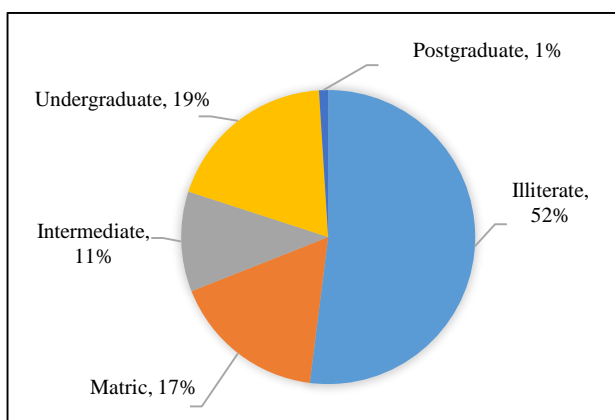


Figure 1: Education level of study participants (n=150).

Regarding familiarity with the term of postpartum depression, 90(60%) of the study participants were aware of the term postpartum depression (called “Depression in Chilla” in local culture).

Among the 90 respondents who had heard of postpartum depression, the most common initial source of information was their own clinical experience (52.3%), followed by hearing about postpartum depression from friends and relatives (32.2%); 12.2% had heard about the condition on social media and 3.3% learned about it from their educational institutes as shown in Figure 2.

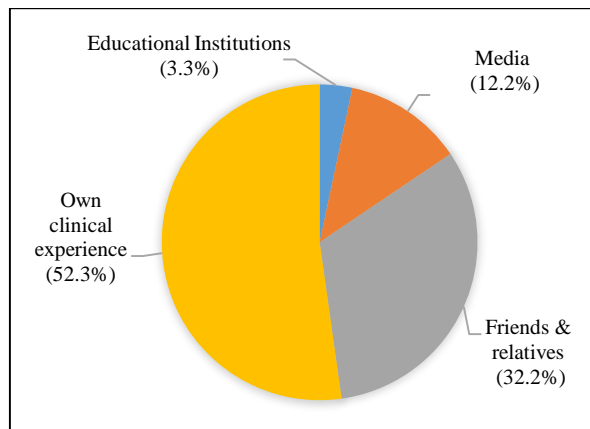


Figure 2: Source of information regarding PPD (n=90).

As is obvious, there was no formal education / awareness from educational institutions and media regarding postpartum depression despite of the fact that Pakistan was one of the high prevalent countries of this problem.

Table 2 depicts the awareness level about PPD risk factors. Among the 90 respondents aware of PPD, 84% considered family history of mental illness as a risk factor; 95.6% agreed that poor marital status was a risk factor, and 37.8% believed that the disease can resolve on its own, while 33.3% believed that the disease was caused by witchcraft and evil spells; 45.6% women opined that mothers with a history of PPD should not have another child, and 32% believed that these mothers were unfit for motherhood.

Table 2: Awareness regarding postpartum depression risk factors (n=90).

Awareness of risk factors questions	Yes	No
Family history of depression predisposes to postpartum depression	76 (84.4%)	14 (15.6%)
Poor economic status is a risk factor for postpartum depression	81 (90%)	9 (10%)
Poor marital relationship predisposes to postpartum depression	86 (95.6%)	4 (4.4%)
Postpartum depression resolves on its own	34 (37.8%)	56 (62.2%)
Consider Postpartum depression as a health problem	65 (72.2%)	25 (27.8%)
Postpartum depression is caused by witchcraft, charm, and evil spells	30 (33.3%)	60 (66.7%)
Women with postpartum depression take care of their own children	29 (32.2%)	61 (67.8%)
Women with postpartum depression should not have another child.	41 (45.6%)	49 (54.4%)

Out of the 90(60%) aware participants regarding postpartum depression, 26.7% participants confessed that they would not

tell anyone about their anxiety and depression whereas 67% participants felt that such mothers are a liability to the family.

Table 3: Awareness regarding stigma associated with postpartum depression (n=90).

Opinions regarding stigma of postpartum depression	Yes	No
I feel ashamed and will not tell anyone that I have postpartum depression.	26.7%	73.3%
Women with postpartum depression are a burden on the family.	74.4%	25.6%

Similarly, only 71(78.9%) participants agreed that they would consider a treatment option for this problem. The responses of the study participants about their preferred mode of treatment were given in table 4.

Table 4: Awareness regarding preferred method of treatment for postpartum depression (n=71).

Preferred mode of seeking treatment	%
Doctor	75.5%
Hakim	06.7%
Spiritual healer (peer)	17.8%

DISCUSSION

Our study showed that the majority of the study participants had received no formal education and only 60% of the study participants were aware of the phenomenon of postpartum depression and their major source of information was their own clinical experience. Considering the prevalence of postpartum depression in our country, our findings about awareness of postpartum depression are alarming.

A cross-sectional surveillance research used population based data showed that 90% ± 0.6% of the respondents were aware of the term PPD and recognized sadness, frustration, sleep and appetite problems and harm to yourself were common symptoms of PPD in respective order.¹³ This study is contrary to our study results in which only 60% were aware of the phenomenon of PPD.

In a study conducted in Israel, 8.4% of the study participants experienced PPD. The data showed that postnatal mothers

suffering from depression preferred Mother & Child Health Centers and community health centers for treatment over centers by mental/psychiatric healthcare centers. This study also showed that mothers with PPD compared to mothers without PPD were less likely to seek treatment in general.¹⁴ This study is consistent with our study as only 71 postnatal mothers agreed to seek treatment for this problem and majority opted for medical help for this problem.

Another study conducted in three urban slums of Dhaka, Bangladesh showed that about 40 out of 100 women were suffering from post-partum depression. This study identified that women considered socio-economic status, complications during pregnancy, family support specially husband support as main reasons of PPD.¹⁵

In another study, new mothers were found scared to admit the symptoms of PPD and avoid seeking any treatment because of the fear of humiliation and stigma of a bad mother.^{16,17}

CONCLUSION

Our study revealed interesting findings regarding awareness of postpartum depression. Majority of the study respondents, who were aware of the condition, had experienced it personally or heard about it either from friends or relatives. Most of them had not received any formal education on this issue and their beliefs and concept about this phenomenon is vague. It can be concluded from these results that community awareness regarding the awareness of postpartum depression can play an important role in combating this problem.

REFERENCES

- Gulamani SS, Shaikh K, Chagani J. Postpartum depression in Pakistan: A neglected issue. *Nurs Womens Health* [Internet]. 2013;17(2):147–52. Available from: <http://dx.doi.org/10.1111/1751-486X.12024>
- Husain N, Bevc I, Husain M, Chaudhry IB, Atif N, Rahman A. Prevalence and social correlates of postnatal depression in a low income country. *Arch Womens Ment Health*. 2006;9(4):197–202.
- Rahman A, Creed F. Outcome of prenatal depression and risk factors associated with persistence in the first postnatal year: prospective study from Rawalpindi, Pakistan. *J Affect Disord*. 2007;100(1–3):115–21.
- Patel M, Bailey RK, Jabeen S, Ali S, Barker NC, Osiezagha K. Postpartum depression: A review. *J Health Care Poor Underserved*. 2012;23(2):534–42.
- Gulamani SS, Shaikh K, Chagani J. Postpartum depression in Pakistan: a neglected issue. *Nurs Womens Health*. 2013;17(2):147–52.
- Van Niel MS, Payne JL. Perinatal depression: a review. *Cleve Clin J Med*. 2020;87(5):273–7.
- Tikmani SS, Soomro T, Tikmani P. Prevalence and determinants of postpartum depression in a tertiary care hospital. *Austin J Obs Gynecol*. 2016;3(2):1–5.
- Aliani R, Khuwaja B. Epidemiology of postpartum depression in Pakistan: a review of literature. *Natl J Heal Sci*. 2017;2(1):24–30.
- Lemasters K, Andrabi N, Zalla L, Hagaman A, Chung EO, Gallis JA, et al. Maternal depression in rural Pakistan: The protective associations with cultural postpartum practices. *BMC Public Health*. 2020;20(1):1–12.
- Klainin P, Arthur DG. Postpartum depression in Asian cultures: a literature review. *Int J Nurs Stud* [Internet]. 2009;46(10):1355–73. Available from: <http://dx.doi.org/10.1016/j.ijnurstu.2009.02.012>
- John VG. Predictors of postpartum depression among women in Karachi, Pakistan (2017). Loma Linda University Electronic Theses, Dissertations & Projects. 476. Available from: <http://scholarsrepository.llu.edu/etd/476>.
- Akwa A. What is the importance of educating women on postpartum depression? *Master Soc Work Clin Res Pap*. 2015;1–29.

13. Sealy PA, Fraser J, Simpson JP, Evans M, Hartford A. Community awareness of postpartum depression. *J Obstet Gynecol Neonatal Nurs.* 2009;38(2):121–33.
 14. Simhi M, Sarid O, Cwikel J. Preferences for mental health treatment for postpartum depression among new mothers. *Isr J Health Policy Res.* 2019;8(1):1–8.
 15. Azad R, Fahmi R, Shrestha S, Joshi H, Hasan M, Khan ANS, et al. Prevalence and risk factors of postpartum depression within one year after birth in urban slums of Dhaka, Bangladesh. *PLoS One.* 2019;14(5):1–15.
 16. Mauthner NS. “Feeling low and feeling really bad about feeling low”: Women’s experiences of motherhood and postpartum depression. *Can Psychol.* 1999;40(2):143–61.
 17. Zauderer C. Postpartum depression: how childbirth educators can help break the silence. *J Perinat Educ.* 2009;18(2):23–31.
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