

ASSESSMENT OF THE KNOWLEDGE AND ATTITUDE OF MOTHERS TOWARDS POSTPARTUM DEPRESSION IN SELECTED SAGAMU COMMUNITY HEALTH CENTERS, OGUN STATE. A CROSS-SECTIONAL STUDY.

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Abstract

Background

Postpartum depression (PPD) is of significant public health concern due to the alarming prevalence and adverse consequences among women globally. This study assessed the knowledge and attitudes of mothers towards postpartum depression in selected health care centers in Sagamu community health centers in Ogun State.

Methods

The study utilized a cross-sectional quantitative design. 152 women were selected for the study, a researcher-developed questionnaires were used to collect data from respondents. SPSS version 25 was used for data analysis, and descriptive and inferential statistics were used to present the findings of the study.

Results

Findings from the study revealed that most of the respondents 40.8% were between the ages of 21-25 years old. The majority (66.4%) of the respondents were knowledgeable about postpartum depression and only 58.5% of the respondents indicated a positive attitude toward postpartum depression. Stressful life events during the postpartum period, financial difficulties, sleep deprivation, and traumatic birth experiences were identified as factors responsible for PPD having over 80%. Furthermore, findings also revealed that there is a relationship between the knowledge and attitude of mothers towards postpartum depression ($r=0.516$, $p\text{-values}=0.000$).

Conclusion

In conclusion, mothers in the two selected Sagamu community health centers had a high level of knowledge and only about half had positive attitudes towards the knowledge of PPD.

Recommendation

There should be an increase in awareness of postpartum depression by healthcare providers among mothers, especially during antenatal visits to reduce stigma and promote help-seeking behavior to improve maternal and child health. Moreover, partners and family members can support and encourage women dealing with postpartum depression.

Keywords: Knowledge, Attitude, Postpartum Depression, Mothers, Mental Health, Community Health Centers, Sagamu and Ogun State

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INTRODUCTION

One of the frequent complications that affect women throughout the puparium stage is depression. Postpartum depression (PPD) is of significant public health concern due to the alarming prevalence and adverse consequences among women globally. More than 1 in 10 pregnant women and 1 in 20 postnatal women in Ethiopia suffer from

undetected depression (Nnaka, 2018). Postpartum depression occurs after having a baby and is a complex disturbance that can impact the life of the woman, her children, her family, and society. It is the most common psychiatric disorder affecting women during the postpartum period but often remains undiagnosed (American Psychiatric Association, 2013) (APA). Traditionally, the birth of a child is a joyous experience for a mother, and

according to Nnaka, (2018), postpartum depression can take away the mother's joy and leave her functionally and emotionally impaired.

According to the American Psychological Association (2014), postpartum depression is a severe mental health problem characterized by a prolonged period of emotional disturbance. Postpartum depression can also refer to a non-psychotic depressive episode that begins within the first four weeks post-delivery (American Psychological Association, 2014). This disturbance occurs at a time of significant life changes and increased responsibility because there is a newborn to be cared for. The fact that there is a newborn to take care of means that this disturbance happens at a time of significant life changes and greater responsibility. For women planning to have children, postpartum depression is a severe public health concern and is one of the world's fastest-growing diseases (Afolayan et al, 2016). The World Health Organization states that one in four individuals develop a mental or behavioral disorder during their lifetime and that 20-40% of women in developing countries experience depression during pregnancy or after childbirth (Martínez, Vöhringer & Rojas, 2016)

According to the American Psychological Association (2014), 9-16% of women will experience postpartum depression, increasing to up to 41% for women who have experienced postpartum depression in a previous pregnancy. Existing knowledge shows variations in the prevalence of postpartum depression among low-income countries despite comparably associated factors (Martínez, Vöhringer & Rojas, 2016).

Globally, the prevalence rate of postpartum depression in the world according to a large meta-analysis conducted in 2021 is 17.22%. A study done by Wang et al. (2021) revealed the prevalence rate of the following regions; South Africa (39.96%), Southern Asia, (22.32%), South America, (21.71%), Western Asia, (19.83%), Northern Africa (18.75%), Eastern Asia, (17.39%) Northern America, (17.01%), Eastern Europe, (16.62%), Southern Europe, (16.34%) Northern Europe, (13.78%) Western Africa, (13.62%) and South-Eastern Asia, (13.53%).

The prevalence rate of postpartum depression in Northeastern Nigeria was revealed to be 22.4% (Sulyman & Dattijo, 2016), Eti Osa local government area of Lagos state was 35.6% (Adeyemo, Oluwole, Kanma-Okafor, Izuka & Odeyemi, 2020), Enugu north was 34.6% (Chinawa., Odetunde, Ndu, Ezugwu, Aniwada, 2016) in the east and 21.8% in the north (Tungchma, Obindo, Armiya'u, Maigari, Davou, Goar, Piwuna, Umar, Sadiq, Agbir & Uwakwe, 2018). A study conducted in Osogbo in 2018 by Abiodun, Abiodun, and Akinsulore (2018) revealed that the prevalence of postpartum depression was 17.70%.

Women who experience mental illness during pregnancy, particularly depression or psychosis, will have limited caregiving abilities, which could result in child neglect and

future behavioral and developmental issues for the child. (Khalifa. Glavin, Bjertness, & Lien, 2016). Postpartum depression has been linked to antenatal depression, parity, religion, and the use of formula for infant feeding. (Khalifa. Glavin, Bjertness, & Lien, 2016). According to Nnaka (2018), some of the symptoms of postpartum depression that women experience are lack of sleep, loss of appetite, difficulty concentrating, a sense of inadequacy as a mother, and suicidal thoughts. Treatment is necessary because symptoms typically linger for many weeks to several months. The American Psychological Association (2014) lists more potential symptoms, such as thoughts of suicide and homicide, cognitive disorganization, feelings of guilt and worthlessness, and out-of-character behavior.

According to a study conducted in Nigeria, Following giving birth, postpartum moms who were asked about their own experiences with postpartum depression reported that their feelings of melancholy and dissatisfaction grew and that family and friends misunderstood these emotions (Nnaka, 2018) The mothers also said that they tried to recover through prayer and herbal remedies but were unable to get the proper care because they didn't know what they were going through.

According to a study that assessed the knowledge, attitude, and prevalence of postpartum depression among mothers in Surulere PHCs. 80% of the respondents scored poorly on the assessment of their understanding of postpartum depression which suggests a need for awareness of mental health especially among Nigerian postnatal moms who have postpartum depression. The majority (96.2%) of the respondents in this study identified postpartum depression as a mood disorder, 7.2% said that postpartum depression was a weakness of character, and 4.1% termed the disorder as a result of possession by an evil spirit. (Obioha, 2021)

Only one in ten respondents had a positive attitude regarding postpartum depression, according to the assessment of their attitudes. According to the survey, some respondents would avoid even the most basic social interactions with a sad mother. Other common misconceptions about postpartum depression include the idea that it is the consequence of an evil spirit possessing the mother or that it shows character weakness. (Obioha, 2021). Women who get prenatal education are more equipped to recognize the signs of postpartum depression and get the care they need, rather than feeling guilty or turning to unconventional methods. The inability to recognize postpartum depression when symptoms appear, as well as the accompanying lack of treatment, can lead to severe issues such as marital conflict, vulnerability to recurring psychiatric disease, and, in some circumstances, suicide (Akwa, 2015).

Although numerous studies have been done on postpartum depression, most of them concentrate on the knowledge of medical professionals and their capacity to recognize postpartum depression. In contrast, very few of them focus

on the knowledge of women. There is a need to assess the knowledge and attitude of mothers toward postpartum depression among mothers to identify potential gaps and develop targeted interventions for improved support and care.

A study in Australia found that only 45% of participants correctly identified the common symptoms of postpartum depression, indicating a knowledge gap (Matthey et al., 2003). Similarly, research conducted in Malaysia reported that only 30% of women had adequate knowledge about postpartum depression (Norhayati, Hazlina, Asrenee, & Emilin, 2015). Moreover, the study conducted by Ibiwumi, Ayinde, & Omigbodun, (2017) suggests that there are prevalent knowledge gaps among mothers regarding postpartum depression where only 37.2% of participants were aware of postpartum depression as a distinct condition, and even fewer knew its symptoms and risk factors. The stigma associated with postpartum depression is a significant barrier to seeking help and support. A study conducted in the United Kingdom found that 46% of women reported feeling embarrassed or ashamed to admit their postpartum depression symptoms, indicating the presence of stigmatizing attitudes (Kendall-Tackett, & Kizer, 2011). Given the limited awareness, prevalent knowledge gaps, stigmatizing attitudes, and their impact on help-seeking behavior, there is an urgent need to assess the knowledge and attitudes of mothers toward postpartum depression. Understanding the level of knowledge, identifying gaps, and addressing stigmatizing attitudes will enable the development of targeted interventions, educational programs, and support networks that can enhance early detection, diagnosis, and effective management of postpartum depression among mothers. This study, therefore, assessed the knowledge and attitude of mothers towards postpartum depression in Sagamu, Ogun state.

Objectives of the Study

The specific objectives were:

1. To assess the knowledge of PPD among mothers in selected Sagamu community health centers
2. To determine attitudes towards PPD among mothers in selected Sagamu community health centers
3. To determine ways for preventing PPD among mothers in selected Sagamu community health centers
4. To identify factors that predispose mothers to PPD mothers in selected Sagamu community health centers

Research Hypotheses

1. There is no relationship or difference in the knowledge and attitude of mothers towards postpartum depression among mothers
2. There is no association between the level of knowledge and attitude of mothers and their awareness of postpartum depression among mothers.

METHODOLOGY

Study Design

The study employed a cross-sectional quantitative research design.

Study Population

The study population was postpartum mothers attending the selected Sagamu Community Health Centres, Ogun State.

Study Area

The study was carried out in Sagamu, one of the twenty local government areas (LGA) in Ogun State, Southwest Nigeria. It is an urban LGA with a few rural settlements. It is located within the defunct Remo division, a part of the Ogun-East senatorial zone. It is bounded in the East by Ikenne LGA, in the North by Remo-North LGA, in the West by Obafemi-Owode LGA, and in the South by Ikorodu LGA of Lagos State. Sagamu LGA is divided into 15 geo-political wards, with a diverse population, though mainly people of Yoruba extraction. It is home to several industries, including manufacturing, fast-moving consumer goods, and the extractive industries. There are several health facilities in Sagamu, ranging from private hospitals to public health facilities such as the PHCs, General Hospital, and Olabisi Onabanjo University Teaching Hospital.

Sample size

The Sample size used was calculated using Kish-Leslie (1965) formula

$$N = \frac{Z^2pq}{d^2}$$

Where:

Z is found in the Z table. A 95% confidence level gives us Z values of 1.96

P is the estimated proportion of the population. Prevalence of postpartum depression among women of childbearing age attending selected Sagamu community health centers, Ogun state 90% = (0.90) (Kibuacha, 2021).

$$q \text{ is } 1-p = (1-0.90) = 0.10$$

e is the desired level of precision (i.e. the margin of error). We assume we have 95% confidence and 5% precision of error. The value of e is 0.05

$$N = \frac{Z^2pq}{e^2}$$

$$N = \frac{(1.96)^2 (0.90) (0.10)}{(0.05)^2}$$

$$N = \frac{(3.842) (0.09)}{0.0025}$$

$$N = \frac{0.3458}{0.0025}$$

$$N = 138.32$$

$$= 138 \text{ respondents}$$

NB. 10% needs to be added for attrition i.e. to take care of those respondents who withdrew or those who do not completely feel their questionnaire.
Therefore 10% of 138 is 13.8 =14
138+14= 152

Sampling Procedure

The selection of study participants was carried out through a multi-stage sampling technique. The first stage involved the selection of four wards from the 15 existing wards in Sagamu LGA by simple random sampling. The second stage involved the selection of one PHC in each of the preselected wards by a simple random sampling technique. The final stage involved the selection of study participants at each of the four PHCs using a systematic sampling technique. A sampling interval of three was calculated, therefore, every third eligible client was recruited into the study.

Method of Data Analysis

The data collected were analyzed quantitatively using percentages, tables, graphs, frequency distribution, and charts to examine the general distribution of respondents as contained in each variable. In addition, inferential statistics was used to test hypotheses and relationships between

variables by computing it using the Statistical Package for Social Sciences (SPSS) version 23 at a significance level of 0.05.

Ethical considerations

The researcher obtained approval from the Babcock University Health Research Ethical Committee (BUHREC/255/24). A letter of permission was also collected from the School of Nursing Department, Babcock University, introducing the researcher as a student of Babcock University, which was used to gain consent and permission from Sagamu Community Health Centres, Ogun State, as well as the Head of Community Health Centres.

Inclusion criteria

Postpartum mothers who consented to participate in the study, mothers above the age of 18 years, and mothers who were present at the time the study was being conducted.

Exclusion criteria

Postpartum mothers who were visiting the centers for the first time and those who did not register and delivered at the selected centers. Mothers with sick children on admission were also excluded.

RESULTS

Table 1: Socio-demographic Variable

Variable	Items	F	%
Age	Less than 20	15	9.9%
	21-25 years	62	40.8%
	26-30 years	58	38.2%
	31-40 years	17	11.2%
Educational level	Non formal education	15	9.9%
	Primary education	51	33.6%
	Secondary education	67	44.1%
	Tertiary education	19	12.5%
Occupation	Employed	96	63.2%
	Unemployed	44	28.9%
	Student	4	2.6%
	Retired	8	5.3%
Marital Status	Single	22	14.5%
	Married	112	73.7%
	Divorced	12	7.9%
	Widowed	6	3.9%
	Separated	0	0.0%
Number of pregnancies	1	78	51.3%
	2-4	55	36.2%
	5-7	17	11.2%
	Greater than 7	2	1.3%

Table 1 reveals that about 9.9% of the respondents were less than 20 years old, 40.8% were between 21-25 years old, about 38.2% of the respondents were between 26-30 years old and 11.2% were between 31-40 years old. The table shows that 9.9% had no formal education, 33.6% had primary education, 44.1% had secondary education and 12.5% had tertiary education. About 63.2% of the respondents were employed, 28.9% were unemployed, and

2.6% were students, 5.3% retired. About 14.5% of the respondents were single, 73.7% were married, 7.9% were divorced and 3.9% were widowed. Finally the table shows that about 51.3% of the respondents have been pregnant once, 36.2% have been pregnant 2-4 times, 11.2% have been pregnant 5-7 times and 1.3% have been pregnant more than 7 times.

Table 2-a: Knowledge of PPD among Mothers

Variable	Yes	No
	F (%)	F (%)
Have you heard of Postpartum Depression (PPD) before	56 (36.8%)	96 (63.2%)
Persistent sadness or low mood	132 (86.8%)	20 (13.2%)
Loss of interest or pleasure in activities	22 (14.5%)	130 (85.5%)
Feelings of worthlessness or guilt	45 (29.6%)	107 (70.4%)
Changes in appetite or weight	41(27.0%)	111(73.0%)
Sleep disturbances (insomnia or excessive sleep)	36 (23.7%)	116 (76.3%)
Fatigue or loss of energy	45 (29.6%)	107 (70.4%)
Irritability or mood swings	36 (23.7%)	116 (76.3%)
Difficulty concentrating or making decisions	21 (13.8%)	131(86.2%)
Thoughts of self-harm or harming the baby	52 (34.2%)	100 (65.8%)
Social withdrawal or isolation	52 (34.2%)	100 (65.8%)
Anxiety or excessive worry	54 (35.5%)	98 (64.5%)
Loss of interest in the baby	74 (48.7%)	78 (51.3%)
Difficulty bonding with the baby	58 (38.2%)	94 (61.8%)
What are the risk factors associated with PPD		
Previous history of depression or PPD	58 (38.2%)	94 (61.8%)
Family history of depression or PPD	67 (44.1%)	85 (55.9%)
Hormonal changes after childbirth	71 (46.7%)	81(53.3%)
Lack of social support	87 (57.2%)	65 (42.8%)
Stressful life events during pregnancy or after childbirth	96 (63.2%)	56 (36.8%)
Relationship problems	63 (41.4%)	89 (58.6%)
Financial difficulties	28 (18.4%)	124 (81.6%)
Complications during pregnancy or childbirth	22 (14.5%)	130 (85.5%)
Substance abuse	67 (44.1%)	85 (55.9%)
Having a baby with health problems	73 (48.0%)	79 (52.0%)
What are the potential impact of PPD on both the mother and the baby		
Increased stress and anxiety for the mother	98 (64.5%)	54 (35.5%)
Strained relationships with the partner or other children	107 (70.4%)	45 (29.6%)
Difficulty in bonding with the baby	83 (54.6%)	69 (45.4%)
Negative effects on the baby's development	64 (42.1%)	88 (57.9%)
Delayed emotional and social development in the baby	72 (47.4%)	80 (52.6%)
Reduced breastfeeding rates	144 (94.7%)	8 (5.3%)
Increased risk of behavioral problems in the child later in life	141(92.8%)	11 (7.2%)
Increased risk of the baby developing depression or anxiety disorders	144 (94.7%)	8 (5.3%)

Table 2-b: Knowledge of PPD among Mothers

Where do you seek help or support if you experience PPD		
Mental health professionals (therapists, counsellors)	143 (94.1%)	9 (5.9%)
Support groups for PPD	149 (98.0%)	3 (2.0%)
Primary care physician or OB/GYN	139 (91.4%)	13 (8.6%)
Family and friends	108 (71.1%)	44 (28.9%)
Online resources and websites	143 (94.1%)	9 (5.9%)
Pastor	144 (94.7%)	8 (5.3%)
Hospital	52 (34.2%)	100 (65.8%)

Table 2 shows that 36.8% of the respondents have heard of post-partum depression and 63.2% have not heard about it. 85.5% of the respondents stated that loss of interest or pleasure in activities is not a symptom of PPD, 70.4% indicated that Feelings of worthlessness or guilt are not a symptom, 73.0% stated that there will be no Changes in appetite or weight, 76.3% indicated there will be no Sleep disturbances (insomnia or excessive sleep. The table also shows that about 70.4% of the respondents, 76.3%, 86.2%, and 65.8% of the respondents stated that Fatigue or loss of energy, Irritability or mood swings, Difficulty concentrating or making decisions and Thoughts of self-harm or harming the baby are not symptoms of PPD respectively.

From the table, it can also be seen that 65.8% of the respondents didn't support the idea that Social withdrawal or isolation is a symptom of PPD, 64.5% debunked the idea that Anxiety or excessive worry is a symptom of PPD and about 51.3% and 61.8% respectively stated that Loss of interest in the baby and Difficulty bonding with the baby is not a symptom of PPD. The table also shows that about 61.8% of the respondents indicated that a Previous history of depression or PPD is not a risk factor for PPD, 55.9% stated that family history of depression or PPD is not a risk factor, 53.3% indicated that Hormonal changes after childbirth is not a risk factor, 57.2% indicated that lack of social support could cause PPD, 63.2% affirmed that Stressful life events during pregnancy or after childbirth are a risk factor of PPD, 58.6% indicated that relationship

problem is not a risk factor of PPD, 81.6% stated that financial difficulties is not a risk factor, about 85.5%, 55.9% and 52.0% indicated that Complications during pregnancy or childbirth, Substance abuse and Having a baby with health problems are not risk factors of PPD respectively. Furthermore, from the table, it can be seen that about 64.5% of the respondents affirmed that PPD can cause Increased stress and anxiety for the mother, 70.4% stated it can cause Strained relationships with the partner or other children, 54.6% stated it could lead to Difficulty in bonding with the baby, 57.9% stated that it cannot have negative effects on the baby's development, 52.6% stated it cannot cause a delayed emotional and social development in the baby, 94.7%, 92.8% and 94.7% respectively indicated that it could lead to reduced breastfeeding rates, increased risk of behavioral problems in the child later in life and Increased risk of the baby developing depression or anxiety disorders. Finally, the table shows that 94.1% will seek help or support for PPD from Mental health professionals (therapists, counselors), 98.0% will seek from Support groups for PPD, 91.4% will seek help from primary care physician or OB/GYN, 71.1% will seek support from Family and friends, 94.1% will seek assistance from Online resources and websites, 94.7% will meet their pastors for help and 65.8% will not seek help from the hospital.

The study also shows that more than half (66.4%) of the respondents have a high level of knowledge of PPD among mothers (see Table 3).

Table 3 Knowledge score

Value	Score	Frequency	Percent	Remark
Mean Score = 31.01±5.10	(32-40)	101	66.4	High
Min=0, Max=40	(0-31)	51	33.6	Low
Total		152	100.0	

Table 4: Attitude towards PPD among Mothers

Variable	Strongly agree	Agree	Disagree	Strongly disagree
	F(%)	F(%)	F(%)	F(%)
PPD is a serious mental health issue.	60 (39.5%)	52 (34.2%)	31 (20.4%)	9 (5.9%)
I feel comfortable discussing my emotional well-being with healthcare providers.	54 (35.5%)	43(28.3%)	24 (15.8%)	31 (20.4%)
Seeking help for PPD is a sign of weakness.	35 (23.0%)	41 (27.0%)	60 (39.5%)	16 (10.5%)
Society understands and supports women with PPD.	39 (25.7%)	8 (5.3%)	78 (51.3%)	27 (17.8%)
I feel comfortable talking to my family and friends about my feelings during pregnancy and after childbirth.	27 (17.8%)	50 (32.9%)	52 (34.2%)	23 (15.1%)
I believe that seeking treatment for PPD is effective in improving mental well-being	35 (23.0%)	77 (50.7%)	40 (26.3%)	0 (0.0%)

Table 4 shows that 39.5% of the respondents strongly agreed that PPD is a serious mental health issue, 35.5% strongly agreed they felt comfortable discussing their emotional well-being with healthcare provider, about 39.5% of the respondents disagreed that Seeking help for PPD is a sign of weakness, 51.3% disagreed that the Society understands and supports women with PPD, about 34.2% of the respondents

disagreed they felt comfortable talking to their family and friends about their feelings during pregnancy and after childbirth and 50.7% agreed they seeking treatment for PPD is effective in improving mental well-being.

The study also shows that a little above half (58.5%) of the respondents have positive attitude towards the knowledge of PPD among mothers (see table 4.5).

Table 5: Attitude score

Value	Score	Frequency	Percent	Remark
Mean Score = 3.86±1.20	(32-40)	89	58.5	Positive Attitude
Min=0, Max=6	(0-31)	63	41.5	Negative Attitude
Total		152	100.0	

Table 6: Prevention of PPD among New Mothers

Variable	Yes	No
	F(%)	F(%)
Prenatal education and counselling can help prevent PPD.	128(84.2%)	24(15.8%)
Social support from family, friends, and healthcare professionals is important in preventing PPD	105(69.1%)	47(30.9%)
Engaging in regular physical activity during pregnancy can reduce the risk of PPD	98(64.5%)	54(35.5%)
A healthy diet during pregnancy can contribute to the prevention of PPD.	64 (42.1%)	88(57.9%)
Adequate sleep and rest are important for preventing PPD.	85(55.9%)	67(44.1%)
Early identification and treatment of stress or anxiety during pregnancy can help prevent PPD.	85(55.9%)	67(44.1%)

Table 6 shows that about 84.2% of the respondents affirmed that prenatal education and counseling can help prevent PPD, whereas 15.8% do not think so, about 69.1% of the respondents indicated that Social support from family, friends, and healthcare professionals is important in preventing PPD while 30.9% think otherwise. The table also shows that about 64.5% of the respondents affirmed that Engaging in regular physical activity during pregnancy can reduce the risk of PPD while 35.5% of them debunked the

idea, about 42.1% of the respondents indicated that a healthy diet during pregnancy can contribute to the prevention of PPD while 57.9% stated it cannot help, 55.9% of the respondents indicated that Adequate sleep and rest are important for preventing PPD while 44.1% of them stated otherwise and 55.9% of the respondents stated that Early identification and treatment of stress or anxiety during pregnancy can help prevent PPD while 44.1% stated otherwise.

Table 7: Factors that Predispose Mothers to PPD

Variable	Strongly agree	Agree	Disagree	Strongly disagree
	F(%)	F(%)	F(%)	F(%)
A history of previous depression or mental health issues increases the risk of postpartum depression.	49 (32.2%)	44 (28.9%)	52 (34.2%)	7 (4.6%)
Lack of social support can contribute to postpartum depression.	45 (29.6%)	42 (27.6%)	65 (42.8%)	0 (0.0%)
stressful life events during the postpartum period is a significant factor in postpartum depression	31 (20.4%)	87 (57.2%)	26 (17.1%)	8 (5.3%)
Financial difficulties can be a contributing factor to postpartum depression.	87 (57.2%)	54 (35.5%)	7 (4.6%)	4 (2.6%)
Sleep deprivation due to the baby's needs can increase the risk of postpartum depression.	51 (33.6%)	94 (61.8%)	7 (4.6%)	0 (0.0%)
A history of previous depression or mental health issues increases the risk of postpartum depression.	70 (46.1%)	70 (46.1%)	10 (6.6%)	2 (1.3%)
A traumatic birth experience can predispose mothers to postpartum depression.	56 (36.8%)	85 (55.9%)	11 (7.2%)	0 (0.0%)
Experiencing relationship difficulties with a partner can be a risk factor for postpartum depression.	62 (40.8%)	72 (47.4%)	15 (9.9%)	3 (2.0%)

From Table 7 it can be seen that about 34.2% of the respondents disagreed that a history of previous depression or mental health issues increases the risk of postpartum depression, about 42.8% of the respondents disagreed that Lack of social support can contribute to postpartum depression, about 57.2% agreed that stressful life events during the postpartum period are a significant factor in postpartum depression. The table also shows that about 57.2% of the respondents strongly agreed that financial difficulties can be a contributing factor to postpartum

depression, 61.8% of the respondents agreed that Sleep deprivation due to the baby's needs can increase the risk of postpartum depression, 46.1% of the respondents both agreed and strongly agreed that A history of previous depression or mental health issues increases the risk of postpartum depression, 55.9% agreed that a traumatic birth experience can predispose mothers to postpartum depression and 47.4% of the respondents agreed that Experiencing relationship difficulties with a partner can be a risk factor for postpartum depression.

Hypotheses Results

HO1: There is no relationship between the knowledge and attitude of mothers toward postpartum depression among mothers

	Knowledge	Attitude
Pearson Correlation	1	.516**
Sig. (2-tailed)		.000
N		152

Hypothesis one reveal that there is a relationship in the knowledge and attitude of mothers towards postpartum depression among mothers ($r=0.516$, p -values= 0.000). Therefore, the null hypothesis, which says that there is no relationship or difference in the knowledge and attitude of

mothers towards postpartum depression among mothers was rejected.

Hypothesis Two: There is no association between the level of knowledge and prevention of mothers of postpartum depression among mothers.

Table 8: Pearson moment correlation of relationship in the level of knowledge and prevention of mothers and their awareness of postpartum depression among mothers.

	Knowledge	Attitude
Pearson Correlation	1	.420**
Sig. (2-tailed)		.010
N		152

Hypothesis two reveals that there is a relationship between the level of knowledge and prevention of mothers of postpartum depression among mothers ($r=0.420$, p -values= 0.010). Therefore, the null hypothesis, which says that there is no association between the level of knowledge and prevention of mothers of postpartum depression among mothers was rejected.

Different factors have been identified in different studies as risk factors predisposing the cases of PPD. The present study found that 57.2% agreed that stressful life events during the postpartum period are a significant factor in postpartum depression. This is consistent with the result of [O4] Oztora (2019) which reported that women who are obese may experience higher levels of inflammation and stress. These are two factors implicated in depression.

Further studies reveal that 57.2% of the respondents strongly affirmed that financial difficulties can be a contributing factor to postpartum depression, the result is in line with the study [O5] of Agrawal et al. (2022) which noticed that women who had suffered from depression in the past had a 30% higher risk of PPD, which is considerably higher compared to women with no such history of psychiatric illness. Also, from this current study, 55.9% agreed that a traumatic birth experience can predispose mothers to postpartum depression. This result corroborates the findings of [O6] Liu et al. (2021) which showed that past traumatic experiences affect a pregnant mother's mood after birth.

DISCUSSION OF FINDINGS

The result revealed that (66.4%) of the respondents indicated that they are knowledgeable about postpartum depression. This result is in line with the study of Tungchama et al. (2018) where the result showed that the respondents have a high level of knowledge about postpartum depression and its symptoms, although lower in a study conducted in the United States where only 51% of women had heard of PPD before giving birth, and even fewer (29%) knew the symptoms of PPD (Wang et al., 2021). In contrast to this result, the findings of Abdulai & Muktar, (2023) conducted in Turkey reported that 76% of women had never heard of PPD [u1].

The findings of the study revealed that 58.5% of the respondents indicated that they have a positive attitude towards postpartum depression. This supports the findings of the study [u2] conducted in Turkey where women had positive attitudes towards seeking help for PPD, and they agreed that PPD is a serious mental health issue (Obioha et al., 2021), and also contrasts the findings [u3] of Abiodun et al. (2018) that was conducted in the United States where women had negative attitudes towards PPD, viewing it as a sign of weakness or a failure as a mother.

CONCLUSION

In conclusion, the mothers in the two selected Sagamu Community Health Centres, Ogun State have a high level of knowledge of PPD and a positive attitude towards the knowledge of PPD.

RECOMMENDATIONS

It is recommended that there should be an increase in awareness of postpartum depression by healthcare providers among mothers, especially during antenatal visits, and also, partners and family members can support and encourage women dealing with postpartum depression.

LIMITATION OF THE STUDY

The study exclusively focused on healthcare centers in Sagamu, Ogun state which may restrict the generalizability of its findings. The data collection method using self-reported data introduces potential recall and social desirability biases, impacting the reliability. The study's specific time frame may not capture long-term trends and seasonal variations in healthcare. Lastly, external factors like political, economic, cultural, and emotional changes were not extensively examined, limiting the study's holistic understanding.

SOURCES OF FUNDING

The funding for the study was solely done by the researchers without any external assistance or support.

CONFLICT OF INTEREST

There was throughout the study no conflict of interest as the study was done for academic purposes only.

LIST OF ABBREVIATIONS

APA	American Psychiatric Association
BUHREC	Babcock University Health Research and Ethical Committee
LGAs	Local Government Areas
PHCs	Primary Healthcare Centers
PPD	Postpartum depression
SPSS	Statistical Package for Social Sciences

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