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A Descriptive Study To Assess The Awareness Regarding Postpartum Depression Among Mothers Residing In A Selected Area Of District Gurugram With A View To Develop An Informational Booklet

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ABSTRACT
Postpartum depression is a severe mental disorder that impacts the brain and has an impact on a mother's behavior and physical well-being. If mother is depressed, her emotions of sadness, flatness, or emptiness won't go away and may interfere with her daily activities. She could believe she is not the baby's mother, or she could feel no love or concern for her child. Mild to strong emotions can accompany this. The purpose of the current study was to evaluate the awareness level regarding postpartum depression of mothers residing in Gurugram (Haryana). In order to do this, a quantitative approach using a survey design was used. From a total of 60 samples, data was gathered. A purposive sampling technique was adopted. The self-structured knowledge questionnaire and demographic data were both gathered using the same method. Utilizing both descriptive and inferential statistics, the collected data was examined. Only 10% of mothers had adequate awareness of postpartum depression. According to the study, 73.3 percent and 16.6 percent, respectively, reported moderate awareness regarding postpartum depression.
KEYWORDS: *Descriptive, Assess, Awareness, Postpartum Depression, Mothers, Informational booklet*

INTRODUCTION

For women of reproductive age in both high- and low-middle-income nations, mental health difficulties are critical public health concerns. The most prevalent type of maternal morbidity following delivery is postnatal mood disorders, which represent a time when women are especially vulnerable to developing poor mental health. In developing nations, where psychological disorders are typically disregarded, postnatal depression is particularly common [1]. Every pregnancy is different, and during the stages of pregnancy, labour, and postpartum, there may be changes in the clinical needs. The right to a good qualitative care at every level is one thing which never changes. Worldwide, depressive disorders are frequent, persistent, and a major cause of female impairment. A prior systematic review and meta-analysis had been carried out in India in 2017 to evaluate the prevalence rate of postpartum depression, which was found to be 22% [2]. The postnatal period starts as soon as the mother gives birth because her body, including the levels of hormones and uterus size, returns to the normal state [3]. The postpartum period is an extremely difficult time since there are many important hormonal, physical, and social changes occurring, as well as a higher chance of postpartum depression PPD[4]. It can be explained by the prevalence of several groups of depressed symptoms and syndromes during the first year after childbirth [5, 6]. The presence of PPD is defined by a variety of signs and symptoms, including loss of interest in everyday activities, loss of appetite, disturbed sleep, impaired attention, negative attitude toward a new infant, suicidal thoughts, guilt feeling, and easily fatigued behavior [6, 7]. Early detection and initiation of appropriate treatment bring the best prognosis [8]. If the midwife suspects a woman is depressed, this should be reported to the physician. Involvement of the spouse and other family members may also be advantageous [9,10]. When the depression is more advanced, admission to a hospital will be necessary. Untreated or undiagnosed depression can evolve into a psychotic illness [3].

OBJECTIVES OF THE STUDY

1. To assess the awareness regarding postpartum depression among mothers residing in a selected area of District Gurugram.
2. To find out an association between the level of awareness and selected demographic variables.

3. To develop an informational booklet on Postpartum depression.

MATERIAL AND METHODS
Research Approach: Quantitative approach
Research Design: Descriptive survey design
Research variable: Awareness regarding Post Partum Depression
Setting of the study: Village Garhi Harsaru, Dist. Gurugram
Population: Mothers
Sample size: 60
Sampling technique: Purposive sampling technique
INCLUSION CRITERIA
Inclusion criteria involved:
- Married women who had one or more children.
- Mothers who were in the age group of 18-35 years.
- Mothers who could be found at the time of data collection.
EXCLUSION CRITERIA
Exclusion criteria involved:-
- Mothers who were unavailable at the time of data collection.
- Mothers who refused to take part in the study.
DATA COLLECTION PROCEDURE
The university's ethical committee and the relevant Village Garhi Harsaru authorities were consulted for approval. Using the purposive sampling technique, 60 samples were selected. The samples were notified of the study's objectives, and obtaining written consent from every sample ensured that they were willing to participate. Information booklets were given to each sample once data from the samples had been gathered. Utilizing both descriptive and inferential statistics, the data was analyzed.

RESULTS
*Section A:* Findings related to demographic characteristics of mothers.
- Majority (38.3%) of the subjects were in the age group of 25 – 33 years, 33.3% subjects were in the age group of 18 – 24 years, 25% subject were in the age group of 31-35 years and 3.3% subject were in the age group of more the 35 years.
- Majority (31.6%) were graduates, 31.6% subjects had education up to intermediate and 15% subject were educated up to high school.
- Majority (86.6%) were Hindus, 6.66% were Muslims, 5% were Christians and 1.6% were Sikhs.
- The majority 91.66 were married, 5% were divorcee, 1.66% were widows and 1.6% were single mothers.
- The majority 48.3% of the subject were housewives, 28.3%, were private employees, 15% subject were government employees, and 8.33% were daily wage workers.
- The majority 48.3% had joint families, 33.3% had nuclear families, and 18.3% had extended families.
- The majority 36.6% had 2 children, 31.6% had 3 children and 6.6% had more than 3 children.
- Majority 43.33% of subject's family income was more than Rs. 20,000, 26.6% of subject's family income was between Rs. 15,001 – 20,000 , 18.3% subject's family income was between Rs. 10,001 – 15,000 and 11.6% subject's family income is less than Rs. 10,000.

Section B: Frequency and Percentage distribution of awareness level regarding Postpartum depression among mothers.

The distribution of the subjects according to the level of awareness is shown in table no 1.

Table 1 shows that 73.3% mothers had moderate awareness levels, 16.6% mothers had inadequate awareness levels and 10% mothers had adequate awareness levels regarding Postpartum Depression. N=60

Level Of Aawareness	Score	Frequency (f)	Percentage (%)
Inadequate	0 – 7	10	16.6
Moderate	8 – 14	44	73.3
Adequate	15 - 20	06	10
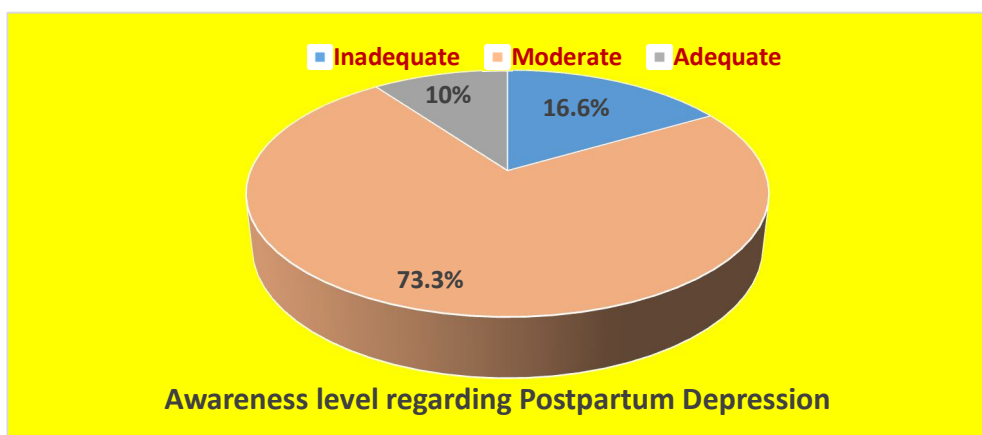
Fig.1 shows the Percentage distribution of awareness level regarding Postpartum Depression among mothers.

Section C: Mean, Median, Mode, Range and Standard Deviation score of awareness level regarding Postpartum depression among mothers.

Table No. 2 shows that the Mean score was 10.2, Median was 10, Mode was 11, Range was 5-16 and Standard deviation was 2.8. [N=60]

Variables	Mean	Median	Mode	Range	Standard Deviation
Awareness regarding Postpartum depression	10.2	10	11	5-16	2.8

Section D: Chi-square, 'p' value, Degree of freedom and Inference according to demographic variables.

Table No. 3 demonstrates that awareness levels and demographic factors, such as age, education, religion, marital status, occupation, type of family, number of children, and monthly family income, were significantly associated with postpartum depression.

Variables	Df	Chi-square test	(p) value	NS/S
Age	6	0.42	12.59	S
Marital status	6	0.58	12.59	S
Religion	8	0.06	15.51	S
Education	8	0.37	15.51	S
Occupation	8	0.50	15.51	S
Type of family	4	0.09	9.49	S
Number of children	6	0.05	12.59	S
Monthly family income	6	0.06	12.59	S

 NS- Non significant, S- Significant

DISCUSSION

Out of 60 samples, the majority (38.3%) of subjects belonged to the age group of 25–33 years, 31.6% were graduates, 86.6% were Hindus, 91.6% were married, Majority 48.3% of subjects were housewives, 48.3% had joint families, 36.6% had 2 children, 43.3% had family income of more than Rs. 20,000. Overall, 73.3 percent of mothers reported being moderately aware of postpartum depression, and a significant relationship was established between the awareness level and demographic factors such age, education level, religion, marital status, occupation, family type, number of children, and monthly family income.

NURSING IMPLICATIONS

Nursing practice: Nurse plays a vital role in imparting health services at all levels including prevention, promotion, and treatment. Since the nursing personnel at the primary health center and community health center level comes in contact with mothers during community visits, even in a hospital setup, they can support them to overcome the problem in the right way by adopting the right coping strategies. The nurses'

can give guidance and do counseling which involves education on the prevention and management of depression at primary, secondary, and tertiary levels.

Nursing education: Education is the base for knowledge. It describes the quality of future nurses. When it comes to preparing nurses to care for people's health, nursing education is crucial. Nursing educators have the responsibility of equipping the students with adequate knowledge so that the letter can provide quality care. Facts taught to nursing students should be accurate, up-date, and practiced in every aspect of nursing so that they could bring forth a confident and well-qualified bunch of professions. Even though the nursing curriculum includes depression-related education at basic levels, it is necessary to make provisions in the curriculum to conduct educational programs in the community regarding the prevention of depression among postpartum mothers by student nurses'. Nursing students should be given the necessary theoretical and practical knowledge on postpartum depression.

Nursing administration: Nursing administration's main objective is to plan seminars, workshops, and other educational programmes for community health and mental health nurses as a part of an inservice education programme so that nurses' knowledge will be improved and they will be able to educate the postpartum mothers about the prevention of depression. Nurse administration can organize mass education programmes on the prevention of depression for mothers in communities and villages.

Nursing research: Scientific knowledge must be the foundation of nursing practice. Nursing must keep up with the increase in knowledge, update knowledge, and set a standard for future health care if it is to thrive as a profession. Only a limited number of research with postnatal mothers were conducted in India. In order to increase nursing standards and support mothers' mental health, nurses should be encouraged to undertake studies and compile current research findings in the healthcare system. The study will inspire the original researcher to carry out the same investigation on a large scale, and it will serve as a resource for future researchers.

RECOMMENDATIONS
The following recommendations for future research were made in light of the findings:
● The study can be conducted on a large sample in a new setting so that the results can be applied to a large population.
● A comparative study can be carried out on the same samples living in rural and urban communities.
● Experimental studies can be done to evaluate the effectiveness of different preventive strategies like counseling, group therapy, family therapy, etc.
● More research can be done with moms to evaluate their understanding of postpartum depression prevention and crisis management.

CONCLUSION
This study was conducted to assess the awareness regarding Postpartum depression among mothers residing at a selected area of Dist. Gurugram, Haryana. Out of 60 mothers, 73.3% had moderate awareness regarding Postpartum depression, and a significant association was found between the awareness level and demographic variables i.e Age, Education qualification, Religion, Marital status, Occupation, Type of family, Number of children, and Monthly family income.

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